

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, A-3 GRANULAR FINE (YELLOW SAND) - 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	\$ 31.95	\$ 79,875.00
Item 6: CRUSHER RUN	15000	TONS	\$ 27.50	\$ 412,500.00
Item 7: MANUFACTURED SAN	1500	TONS	\$ 27.65	\$ 41,475.00
Item 8: CLAY GRAVEL	5000	TONS	\$ 20.50	\$ 102,500.00
Item 9: FILL SAND	2500	TONS	\$ 7.95	\$ 19,875.00
Item 10: RED DIRT	2500	YARDS	\$ 7.95	\$ 19,875.00
Item 11: SPOILED DIRT	6000	YARDS	\$ 7.95	\$ 47,700.00
Item 12: A-3 GRANULAR FINE (YELLOW SAND)	2500	TONS	\$ 14.00	\$ 35,000.00
Item 13: #57 STONE WASHED	2500	TONS	\$ 30.95	\$ 77,375.00
Item 14: #57 STONE UNWASHED	2500	TONS	N/A	

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: _____ DATE: _____
 NUMBER: _____ DATE: _____
 NUMBER: _____ DATE: _____

BIDDER INFORMATION

Company Name: May Farms LLC

Company Representative: Cassie Owen

Title: office manager

Business Address:

Street: 544 Birmingham Ridge Rd

City: Salt Hill State: MS Zip: 38866

Phone: 662-869-2151 Email: office92056@aol.com

Signature of Bidder: 

Date: 8/28/26



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/21/2026

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
Arthur J. Gallagher Risk Management Services, LLC
13th St 4th floor
Gulfport MS 39501

CONTACT NAME: Helen Andrews
PHONE (A/C, No, Ext): 601-718-8252 FAX (A/C, No): 877-288-0152
E-MAIL ADDRESS: helen_andrews@aig.com

INSURED
May Farms, LLC
544 Birmingham Ridge Rd
Saltillo MS 38866

MAYFARM-01

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	American Interstate Insurance Company	31895
INSURER B:	United States Fire Insurance Company	21113
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 808662602

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 WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:		506-9504826	8/28/2026	8/28/2027	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	\$ Included
							\$
B	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		506-9504826	8/28/2026	8/28/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
A	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 ☐ N/A	AVWCMG3518242026	9/1/2026	9/1/2027	☒ PER STATUTE ☐ OTHER	
						E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
B	Cargo		506-9504826	8/28/2026	8/28/2027	\$1,000 Deductible	\$100,000

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

CERTIFICATE HOLDER

CANCELLATION

FOR PROOF OF INSURANCE & INFORMATION ONLY

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
Arthur J. Gallagher Risk Management Services, LLC

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MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER **21113** COMPANY **United States Fire Insurance Company** ☒ **COMMERCIAL** ☐ **PERSONAL**

POLICY NUMBER **506-9504826** EFFECTIVE DATE **08/28/2026** EXPIRATION DATE **08/28/2027**

YEAR **2026** MAKE/MODEL **Western Star Tractor** VEHICLE IDENTIFICATION NUMBER **5KJJBWDR9TLWF0506**

AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER
Arthur J. Gallagher Risk Management Services, LLC
2909 13th St 4th Floor
Gulfport, MS 39501

(228) 863-5362
INSURED

☐ **May Farms, LLC**
544 Birmingham Ridge Rd
Saltville, MS 38866

SEE IMPORTANT NOTICE ON REVERSE SIDE

**MISSISSIPPI LAW REQUIRES THIS CARD TO BE KEPT IN THE INSURED
MOTOR VEHICLE FOR PRESENTMENT UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER **21113** COMPANY **United States Fire Insurance Company** ☒ **COMMERCIAL** ☐ **PERSONAL**

