



## QUOTATION FORM

Grand Rapids, MN  
Blandin Reservoir Trail – Culvert Replacement

Submit quotation form to Matt Wegwerth PE, City of Grand Rapids, 420 North Pokegama Avenue, Grand Rapids, MN by 3:00 pm on Wednesday, August 6<sup>th</sup>, 2025. Quotes can be mailed or hand delivered. The quote should be submitted in a sealed envelope to the City Engineers office:

Quote package shall include the following:

1. Quotation Form
2. Special Provisions – Division SL
3. Drawings – Blandin Reservoir Trail

All spaces of the quotation form shall be filled in. The quote must be in a sealed envelope labeled "Blandin Reservoir Trail – Culvert Replacement".

Project Description: The project includes removal of the existing wooden bridge and the installation of a new culvert.

Project will be completed on a lump sum, based on the drawings labeled "Blandin Reservoir Trail" and the estimated following quantities:

1. Remove Wooden Bridge	1	Lump Sum
2. 45"x73" Arch Pipe	16	Lineal Feet
3. 45"x73" Flared End Section	2	Each

Total Lump Sum Bid: \$ 72,750.00

We, the undersigned, doing business as TNT Construction Group have carefully examined the Quotation Documents and the site of the proposed work, and are familiar with all of the conditions, laws and regulations surrounding the construction of the proposed project including the availability of materials and labor. We hereby propose to the City of Grand Rapids, MN to furnish all labor, materials, equipment, skills and facilities for the complete construction of the Blandin Reservoir Trail – Culvert Replacement as described herein. The lump sum price shown includes sales tax and all other applicable taxes, permits and fees.

Dated this 6<sup>th</sup> day of August, 2025  
Name of Company TNT Construction Group  
Signature of Authorized Representative [Signature]  
Printed Name of Authorized Representative Dominic Ellison  
Title of Authorized Representative PM  
Legal Address 40 Candy Rd 63 Grand Rapids MN 55744  
Business Phone 218-326-1881



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/01/2025

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).

<b>PRODUCER</b> Itasca Reliable Insurance Agency 1121 E US Hwy 169 PO Box 825 Grand Rapids MN 55744	<b>CONTACT NAME:</b> Daniel Drannen <b>PHONE (A/C, No, Ext):</b> (218) 326-8518 <b>FAX (A/C, No):</b> (218) 326-9557 <b>E-MAIL ADDRESS:</b> dand@itascareliableinsurance.com														
<b>INSURED</b> Casper Construction, Inc. 212 SE 10th Street PO Box 480 Grand Rapids MN 55744	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: The Travelers Indemnity Co.</td><td>25658</td></tr><tr><td>INSURER B: Travelers Property Casualty Ins. Co.</td><td>36161</td></tr><tr><td>INSURER C: Travelers Indemnity Co. of America</td><td>25666</td></tr><tr><td>INSURER D: St. Paul Surplus Lines Insurance Company</td><td>30481</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: The Travelers Indemnity Co.	25658	INSURER B: Travelers Property Casualty Ins. Co.	36161	INSURER C: Travelers Indemnity Co. of America	25666	INSURER D: St. Paul Surplus Lines Insurance Company	30481	INSURER E:		INSURER F:	
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**COVERAGES****CERTIFICATE NUMBER:** 2025 Master**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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CO-9R914016	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> CA9948 Incl.			810-8S987384	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP-0T296237	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	UB-9R914194	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Pollution / Professional			ZCE-21P98469	01/01/2025	01/01/2026	Each Occurrence Limit: \$10,000,000 General Aggregate Limit: \$10,000,000 Deductible: \$10,000

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

Blandin Reservoir Trail - Culvert Replacement

**CERTIFICATE HOLDER****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

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