

348 N. Highway 14 • Janesville, WI 53546

126 North Jefferson St - Demoltion Proposal

FRANK SILHA & SONS, INC.

348 Highway 14 East Janesville, WI 53546

Contact:

Dan Silha

Phone:

608-751-3608 or 608-752-4322

Fax:

Quote To:

City of Whitewater

Taylor Zeinert

262-473-0148

Job Name: Date of Plans: Revision Date: 126 N Jefferson - Demo - Whitewater

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	1.00	LS	
120	Demolition	1.00	EA	
130	Sand Backfill	1.00	EA	
140	Seed	1.00	EA	

GRAND TOTAL

\$30,695.00

NOTES:

Exclusions:

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

Topsoil respread

Name & Contact Details/Overview for Company

Overtion	C I'm D
Question Statement Submitted By:	Supplier Response
Date Submitted:	
Company and Location	
	Frank Silha & Sons Excavating, Inc. 348 N US Highway 14
State:	Janesville
	53546
	(608) 752-4322
Main Point of Contact:	
	Mike Wilcox
	Lead Estimator
Extension:	(608) 752-4322
	(608) 449-9974
	mwilcox@silhaexcavation.com
Company Information Self-Performed Scopes of	Everyption grading doen foundations
Work:	Excavation, grading, deep foundations, aggregate material supplier, demolition,
	clearing and grubbing
	5 5 5
Subcontracted Scopes of	Utilities and Paving
Work:	
Type of Firm (Corporation,	Corporation
Partnership, Individual,	
Other):	
Parent Company: (Same or	
provide Name)	
Years in Business as	66 years
Supplier under present	
firm Name:	
Chahaa inhish	NA STATE OF THE ST
States in which your company will do business:	Wisconsin
company will do business:	
Is your organization union:	Yes

If so list the affiliation(s) and local(s):	Operating Engineers Local 139
Provide information which would indicate size and	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	Tradespeople: 29
number for each)	Management: 2
What is your organizations Experience Modification Rate (EMR) for the last three years?	2022 was .73, 2023 was .74, and 2024 is .74
What is your organizations TRIR for the last three years?	Zero the last 3 years
Has your firm ever received an OSHA Citation	No
in the last three years?	
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	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

DEYERS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/18/2024

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.

		BROGATION IS WAIVED, subject ertificate does not confer rights to						require an end	orsemen	t. As	tatement on
PROD	DUCE	ER .			CONT	Mike Fit	zgerald, CL	CS			
		z & Shea Insruance liday Dr							FAX (A/C, No):	(608)	754-5609
		ile, Wi 53545-0409			E-MA	ESS: mfitzger	ald@schwa	rtzshea.com			
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
					INSU	RER A: United	Fire Group	/UFG			13021
INSU	RED				INSU	RER 8 :					
		FRANK SILHA & SONS EXC	AVA	TING	INC INSUI	RER C :					
		348 N Highway 14			INSU	RER D :					
		Janesville, WI 53546			INSUI	RER E :					
					INSUI	RER F:					
CON	/ER	RAGES CER	TIFIC	CATE	NUMBER:			REVISION NUM	MBER:		
INI	DIC/	IS TO CERTIFY THAT THE POLICIE ATED. NOTWITHSTANDING ANY R FICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH	EQUI PER	REME	ENT, TERM OR CONDITION OF THE INSURANCE AFFORDED	ANY CONTRA	CT OR OTHER	DOCUMENT WITED HEREIN IS S	TH RESPE	CT TO	WHICH THIS
INSR LTR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURREN	CE	\$	1,000,000
		CLAIMS-MADE X OCCUR			60485805	1/1/2024	1/1/2025	DAMAGE TO RENT	ED .	\$	100,000

INSR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	S	
A	X	COMMERCIAL GENERAL LIABILITY	HVS.			-10000000000000000000000000000000000000		EACH OCCURRENCE	s 1,000,0	_
		CLAIMS-MADE X OCCUR			60485805	1/1/2024	1/1/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	s 100,0	
								MED EXP (Any one person)	3	000
		, ,						PERSONAL & ADV INJURY	s 1,000,0	100
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,0	100
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,0	100
		OTHER:							s	
A	AU	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s 1,000,0	100
	X	ANY AUTO			60485805	1/1/2024	1/1/2025	BODILY INJURY (Per person)	s	
		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	s	
		HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	s	
									s	
A	X	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	s 7,000,0	100
		EXCESS LIAB CLAIMS-MADE			60485805	1/1/2024	1/1/2025	AGGREGATE	s 7,000,0	100
		DED X RETENTION \$ 0						+H-Th-Dolding-19255	\$	
A	WOF	RKERS COMPENSATION						X PER OTH-	*	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A		60485805	1/1/2024	1/1/2025	E.L. EACH ACCIDENT	s 1,000,0	100
	(Mai	ndatory in NH)	NIA					E.L. DISEASE - EA EMPLOYEE		
		s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s 1,000,0	100
						1				
										- 1
	DES	CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	5	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers compensation exclusion for Dan Silha

Sample, Sample

CERTIFICA	TE HO	LDER
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Sample, Sample, Sample, Sample, Sample, Sample Sample, Sample, Sample, Sample, Sample, 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.

AUTHORIZED REPRESENTATIVE

CANCELLATION

titegerable

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				
	×				
ormation 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
 - 2. 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.

COMMERCIAL GENERAL LIABILITY CG 20 37R 07 04

POLICY NUMBER:

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
	9
Information required to complete this Schedule, if not show	n 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".



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.

Kelly Cody, Attorney-in-Fact

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