POLICY NUMBER **506-9504826** EFFECTIVE DATE **08/28/2026** EXPIRATION DATE **08/28/2027**

YEAR **2024** MAKE/MODEL **Western Star 47X** VEHICLE IDENTIFICATION NUMBER **5KJJBPDV8RLVC7422**

AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER
Arthur J. Gallagher Risk Management Services, LLC
2909 13th St 4th Floor
Gulfport, MS 39501

(228) 863-5362

INSURED

☐ **May Farms, LLC**
544 Birmingham Ridge Rd
Satillo, MS 38866

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MOTOR VEHICLE FOR PRESENTMENT UPON DEMAND**

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER 21113 COMPANY ☒ COMMERCIAL ☐ PERSONAL
United States Fire Insurance Company

POLICY NUMBER 506-9504826 EFFECTIVE DATE 08/28/2026 EXPIRATION DATE 08/28/2027

YEAR 2022 MAKE/MODEL Western Star 49X VEHICLE IDENTIFICATION NUMBER 5KJJBWDR4NLNR3302

AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER
Arthur J. Gallagher Risk Management Services, LLC
2909 13th St 4th Floor
Gulfport, MS 39501

(228) 863-5362

INSURED

May Farms, LLC
544 Birmingham Ridge Rd
Saville, MS 38866

SEE IMPORTANT NOTICE ON REVERSE SIDE

MISSISSIPPI LAW REQUIRES THIS CARD TO BE KEPT IN THE INSURED
MOTOR VEHICLE FOR PRESENTMENT UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as
soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY ☒ COMMERCIAL ☐ PERSONAL
21113 **United States Fire Insurance Company**

POLICY NUMBER EFFECTIVE DATE EXPIRATION DATE
506-9504826 **08/28/2026** **08/28/2027**

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2022 **Western Star 4700** **5KJJAVDV6NLMZ8945**

AGENCY/COMPANY ISSUING CARD AND LOCAL OR CUSTOMER SERVICE PHONE NUMBER
Arthur J. Gallagher Risk Management Services, LLC
2909 13th St 4th Floor
Gulfport, MS 39501

(228) 863-5362

INSURED

May Farms, LLC
544 Birmingham Ridge Rd
Satillo, MS 38866

SEE IMPORTANT NOTICE ON REVERSE SIDE

MISSISSIPPI LAW REQUIRES THIS CARD TO BE KEPT IN THE INSURED
MOTOR VEHICLE FOR PRESENTMENT UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as
soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each
vehicle involved.



INSURANCE BINDER

ANDHE3

DATE (MM/DD/YYYY)
08/21/2026

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON PAGE 2 OF THIS FORM.

AGENCY Arthur J. Gallagher Risk Management Services, LLC 2909 13th St 4th Floor Gulfport, MS 39501		COMPANY American Interstate Insurance Company		BINDER # 191072	
PHONE (A/C, No, Ext): (228) 863-5362		FAX (A/C, No): (228) 863-1957		CODE: 00005887	
AGENCY CUSTOMER ID: MAYFARM-02		SUB CODE:		INSURED AND MAILING ADDRESS May Farms, LLC 544 Birmingham Ridge Rd Sattillo, MS 38866	
DESCRIPTION OF OPERATIONS / VEHICLES / PROPERTY (Including Location) Location - 544 Birmingham Ridge Rd - Sattillo, MS 38866 Excluded Officer - Tim May		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #:			

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE / FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS ☐ BASIC ☐ BROAD ☐ SPEC				
GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR				
VEHICLE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS				
VEHICLE PHYSICAL DAMAGE DED ☐ ALL VEHICLES ☐ SCHEDULED VEHICLES ☐ COLLISION: ☐ OTHER THAN COL:				
GARAGE LIABILITY ☐ ANY AUTO				
EXCESS LIABILITY ☐ UMBRELLA FORM ☐ OTHER THAN UMBRELLA FORM				
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				
SPECIAL CONDITIONS / OTHER COVERAGES				

NAME & ADDRESS

MORTGAGEE		ADDITIONAL INSURED	
LOSS PAYEE			
LOAN #:			
AUTHORIZED REPRESENTATIVE			