

CONTRACT FOR CONSTRUCTION

CITY OF NEWBERG
CITY RECORDER INDEX NO. 2058

THIS CONTRACT, made and entered into this 17th day of March, 2004, by and between the CITY OF NEWBERG, OREGON, a municipal corporation, hereinafter called the "OWNER", and

Concrete Solutions Inc.
1540 NE Alpha Drive
McMinnville, OR 97128

Mr. Chris Szedlak
P: 503-437-2233
F: 503-435-0291

hereinafter called the "CONTRACTOR"

Said Contractor, in consideration of the sum to be paid him by the said Owner and of the covenants and agreements herein contained, hereby agrees at his own proper cost and expense to do all the work and furnish all the materials, tools, labor, and all appliances, machinery and appurtenances for the **ADA Sidewalk Ramps** to the extent of the Proposal made by the Contractor on the 17 day of March, 2004.

The Proposal, Insurance Certificate (\$1 million commercial general liability), and the fully executed Contract are hereby referred to and by reference made a part of this Contract as fully as if the same were completely set forth herein.

In consideration of the faithful performance of the work herein embraced, as set forth in this Contract and in accordance with the direction of the Community Development Director and to his satisfaction to the extent provided in the Contract, or as otherwise herein provided and based on the said proposal made by the Contractor, the Owner agrees to pay to the Contractor the amount bid and to make such payments in a lump sum payment at the completion of the work.

The Contractor agrees to complete the work within thirty (30) days from receipt of the Notice to Proceed and to accept as full payment hereunder the amounts as determined and based on the proposal. Payment shall be made within thirty (30) days of approval of the work by the owner. *we need 2 weeks after power poles are removed to finish*

The Owner shall provide two inspections: when the project is complete the Contractor will contact the Owner for the initial inspection; and the final inspection will be done when all punch-list items are completed.

The Contractor agrees to indemnify and save harmless the Owner from any and all defects appearing or developing in the materials furnished and the workmanship performed under this Contract for a period of two years or such other time as applicable law may allow after the date of acceptance of the work in the Contract by the Owner.

All work shall be done between 7:00 a.m. and 6:00 p.m. Monday through Friday, and no weekend or holiday work is allowed unless otherwise approved by the City Engineer. In the event that the Contractor shall fail to complete the work within the time limits or the extended time limit agreed upon, Owner shall be paid at the rate of two hundred fifty dollars (\$250.00) per consecutive calendar day. Sundays and legal holidays shall be excluded in determining days in default.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be executed the day and year first herein above written.

CONTRACTOR

By Chris Szedlak
Chris Szedlak
name - please print
President
title

CITY OF NEWBERG, OREGON

By James H. Bennett
James H. Bennett, City Manager
APPROVED AS TO FORM
By Terrence D. Mahr
Terrence D. Mahr, City Attorney

ACORD CERTIFICATE OF LIABILITY INSURANCECSR JH
CONCR-1

DATE (MM/DD/YYYY)

03/03/04

PRODUCER
Hagan Hamilton Insurance Svs
448 South Baker
P.O. Box 847
McMinnville OR 97128
Phone: 503-472-2165

INSURED

Concrete Solutions Inc.
Chris Szedlak & Ty Angevine
1827 Doral
McMinnville OR 97128

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: **Federated Mutual Insurance Co**INSURER B: **SAIF**

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	629449	04/14/03	04/14/04	EACH OCCURRENCE	\$ 1,000,000
	☒ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	☐ CLAIMS MADE ☒ OCCUR				MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COM/OP AGG	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC						
A	AUTOMOBILE LIABILITY	629449	04/14/03	04/14/04	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	☒ ANY AUTO				BODILY INJURY (Per person)	\$
	☐ ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	☐ HIRED AUTOS					
☐ NON-OWNED AUTOS						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	☐ ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
	☐ OCCUR ☐ CLAIMS MADE				AGGREGATE	\$
						\$
	☐ DEDUCTIBLE					\$
	RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	908297	04/01/03	04/01/04	☒ WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 500000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 500000
					E.L. DISEASE - POLICY LIMIT	\$ 500000
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER**CANCELLATION**

CITYNEW

CITY OF NEWBERG
BOB KNORR
PO BOX 970
NEWBERG OR 97132

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Hope Rosen