

**INDEPENDENCE COMMERCIAL  
RESTORATION-REHABILITATION-NEW CONSTRUCTION  
PROGRAM APPLICATION**



801 Cedar Cross Road  
Dubuque, Iowa 52003  
PHONE: 563.582.5475  
FAX: 563.582.6113  
TOLL FREE: 866.220.5833

# Proposal

Proposal Number: GG3824-1

To: Boubin - Independence

Date: 3/8/2024

**Project:** Front Entrance / Side Window Replacement

**Project Location:**

**E-Mail:**

**Contact Name:**

**Contact Phone:**

**Description:**

**Price #1:** Front Entrance: We propose to furnish and install (1) Single Aluminum Door and Aluminum Storefront Windows as shown in attached drawing for the total sum of **\$18,995.00**

**Price #2:** Side Windows: We propose to furnish and install (23) Fixed Aluminum Windows as shown in attached drawing for the total sum of **\$34,950.00**

**Add #1:** Add **\$2,500.00** for (4) total Operable Windows

**NOTE:** Removal and disposal of existing doors/windows included in price

**Exclusions:** Painting/Patching the Flooring/Walls/Ceiling/Exterior Siding, Finish Trim, Re-Keying Cylinders, Access Control Hardware

This proposal is subject to revision if not accepted within 30 days after date. Downpayment of 50% is required prior to ordering materials.

**Progress Payment consisting of 90% of value of all materials furnished and work performed during the month is to be paid us on or before the 10th of the following month. Balance has to be paid in full within 10 days after completion of our contract. Outstanding balances after completion will be charged 1.5%(18% annually) interest per month until paid in full. This proposal, if accepted, is subject to the approval of the Credit Department of Dubuque Glass Co., Inc.**

Thank you for the opportunity to quote this work. We will be awaiting your acceptance of this proposal. Please return one signed copy of this Proposal for our files if you wish to proceed with this work.

**\*\*Anything not SPECIFICALLY mentioned in the above description is not included and will be considered extra or by others. Any final clean up of glass and framing NOT included in price. Final Keying of doors by others**

**\*\*Please note if downpayment made with credit card, 10 days after work is completed outstanding balances will be billed to credit card on account if payment not recieved. A 5% Surcharge will be added to payments made by Credit Card.**

Dubuque Glass Co., Inc.

ACCEPTED:

BY:

GRANT GINTER

BY:

Date:

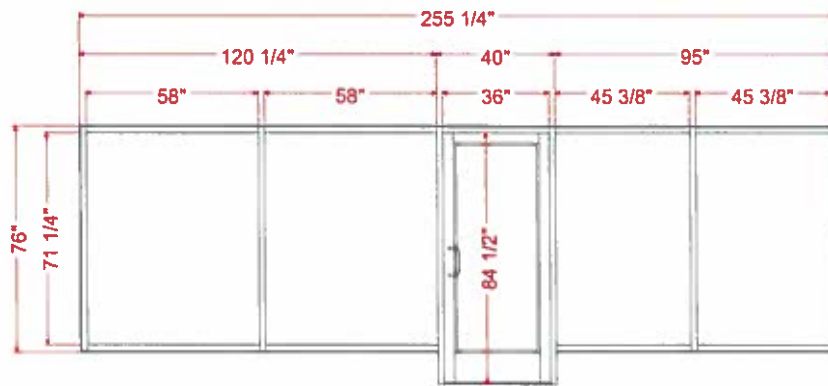
*Angie Bone*  
3/20/24



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Boubin - Independence

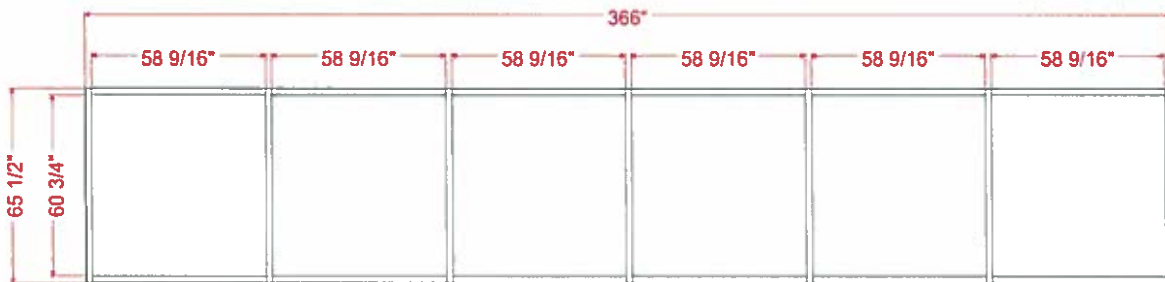
Price #1



1 Total

Clear Anodize Finish  
2" x 4-1/2" (2450)  
Medium Stile Door  
1-1/2 Pair Butt Hinges  
Push/Pull Handles  
MS Lock (Cylinders)  
DH 416 Closer (DG)  
10" Bottom Rail  
Door Sweep (DG)  
Threshold / Weatherstripping

