

March 12, 2024

RE:

Pre-Qualification Letter

Frank Silha & Sons, Inc.

We are pleased to write to you concerning our customer, Frank Silha & Sons, Inc. We have had the privilege of providing for their surety needs for over 10 years.

During that time, surety credit has been extended in the \$5,000,000 range for single jobs and \$20,000,000 range for an aggregate program. We would anticipate no problem providing the customary performance and payment bonds for their normal scope of work, should Frank Silha & Sons, Inc. enter into a written contract.

Although Frank Silha & Sons, Inc. has our highest recommendation, execution of any final bonds would be subject to a review of the contract terms and conditions, including any requested bond forms, and also their current financial standing at the time of the request.

This letter is written for no consideration and is not a legally binding document or commitment to provide future bonds.

Please contact us with any questions or if we can be of further service.

Very truly yours,

Merchants National Bonding, Inc.

DEYERS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/3/2025

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	CONTACT Mike Fitzgerald, CLCS			
Schwartz & Shea Insurance 1607 Holiday Dr Janesville, WI 53545-0409	PHONE (A/C, No, Ext): (608) 754-3336 222 FAX (A/C, No): (60		08) 754-5609	
	E-MAIL ADDRESS: mfitzgerald@schwartzshea.com			
	INSURER(S) AFFORDING COVERAGE		NAIC#	
	INSURER A: United Fire Group/UFG		13021	
INSURED	INSURER B :			
FRANK SILHA & SONS EXCAVATING INC	INSURER C :			
348 N Highway 14 Janesville, WI 53546	INSURER D :			
	INSURER E :			
	INSURER F :			

REVISION NUMBER: COVERAGES CERTIFICATE 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. POLICY NUMBER TYPE OF INSURANCE 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 60485805 1/1/2025 1/1/2026 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY

2.000.000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PROT POLICY PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY 60485805 1/1/2025 1/1/2026 X ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED AUTOS ONLY NON-OWNED AUTOS ONLY 7,000,000 X UMBRELLA LIAB X OCCUR EACH OCCURRENCE 7,000,000 1/1/2025 1/1/2026 60485805 EXCESS LIAB CLAIMS-MADE AGGREGATE DED X RETENTION \$

A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?

(Mandatory in NH)
If yes, describe under DESCRIPTION OF OPERATIONS below

A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

1/1/2025

1/1/2026

X PER OTHERL EACH ACCIDENT S 1,000,000
E.L. DISEASE - EA EMPLOYEE S 1,000,000
E.L. DISEASE - POLICY LIMIT S 1,000,000

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

Workers compensation exclusion for Dan Silha

Sample, Sample

CERTIFICATE HOLDER	CANCELLATION
Sample, Sample, Sample, Sample, Sample, Sample Sample, Sample, Sample, Sample, Sample, Sample, Sample	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Sample, Sample,

authorized representative
Mike FitzgeralL

LOC#: 0



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Schwartz & Shea Insurance		NAMED INSURED FRANK SILHA & SONS EXCAVATING INC 348 N Highway 14	
POLICY NUMBER SEE PAGE 1		Janesvillé, Wi 53546	-
CARRIER	NAIC CODE	_	
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Sample, Sample

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
-	
	*
Information required to complete this Schedule, if not show	n above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - 1. Your acts or omissions; or
 - The acts or omissions of those acting on your behalf:

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:
 - If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
 - 1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".



348 N. Highway 14 • Janesville, WI 53546

108 W Main - Demoltion Proposal

FRANK SILHA & SONS, INC.

348 Highway 14 East Janesville, WI 53546

Contact:

Phone:

608-751-3608 or 608-752-4322

Fax:

Quote To:

City of Whitewater Taylor Zeinert

Job Name:

108 W Main - Demo - Whitewater

N/A

Phone:

262-473-0148

Date of Plans: Revision Date:

Fax:

ITEM	DESCRIPTION	QUANTITY	UNIT	AMOUNT
100	Mobilization	1.00	EA	
110	Demo Permit Paid for by CDA	1.00	EA	
112	Erect Safety barriers at Sidewalk ONLY	1.00	LS	
114	Ensure compliance with all safety regulations	1.00	LS	
116	Coor. Disc Gas, Elec., Phone, Cable, Water, Sewer	1.00	LS	
118	Aspestos & Lead Abatement	00.1	LS	
120	Demolition	1.00	EA	
130	Sand Backfill	1.00	EA	
140	Restoration	1.00	EA	

GRAND TOTAL

\$22,470.00

NOTES:

Exclusions:

Relocation, removal, disconnects or adjustment of any existing utilities - Coordinate only

Topsoil respread

108 W Main Demolition

Name & Contact Details/Overview for Company

Question	Supplier Response
Statement Submitted By	Tina Lorenz
Date Submitted	1/6/2025
Company and Location Information:	
Firm	Frank Silha & Sons Excavating, Inc.
Address	348 N US Highway 14
City	Janesville
State	wi
Zip	53546
Phone	(608) 752-4322
Main Point of Contact:	以上,更是一种的强力,并将一个一直的"全人观众"的特殊。 第一个
Name:	Mike Wilcox
Title:	Lead Estimator
Office Phone:	(608) 752-4322
Extension:	
Cell:	(608) 449-9974
Email:	mwilcox@silhaexcavation.com
Company Information	· · · · · · · · · · · · · · · · · · ·
Self-Performed Scopes of Work:	Excavation, grading, deep foundations, aggregate material supplier, demolition, clearing and grubbing
Subcontracted Scopes of Work:	Utilities and Paving
Type of Firm (Corporation, Partnership, Individual, Other):	Corporation
Parent Company: (Same or provide Name)	
Years in Business as Supplier under present firm Name:	66 years
States in which your company will do business:	Wisconsin
Is your organization union:	Yes
If so list the affiliation(s) and local(s):	Operating Engineers Local 139
	Estimating: 3
capacity of your organization, including the	Clerical / Accounting: 2
number or permanent employees engaged in (do	Field Supervision: 3
not count the same employee twice): (Provide number for each)	Tradespeople: 29
	Management: 2
	02

What is your organizations Experience	2022 was .73, 2023 was .74, and 2024 is .74
Modification Rate (EMR) for the last three years?	
What is your organizations TRIR for the last three years?	Zero the last 3 years
Has your firm ever received an OSHA Citation in the last three years?	No
Have you had any fatalities in the past three years?	No
Has your firm ever failed to complete a contract or been assessed schedule related damages	No
Has your firm had any subcontractors / vendors fail to complete a contract in the last five years	No
Are there any judgements, claims, liens, or suits pending or outstanding against your firm?	No
Has your firm been a party to any lawsuits, arbitration, or mediation with regard to construction projects in the last five years?	No
(If answer to any of the above is yes, please include explanation to this form)	

Silha Reference List

Contact	Company	Phone Number	Work Performed
Mark Sievert	LKQ	608-751-0283	Building Demolition
Brent Silha	Hendrick's Commercial Property	608-295-3196	Building Demolition
Jay Yunker	City of Janesville	608-755-3060	Building Demolition

Project Approach

Mobilize to Site
Set up temporary Barricades on sidewalk
Demo Building
Demo Site pavements to be removed
Backfill building & site
Seed
Remove temporary Barricades
Demobilization

<u>Timeline</u>

On site 3 days - 1 for Asbestos Contractor 1 day demo 1 day seed

Safety measures

Signs to eliminate foot traffic in area of work Water demolition if needed

Payment Terms

Paid within 30 days of completion