

- **Termination for Cause:** The Town may terminate the contract for cause if the contractor fails to perform the work in accordance with contract requirements, becomes insolvent, or otherwise breaches the contract. Termination shall be effective upon written notice to the contractor.
- **Termination for Convenience:** The Town may terminate the contract for convenience upon written notice to the contractor. In such event, the contractor shall be compensated only for services satisfactorily performed up to the effective date of termination.

13. Payment Terms

Payment for yearly services shall be made on a **monthly basis**, contingent upon satisfactory performance and submission of an invoice acceptable to the Town. Monthly payments shall represent one-twelfth (1/12) of the annual contract amount unless otherwise approved by the Town. The Town reserves the right to withhold payment for incomplete or unsatisfactory work.

14. Bid Price Form

All bidders must complete and submit this Bid Price Form as part of their sealed bid. Prices shall include all labor, equipment, materials, fuel, insurance, overhead, and any other costs necessary to fully perform the services described in this Invitation for Bids.

Bidder Name: Mains and Son Property Management

Address: Po Box 4012

Contact Person: Richard Mains

Phone / Email: 207 838-8561 / mains and son 77@gmail.com

A. Annual Pricing

Service Category	Annual Price (Year 1)	Annual Price (Year 2)	Annual Price (Year 3)
Weekly Mowing - Town Properties	\$ 25,000	\$ 26,250. ⁰⁰	\$ 27,562.50
Cemetery Mowing (5 times per year)	\$ 8,900	\$ 9,345	\$ 9,812.25
Mulching Services	\$ 2,000	\$ 2,100	\$ 2,205
Annual Totals	\$ 35,900	\$ 37,695	\$ 39,579.75

B. Monthly Payment Amount

Monthly payments shall be calculated as one-twelfth (1/12) of the total annual cost for each contract year.

*Spring Cleanup which was not included in the bid for all properties \$ 2,000

Contract Year	Total Annual Cost	Monthly Payment Amount
Year 1 (July 1, 2026 – June 30, 2027)	\$ 35,900. ⁰⁰	\$ 2,991.66
Year 2 (July 1, 2027 – June 30, 2028)	\$ 37,695. ⁰⁰	\$ 3,141.25
Year 3 (July 1, 2028 – June 30, 2029)	\$ 39,579.75	\$ 3,298.31

C. Bid Certification

By signing below, the bidder certifies that they have read and fully understand this Invitation for Bids, agree to comply with all requirements herein, and that the prices submitted are firm for the contract term.

Authorized Signature:  _____

Printed Name and Title: Richard Mains / owner

Date: 2-25-26

Questions regarding this RFP shall be directed to Tony Ward, Town Manager at award@cascomaine.org or (207) 627-4515, ext. 1201. Any addenda or clarifications will be issued in writing and shall become part of this bid packet.



MAINSON-01

KWILLET

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/23/2026

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 have ADDITIONAL INSURED provisions or 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 United Insurance - Portland 470 Forest Avenue Portland, ME 04101	CONTACT NAME: PHONE (A/C. No. Ext): (207) 797-9400	FAX (A/C. No.): (207) 523-8057	
	E-MAIL ADDRESS: kwillett@unitedinsurance.net		
INSURED Mains & Son Lawn Care P. O. Box 4012 P. O. Box 4012 Naples, ME 04055	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: MMG Insurance Company		15997
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER:

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 INSD	SUBR WVD	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			SC12232220	2/6/2026	2/6/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000
							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
								\$
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
							PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

GEN'L AGGREGATE LIMIT APPLIES PER:

POLICY PRO-JECT LOC

OTHER:

AUTOMOBILE LIABILITY

ANY AUTO OWNED AUTOS ONLY
 SCHEDULED AUTOS
 HIRED AUTOS ONLY
 NON-OWNED AUTOS ONLY

UMBRELLA LIAB OCCUR
 EXCESS LIAB CLAIMS-MADE
 DED RETENTION \$

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A

If yes, describe under DESCRIPTION OF OPERATIONS below

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

CERTIFICATE HOLDER

Town of Casco, Maine
 636 Meadow Rd
 Casco, ME 04015

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

Kristina Willett