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	$27.65	$414,750.00
Item 7: MANUFACTURED SAN	1500	TONS	$27.65	$41,475.00
Item 8: CLAY GRAVEL	5000	TONS	$27.65	$138,750.00
Item 9: FILL SAND	2500	TONS	$12.00	$30,000.00
Item 10: RED DIRT	2500	YARDS	$8.50	$21,250.00
Item 11: SPOILED DIRT	6000	YARDS	$8.50	$51,000.00
Item 12: A-3 GRANULAR FINE (YELLOW SAND)	2500	TONS		
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: Addendum 1 **DATE:** 7/15/26
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: Saltillo State: MS Zip: 38866

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

Signature of Bidder: [signature]

Date: 07/15/26

Addendum 1

City of Tupelo, MS

Materials and Delivery-12 Month Supply

Bid# 2026-033PW

Notice to Bidders:

This **Addendum 1**, dated **July 15, 2026,** supersedes and takes precedence over specifications for the above-listed bid, which shall remain in full force and effect, except as herein modified:

Item 1:

Item 14 of the Specifications is hereby revised to require No. 57 Unwashed Stone. The specified quantity of 2,500 tons remains unchanged.

A New Bid Form is attached with this change.

END OF ADDENDUM 1

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Current Policy No.: AVWCMS3408202025
Renewal of Policy: AVWCMS3302442024

Insurer:
AMERICAN INTERSTATE INSURANCE COMPANY
2301 HWY 190 WEST
DERIDDER, LA 70634
337.463.9052
NCCI Carrier Code: 24759

Agent and Address:
Arthur J. Gallagher Risk Mgmt Services, LLC (Gulfp
16 Thompson Park
HATTIESBURG, MS 39401

Agent Telephone: 228.863.5362
Agent Number: 00005887

Item 1. Insured and Mailing Address:
May Farms, LLC
544 Birmingham Ridge Rd
SALTILLO, MS 38866

Insured Telephone: 662.869.2151
Insured Risk ID: 230425353
Insured FEIN: 823781797
Entity of Insured: LLC

Other workplaces not shown above: See Extension of Information Page.

Item 2. Policy Period: The Policy period is from September 1, 2025 12:01 A.M. to September 1, 2026 12:01 A.M. at the insured's mailing address.

Item 3. Coverage:

A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here:
MS

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	**$**	**500,000**	**each accident**
Bodily Injury by Disease	**$**	**500,000**	**policy limit**
Bodily Injury by Disease	**$**	**500,000**	**each employee**

C. Other States Insurance. Part Three of the policy applies to the states, if any, listed here:
All states except those listed in ITEM 3A and Connecticut, Hawaii, New Hampshire, New Jersey, New York, North Dakota, Ohio, Washington, Wyoming.

D. This policy includes these endorsements and schedules: See Extension of Information Page.

Item 4. Premium: The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required on the Extension of Information Page is subject to verification and change by audit. See Extension of Information Page.

Total Estimated Annual Premium:	**$7,375**
Expense Constant Charge:	**$250**
Total Cost:	**$7,375**
Minimum Premium:	**$750**
Deposit:	**$2,623**

Countersigned By _____ August 27, 2025
Authorized Representative Date

Policyholders looking to present inquiries, obtain information regarding coverage, or requesting assistance in resolving complaints can contact AMERICAN INTERSTATE INSURANCE COMPANY by phone at 800.256.9052.

MISSISSIPPI WORKERS' COMPENSATION

NOTICE OF COVERAGE

I. Please take notice that your Employer is in compliance with the requirements of the Mississippi Workers' Compensation Law, and **[select one]** [has been approved by the Mississippi Workers' Compensation Commission to act as a self-insurer] or **[maintains workers' compensation insurance coverage with the following:]**

AMERICAN INTERSTATE INSURANCE COMPANY
(Name of insurance carrier or self-insurance group)
2301 HWY 190 WEST-DERIDDER, LA 70634

1-800-256-9052
(address & telephone number)

II. Individual workers' compensation claims will be submitted to and processed by:

AMERICAN INTERSTATE INSURANCE COMPANY
(Name of third party claims administrator or claims office)
2301 HWY 190 WEST-DERIDDER, LA 70634

1-800-699-6240
(address & phone number)

III. This workers' compensation coverage is effective for the following period: **09/01/2025** to **09/01/2026** .

IV. All job related injuries or illnesses should be reported as soon as possible to your immediate supervisor, or to the person listed below:

May Farms, LLC

(Name of employer contact person)

(Title & Department/Division)

V. Please be advised that any person who willfully makes any false or misleading statement or representation for the purpose of obtaining or wrongfully withholding any benefit or payment under the Mississippi Workers' Compensation Law may be charged with violation of Miss. Code Ann. § 71-3-69 (Rev. 2000) and upon conviction be subjected to the penalties therein provided.

