

1959 S Power Rd Suite 103-419 Mesa, AZ 85206

Date: Thursday, May 30, 2024

Proposal # 2024-1149

\$105,812.45

**Submitted To:** 

Mike Kramer Mesa Public Schools 535 South Lewis Mesa, AZ 85210

Contact Information: Phone: (602) 347-2835

Mobile:

E-mail: mjkramer@mpsaz.org

Site Description: # S125309 Red Mountain High School 7301 E Brown Rd

Site Contact: Site Phone:

Site Email:

Mesa, AZ 85207

Sales Rep: Chris Bunker

Contact Information: Mobile: 480-745-9712 Office: (480) 892-7101

cbunker@roadrunnerpavingaz.com

Estimator: Nick Slade

31,677 Sq. Ft.

Mobile: 480-859-6800

nick@roadrunnerpavingaz.com

# THIS BID IS PREPARED IN ACCORDANCE TO UNIT PRICING ON MOHAVE CONTRACT NUMBER 19P-ROAD-0318.

| HOUDER TO KOND OOTO:                 |     |       |
|--------------------------------------|-----|-------|
| Proposed Service(s) & Description(s) | Qty | Depth |

#### Red: Asphalt Mill & Pave (Adjacent Ways)

- •Provide necessary hydrant water meter for construction use.
- •Mill and haul off existing asphalt to a depth of 3 inches.
- •Fine grade and compact existing base material as necessary.
- Tack all edges of existing curb and/or asphalt as necessary.
- •Place and compact new 1/2" mix asphalt to a finished depth of 3 inches using a self-propelled paving machine and vibratory steel drum rollers.
- •Install 5 speed humps to height of 3 inches.
- •Re-stripe to match existing layout.
- •Price does not include red curb fire lane striping unless otherwise noted.
- •Work will be completed in conjunction with job 2024-0715. If not, additional charges will be applied.

Line Item 20 - 1 Asphalt Speed Humps Mob at \$1,000/ea. - \$1,000.00

Line Item 21 - 5 Speed humps (1,680 SF) at \$10/SF - \$16,800.00

Line Item 37 - 31,677 SF 3" Asphalt Concrete at \$1.45/SF - \$45,931.65

Line Item 45 - 300 LF 3" saw cutting at \$0.75/LF - \$225.00

Line Item 74 - 1,880 LF 4" Line new layout striping at \$0.23/LF - \$432.40

Line Item 79 - 2 arrows at \$60/ea. - \$120.00

Line Item 84 - 5 speed hump stripe at \$90/ea. - \$450.00

Line Item 96 - 31,677 SF of 3" milling at \$0.45/SF - \$14,254.65

Line Item 110 - 1 Demo/Haul Mobs at \$1,000/ea. - \$1,000.00

Line Item 112 - 298 CY material at \$50/CY - \$14,900.00

Line Item 121 - 3,520 SY Fine Grading at \$2.45/SY - \$8,624.00

Performance Bond at a flat rate of 2% - \$2,074.75



## Yellow: Type II Latex Modified Slurry Seal (Non-Adjacent Ways)

- •Secure area with "A" frame barricades and/or traffic cones and caution tape as needed.
- •Clean existing pavement.
- •Apply a MAG Type II Latex Modified Slurry Seal at the rate of 15-18 pounds per square yard on existing pavement surface.
- •Re-stripe to match existing layout.
- •Price does not include red curb fire lane striping unless otherwise noted.
- •All work to be completed in conjunction with job 2024-0715. If not, additional charges will be applied.

Line Item 70 - 7,866 SF Type II Latex Modified Slurry at \$0.33/SF - \$2,595.78 Line Item 138 - 1,375 LF of 4" Line New Layout at \$0.23/LF - \$316.25 Performance Bond at a flat rate of 2% - \$58.24

| This proposal may be withdrawn at our option if not accepted within 30 days of May 30, 2024 |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Pavement Consultant: Chris Bunker   |  |  |  |  |  |  |
| Client's Authorized Signature   |  |  |  |  |  |  |

