

## BID FORM

This Bid is submitted for: MATERIALS AND DELIVERY – RIP RAP, SURGE AND GABION STONE, #1 STONE, CRUSHER RUN, MANUFACTURED SAND, CLAY GRAVEL, FILL SAND, RED DIRT - 12 MONTH SUPPLY

This bid is submitted to: City of Tupelo, 71 East Troy Street, Tupelo, MS 38804  
(Owner)

The undersigned, in compliance with the request for bids hereby proposes to furnish **MATERIALS AND DELIVERY – RIP RAP, SURGE AND GABION STONE, #1 STONE, CRUSHER RUN, MANUFACTURED SAND, CLAY GRAVEL, FILL SAND, RED DIRT - 12 MONTH SUPPLY** for the City of Tupelo in accordance with the specifications provided for the following **UNIT PRICE** amount:

Item Description	Qty.	Unit	Unit Price	Extension
Item 1: 300 LBS RIP RAP	5000	TONS		
Item 2: 100 LBS RIP RAP	5000	TONS		
Item 3: SURGE 8 inch	2500	TONS		
Item 4: GABION 6 inch	2500	TONS		
Item 5: #1 STONE 3 inch ROCK	2500	TONS		
Item 6: CRUSHER RUN	15000	TONS		
Item 7: MANUFACTURED SAN	1500	TONS		
Item 8: CLAY GRAVEL	5000	TONS		
Item 9: FILL SAND	2500	TONS		
Item 10: RED DIRT	2500	YARDS	7.50	\$18,750.00
Item 11: SPOILED DIRT	6000	YARDS		

**Bidder acknowledges that estimated quantities are not guaranteed and are solely for the purpose of comparison of Bids, and final payment for all Unit Price Bid items will be based on actual quantities, determined as provided in the Contract Documents.**

**BIDDER ACKNOWLEDGES receipt of the following ADDENDA:**

NUMBER: Clarification #1      DATE: July 30, 2024  
 NUMBER: \_\_\_\_\_      DATE: \_\_\_\_\_  
 NUMBER: \_\_\_\_\_      DATE: \_\_\_\_\_

**BIDDER INFORMATION**

Company Name: James A. Hodges Construction, Inc.

Company Representative: Felix Rutledge

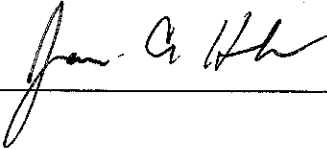
Title: Project Manager/Estimator

Business Address:

Street: 1281 CR 811

City: Salt Hill State: MS Zip: 38866

Phone: (662) 842-8538 Email: jamesahodges@comcast.net

Signature of Bidder: 

Date: 8/27/24



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/26/2024

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> Ross & Yerger Insurance, Inc. 100 Vision Drive, Suite 100 Jackson MS 39211	<b>CONTACT NAME:</b> Marty Hall <b>PHONE (A/C, No, Ext):</b> 601-948-2900 <b>E-MAIL ADDRESS:</b> mhall@rossandyerger.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> James A. Hodges Construction, Inc. 1281 County Road 811 Saltillo MS 38866-5930	<b>INSURER A:</b> Brierfield Ins Co <b>INSURER B:</b> FCCI Ins Co <b>INSURER C:</b> Great Amer Ins Co <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
	<b>NAIC #</b> 10993 10178 16691	

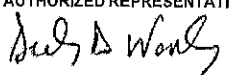
**COVERAGES** **CERTIFICATE NUMBER:** 288139665 **REVISION NUMBER:**

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPP10006681703	2/14/2024	2/14/2025	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 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA10001079008	2/14/2024	2/14/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			TUUF15725400	2/14/2024	2/14/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	WC0100083331	2/14/2024	2/14/2025	<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	<input type="checkbox"/> Owned Equipment <input type="checkbox"/> Leased Rented Equipment <input type="checkbox"/> Installation Floater			CPP10006681703	2/14/2024	2/14/2025	Per Schedule on File \$400,000 Any 1 Item \$1,850,000 Jobsite \$2,500 Deductible \$5,000 Deductible

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 General Liability (Including Completed Operations) provides Blanket Additional Insured on a primary and non-contributory basis as required by written contract. Automobile Liability provides Blanket Additional Insured as required by written contract. General Liability, Automobile Liability and Workers' Compensation provide Blanket Waiver of Subrogation as required by written contract. Umbrella Liability is follow form.  
 Deductible for Equipment Leased or Rented from Others: \$2,500  
 Deductible for Owned Equipment: Limit per Item less than \$100,000- \$1,000 Deductible. Limit per Item Equal to or in Excess of \$100,000- 2.5%  
 Maximum Deductible: \$10,000. Minimum Deductible: \$2,500.  
 Project: Bid# 2024-48PW Materials and Delivery

See Attached...

<b>CERTIFICATE HOLDER</b>  City of Tupelo 71 East Troy Street Tupelo MS 38804	<b>CANCELLATION</b>  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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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Ross & Yerger Insurance, Inc.		NAMED INSURED James A. Hodges Construction, Inc. 1281 County Road 811 Saltillo MS 38866-5930	
POLICY NUMBER		EFFECTIVE DATE:	
GARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
**FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Additional Insured:  
 City of Tupelo  
 71 East Troy Street  
 Tupelo, MS 38804