

DATE: April 17, 2017

BID PROPOSAL

PROJECT: Santa Fe Trail High School MZU Replacement

BASE BID: \$ 125,935.00

WORK INCLUDED:

1. Remove existing multi zone air handler and associated condensing unit.
2. Remove the two gas duct heaters from HV1.
3. Install one 10 ton air handler and two 3 ton air handlers with HW coils.
4. Install one 10 ton condensing unit and two 3 ton condensing units.
5. Install a new hot water duct heater in HV1.
6. Install a single boiler hot water system.
7. Electrical Demo, Power to new Equipment, Disconnects, New Transformer and Panel.
8. Integrate the new equipment into the existing control system.
9. Integrate the new equipment into the existing fire alarm system.

WORK EXCLUDED:

1. Payment and performance bonds.
2. Insurances beyond McElroy's Inc. policy
3. Builders risk insurance.
4. Permits & fees.
5. Taxes of any kind.
6. Housekeeping pads. (Equipment, pumps, etc...)
7. Water treatment.
8. Fire caulking for floor and wall penetrations (existing).
9. Overtime.
10. McElroy's Inc. is not responsible for the sawing or drilling of existing conduit, cables, plumbing, electrical lines, etc. that are beneath or within any floors, behind or within any walls that are not visible to us. These items must be identified and brought to our attention before our work begins.

Sincerely,
McElroy's, Inc.

Tim Moore
Commercial HVAC Consultant

Customer Acceptance:

Accepted by: _____

Date: _____



McElroy's Inc bid is prepared with the following language anticipated in the Contract:

To the fullest extent permitted by law, the Subcontractor shall hold harmless Contractor, Contractor's other subcontractors, Architect/Engineer, Owner and their agents, consultants and employees from all claims for bodily injury and property damage that may arise from performance of Subcontract Work, except to the extent caused by a party indemnified hereunder.

The Subcontractor agrees to procure and maintain all necessary Workers' Compensation, contractual liability, public liability and such other insurance as the Contractor may require. Any liability with regard to the Subcontractor shall be limited and subject to the terms, conditions and exclusions of said policies.

On the next page is McElroy's, Inc. Standard Certificate of Insurance. If you require additional insurance coverage or additional co-insured's please contact McElroy's, Inc. before this proposal is accepted. All additional cost for increased coverage above the standard policy will be passed on to you.

This proposal has been prepared per the Contract documents, McElroy's standard policies and McElroy's safety standards. Additional requirements required by the general contractor may be an addition expense. McElroy's Inc. provides its MSDS (SDS) information in a digital format.

A credit application and or proof of the General Constructor's ability to make payments may be required by McElroy's Inc for any project unless a performance and payment bond is provided by the General Constructor.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/29/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CA#0H64724 IMA, Inc. (NE Kansas Division)	1-913-982-3650	CONTACT NAME: PHONE (A/C, No, Ext): 913-982-3650 FAX (A/C, No): 913-982-3495 E-MAIL: ADDRESS:
51 Corporate Woods 9393 W. 110th Street, Suite 600 Overland Park, KS 66210		
INSURED McElroy's, Inc.		INSURER(S) AFFORDING COVERAGE INSURER A: CINCINNATI INS CO INSURER B: Kansas Builders Insurance Group INSURER C: INSURER D: INSURER E: INSURER F:
3209 S Topeka Blvd PO Box 5188 Topeka, KS 66611		NAIC # 10677

COVERAGES CERTIFICATE NUMBER: 45748312 REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD Y/V	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$1,000 PD Ded GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER		ENP0224845	01/01/16	01/01/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CAP5247520	01/01/16	01/01/17	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE Ded <input checked="" type="checkbox"/> RETENTION \$ 10,000		ENP0224845	01/01/16	01/01/17	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	20160773	01/01/16	12/31/16	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder, Owner, its officers, directors, agents, servants, employees, divisions, subsidiaries, partners, shareholders and affiliated companies, if required by written contract and subject to policy terms and conditions, are included as Primary Additional Insured (ISO CG2010 11/85 or its equivalent) as respects to General Liability and Additional Insured as respects to Automobile Liability for Vicarious Liability. A Waiver of Subrogation is provided in favor of the Certificate Holder, Owner & other subcontractors, & their respective officers, directors, agents, servants employees, divisions, subsidiaries, partners, shareholders and affiliated companies, if required by written contract and subject to policy terms and conditions, as respects to General Liability and Automobile Liability.

CERTIFICATE HOLDER

Sample Certificate

Current coverages available if required by contract
Topeka, KS 66611-0000

USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

John M. M...

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ACORD 25 (2014/01)
lynnecox
45748312

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