874 Sq. Yds.

\$2,970.27



# **TERMS & CONDITIONS**

- 1. Payment is balance due upon completion; any amount over 30 days will be assessed late charges of 2% monthly.
- 2. Warranty: Two year on materials, labor, and workmanship. Roadrunner Paving & Asphalt Maintenance will repair any areas at our expense that are deemed warranty covered. Normal wear and tear, severe weather, abuse, or acts of God will not be considered under warranty coverage. Reflective cracking on overlays will not be covered.
- 3. All towing of vehicles to be coordinated by owner. A towing charges of \$60 per vehicle will occur if vehicles are in work area on date selected for work to be performed. All towing to be approved by owner prior to commencement of work.
- 4. Unless otherwise noted in proposal, notification of work dates to residents are not included in this proposal.
- 5. Crack fill will not be placed in extremely cracked, "alligatored" areas
- 6. Unless otherwise noted in proposal, traffic control will only be maintained while Roadrunner employees are on site. Once the employees have left the job, it becomes the responsibility of the customer to maintain traffic control. Portions of the project will be unusable while work is performed and to let material have time to setup / cure.
- 7. Roadrunner Paving & Asphalt Maintenance maintains adequate insurance and workers compensation policies.
- 8. Unless otherwise noted in proposal, this proposal does not include engineering, testing, permits or any other associated fees.
- 9. Roadrunner Paving & Asphalt Maintenance is not responsible for any damage due to unmarked and or shallow utilities. Utility adjustments are not included unless specifically stated on this proposal.
- 10. There are no guarantees on drainage unless otherwise specifically outlined above.
- 11. On projects where we are milling or pulverizing the existing pavement, areas that have saturated subgrade or grade issues must be addressed. This may or may not impact the amount listed on this proposal.
- 12. Fire lane curb that is striped over existing red fire lane curb and flakes due to previous paint flaking will not be covered by warranty. Roadrunner Paving & Asphalt Maintenance can clean the existing curb at an additional cost.
- 13. Roadrunner Paving & Asphalt Maintenance is not responsible for any utility adjustment fees required by municipality
- 14. On sealcoat projects, oil spots will be cleaned as thoroughly as possible and a primer will be applied to the heaviest areas. However, some delamination of sealer may take place in these areas.
- 15. If a project date has been agreed on between Roadrunner and customer, and needs to be rescheduled within 48 hours of scheduled date for any reason, a cancellation fee of \$750 will be incurred.
- 16. If any work performed by Roadrunner during the project schedule dates is damaged by residents, delivery vehicles or any other form of traffic, a charge to repair damaged area will be incurred.



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/9/2023

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 Breinholt Anderson Insurance Consultants LLC          |            | CONTACT<br>NAME: Holly Gooch                  |   |       |  |  |  |  |  |  |
|--|------------|---|---|-------|--|--|--|--|--|--|
| 4140 E. Baseline Road, Suite 201                               |            | PHONE<br>(A/C, No. Ext): 480-935-7000         | FAX<br>(A/C, No): 480-935-7009          |       |  |  |  |  |  |  |
| Mesa AZ 85206  |            | E-MAIL<br>ADDRESS: certificates@baicins.com   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |       |  |  |  |  |  |  |
|  |            | INSURER(S) AFFORDING COVERAGE                 |   | NAIC# |  |  |  |  |  |  |
|  |            | INSURER A: Selective Insurance Company of Ame | 12572                                   |       |  |  |  |  |  |  |
| INSURED  | ROADPAV-01 | INSURER B: Benchmark Insurance Company        |   | 41394 |  |  |  |  |  |  |
| Roadrunner Paving & Asphalt Maintenance LLC<br>1959 S Power Rd |            | INSURER C:                                    |   |       |  |  |  |  |  |  |
| Suite 103-419  |            | INSURER D:                                    |   |       |  |  |  |  |  |  |
| Mesa AZ 85206  |            | INSURER E:                                    |   |       |  |  |  |  |  |  |
|  |            | INSURER F:                                    |   |       |  |  |  |  |  |  |
|  |            |   |   |       |  |  |  |  |  |  |

COVERAGES CERTIFICATE NUMBER: 654439298 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<br>LTR |   | TYPE OF INSURANCE                                       | ADDL<br>INSD | SUBR<br>WVD | POLICY NUMBER  | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMIT  | s  |
|-------------|---|---|--------------|-------------|----------------|----------------------------|----------------------------|--|--|
| A           | X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR   |   | Y            | Υ .         | S 2325149      | 3/15/2023                  | 3/15/2024                  | EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)                              | \$ 1,000,000<br>\$ 500,000                   |
|             |   |   |              |             |                |                            |                            | MED EXP (Any one person) PERSONAL & ADV INJURY   | \$ 15,000<br>\$ 1,000,000                    |
|             | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO- JECT X LOC   |   |              |             |                |                            |                            | PRODUCTS - COMP/OP AGG   | \$ 3,000,000<br>\$ 3,000,000<br>\$           |
| А           | -   | OTHER: OMOBILE LIABILITY ANY AUTO                       | Υ            | Y           | S 2325149      | 3/15/2023                  | 3/15/2024                  | COMBINED SINGLE LIMIT<br>(Ea accident)<br>BODILY INJURY (Per person)                   | \$ 1,000,000<br>\$                           |
|             | X   | OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY |              |             |                |                            |                            | BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)                            | \$   |
| А           | X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADI   |   |              |             | S 2325149      | 3/15/2023                  | 3/15/2024                  | EACH OCCURRENCE AGGREGATE  | \$ 5,000,000<br>\$ 5,000,000                 |
|             | DED RETENTION\$   |   |              |             |                |                            |                            |  | \$ 5,000,000                                 |
| В           | B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below |   | N/A          | Y           | WCN02006548322 | 3/15/2023                  | 3/15/2024                  | X PER OTH- E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE  E.L. DISEASE - POLICY LIMIT | \$ 1,000,000<br>\$ 1,000,000<br>\$ 1,000,000 |
| А           |   |   |              |             | S 2325149      | 3/15/2023                  | 3/15/2024                  | Limit  | 500,000                                      |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The General Liability and Business Auto policies include an automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder and any additional entities listed, if any, only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured. The General Liability contains the endorsement with Primary and Noncontributory wording, when required by written contract. The General Liability, Business Auto and Workers Compensation policies provide a Waiver of Subrogation when required by written contract. The Umbrella Liability policy follows form to the General Liability, Business Auto and Employers Liability policies

| CERTIFICATE HOLDER                                  | CANCELLATION   |
|---|--|
| Roadrunner Paving & Asphalt Maintenance LLC;        | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| 1959 S. Power Rd. Ste 103-419<br>Mesa AZ 85206-0000 | AUTHORIZED REPRESENTATIVE  |