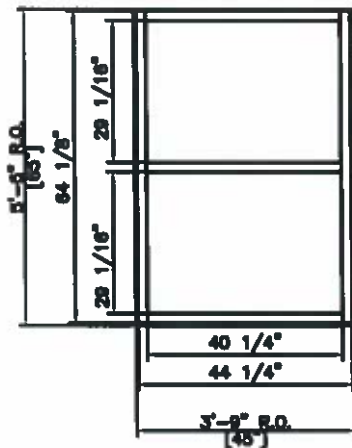
**1" Tempered IG**  
1/4" Clear SN68 Tempered  
1/2" Air  
1/4" Clear Tempered



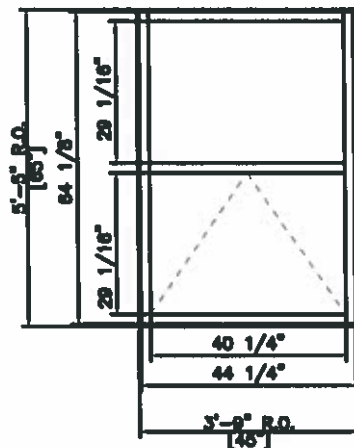
1 Total

Expansion Mullion

Job: Boubin - Side Windows



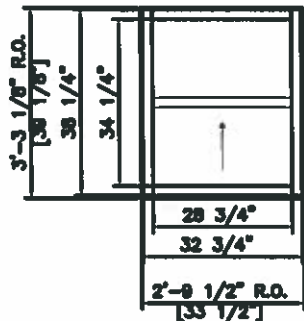
15 Total



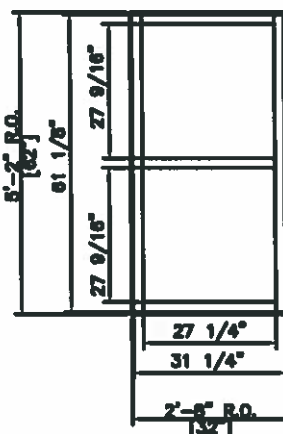
3 Total (with Operable)

Clear Anodize Finish  
2" x 4-1/2" Framing (2450)

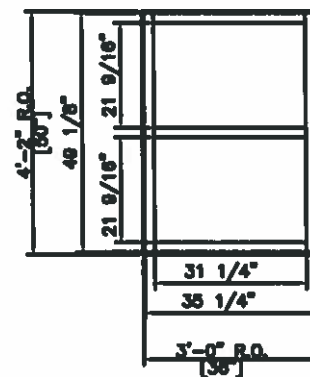
**1" Tempered IG:**  
1/4" Clear SN68 #2 Tempered  
1/2" Air  
1/4" Clear Tempered



1 req  
out building



3 req



1 req



BOUBTIR-01

CWEBB

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/6/2024

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> The Accel Group LLC 5500 Fountains Dr NE Suite 201 Cedar Rapids, IA 52411	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): (319) 365-8611 FAX (A/C, No): (319) 365-6919 E-MAIL ADDRESS: certs@acceladvantage.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Auto-Owners Insurance Co. NAIC # 18988 INSURER B: RAS Inc INSURER C: INSURER D: INSURER E: INSURER F:	
<b>INSURED</b>  Boubin Tire Company Inc PO Box 736 Independence, IA 50644-0736		

## 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 YVVD	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			39972702	7/28/2023	7/28/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			5397270200	7/28/2023	7/28/2024	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 \$ 0			5397270202	7/28/2023	7/28/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC020-0064320-2023A	7/28/2023	7/28/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Garagekeepers			5397270200	7/28/2023	7/28/2024	Waterloo 300,000

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

For Locations  
1117 2nd Ave NE Independence, IA  
905 E Main St, Manchester, IA  
817 5th Ave NE, Independence, IA  
2105 Jamestown Ave, Independence, IA  
1935 Enterprise Ave, Waterloo, IA  
799 Blairsferry Rd, Cedar Rapids, IA  
913 E Main St, Manchester, IA

## CERTIFICATE HOLDER

## CANCELLATION

Informational Purposes

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