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 21113

COMPANY: United States Fire Insurance Company

[X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER: 506-9231676

EFFECTIVE DATE: 08/28/2025

EXPIRATION DATE: 08/28/2026

YEAR: 2022

MAKE/MODEL: Western Star 4700

VEHICLE IDENTIFICATION NUMBER: 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
Saltillo, 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.

ACORD 50 MS (2008/01)

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: **21113**

COMPANY: **United States Fire Insurance Company**

[X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER: **506-9231676**

EFFECTIVE DATE: **08/28/2025**

EXPIRATION DATE: **08/28/2026**

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
Saltillo, MS 38866

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ACORD 50 MS (2008/01)

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 21113

COMPANY: United States Fire Insurance Company

[X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER: 506-9231676

EFFECTIVE DATE: 08/28/2025

EXPIRATION DATE: 08/28/2026

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
Saltillo, MS 38866

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2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 MS (2008/01)

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 21113

COMPANY: United States Fire Insurance Company

[X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER: 506-9231676

EFFECTIVE DATE: 08/28/2025

EXPIRATION DATE: 08/28/2026

YEAR: 2026

MAKE/MODEL: Western Star Tractor

VEHICLE IDENTIFICATION NUMBER: 5KJJWDR9TLWF0506

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
Saltillio, MS 38866

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2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 MS (2008/01)

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 21113

COMPANY: United States Fire Insurance Company

[X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER: 506-9231676

EFFECTIVE DATE: 08/28/2025

EXPIRATION DATE: 08/28/2026

YEAR: 2004

MAKE/MODEL: Timpte Hopper Bottom

VEHICLE IDENTIFICATION NUMBER: 1TDH4222X4B104989

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
Saltillo, MS 38866

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2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 MS (2008/01)

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: **21113**

COMPANY: **United States Fire Insurance Company**

[X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER: **506-9231676**

EFFECTIVE DATE: **08/28/2025**

EXPIRATION DATE: **08/28/2026**

YEAR: **2006**

MAKE/MODEL: **Clement Dump Trailer**

VEHICLE IDENTIFICATION NUMBER: **5C2BB37B46M005359**

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
Saltillo, MS 38866

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

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2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 MS (2008/01)

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER	COMPANY		
21113	United States Fire Insurance Company	[X] COMMERCIAL	[ ] PERSONAL

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
506-9231676	08/28/2025	08/28/2026

YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
2009	Clement Dump Trailer	5C2BB37B69M007182

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
Saltillo, MS 38866

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2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 MS (2008/01)

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: 21113

COMPANY: United States Fire Insurance Company

[X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER: 506-9231676

EFFECTIVE DATE: 08/28/2025

EXPIRATION DATE: 08/28/2026

YEAR: 2014

MAKE/MODEL: MAC Trailer

VEHICLE IDENTIFICATION NUMBER: 5MADN402XEC030388

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
Saltillo, MS 38866

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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.

ACORD 50 MS (2008/01)

MISSISSIPPI INSURANCE IDENTIFICATION CARD

COMPANY NUMBER: **21113**

COMPANY: **United States Fire Insurance Company**

[X] COMMERCIAL [ ] PERSONAL

POLICY NUMBER: **506-9231676**

EFFECTIVE DATE: **08/28/2025**

EXPIRATION DATE: **08/28/2026**

YEAR: **2019**

MAKE/MODEL: **CTS Trailer**

VEHICLE IDENTIFICATION NUMBER: **5TU343721KS000387**

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
Saltillo, 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.

ACORD 50 MS (2008/01)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/27/2025

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).

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@ajg.com
INSURED MAYFARM-01 May Farms, LLC 544 Birmingham Ridge Rd Saltillo MS 38866	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:** 1082578245 **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	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:			506-9231676	8/28/2025	8/28/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ Included $
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY			506-9231676	8/28/2025	8/28/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			AVWCMS3408202025	9/1/2025	9/1/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
B	Cargo			506-9231676	8/28/2025	8/28/2026	$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

FOR PROOF OF INSURANCE & INFORMATION ONLY

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