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ACORD 25 (2016/03)

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# Request for Taxpayer Identification Number and Certification

send to the

Give Form to the requester. Do not send to the IRS.

| Internal  | Revenue Service   | ► Go to w   | ww.irs.gov/For   | mW9 for instr  | uctions and the late  | et infon  | mati   | on.       |   |  |          |         |                  |     |  |  |
|---|---|---|--|--|---|-----------|--------|-----------|---|--|----------|---------|------------------|-----|--|--|
|   | 1 Name (as show   | on your income tax return                               | ). Name is required  | d on this line; do   | not leave this line blank.  |           |        |           |   |  |          |         |                  |     |  |  |
|   | Roadrunner Paving & Asphalt Maintenance, LLC                        |   |  |  |   |           |        |           |   |  |          |         |                  |     |  |  |
|   | 2 Business name/  | disregarded entity name, if                             | different from abo   | ve   |   |           |        |           |   |  |          |         |                  |     |  |  |
| _   |   |   |  |  |   |           |        |           |   |  |          |         |                  |     |  |  |
| က်  | 3 Check appropri  | ste box for federal tax class                           | ification of the per   | son whose name   | is entered on line 1. Ch  | eck only  | one (  |           | 4 Exem  |  |          |         |                  |     |  |  |
| \$  | following seven   | boxes.  |  |  | <b>.</b>  |           |        |           |   | certain entities, not individuals; see |          |         |                  |     |  |  |
| 5   |   | le proprietor or 🔲 C C                                  | Corporation  | S Corporation  | Partnership   | □Tn       | ust/ee | state     | instructions on page 3):                          |  |          |         |                  |     |  |  |
| . ø   | eingle-memb   | - h h   |  |  |   |           |        |           | Exempt payee code (if any)                        |  |          |         |                  |     |  |  |
| <u>6</u> 5  | ✓ Limited liabil  | to company Enter the tow                                | alessification (C_C  |  | acmaration D_Dadoo  | mbin) b   | S      | .         |   |  |          |         |                  |     |  |  |
| 5 B   |   |   |  |  |   |           |        |           | Exemption from FATCA reporting                    |  |          |         |                  |     |  |  |
| Trust/estate    Collect appropriate box for rederal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.    Individual/sole proprietor or |   |   |  |  |   |           |        |           |   | code (if pro)                          |          |         |                  |     |  |  |
|   |   |   |  |  |   |           |        |           |   |  |          |         |                  |     |  |  |
| is disregarded from the owner should check the appropriate box for the tax classification of its owner.   |   |   |  |  |   |           |        |           | (Applies to accounts maintained outside the U.S.) |  |          |         |                  |     |  |  |
| <u>.</u>  | Other (see in   |   | o 1 Con instruction  |  |   | Boorios   | +      |           |   |  |          |         | <b>P P B</b> D.3 |     |  |  |
| (A)   | 5 Address (number, street, and apt. or suite no.) See instructions. |   |  |  |   |           |        |           |   |  | nioi muj |         |                  |     |  |  |
| 8   |   | Rd, Suite 103-419                                       |  |  |   |           |        |           |   |  |          |         |                  |     |  |  |
|   | 6 City, state, and  | ZIP CODE  |  |  |   |           |        |           |   |  |          |         |                  |     |  |  |
|   | <b>Mesa, AZ</b> 8520  |   |  |  |   |           |        |           |   |  |          |         |                  |     |  |  |
|   | 7 List account nur  | nber(s) here (optional)                                 |  |  |   |           |        |           |   |  |          |         |                  |     |  |  |
|   |   |   |  |  |   |           |        |           |   |  |          |         |                  | _   |  |  |
| Par   | Taxpa   | yer Identification                                      | Number (TIN  | Ŋ  |   |           |        |           |   |  |          |         |                  |     |  |  |
|   |   | propriate box. The TIN                                  |  |  |   |           | Sou    | cial secu | rity nur  | nber                                   |          |         |                  |     |  |  |
|   |   | r individuals, this is gen<br>prietor, or disregarded e |  |  |   | ora       |        |           |   |  |          |         |                  |     |  |  |
|   |   |   |  |  |   | rt a      |        |           | ▎▔Ĺ   |  | -        |         |                  |     |  |  |
| entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.  |   |   |  |  |   |           |        |           |   |  |          |         |                  |     |  |  |
| Note:   | If the account is i   | n more than one name,                                   | see the instruct   | ions for line 1. /   | Also see What Name  | and       | Em     | ployer i  | i <del>entifi</del> ce                            | rtion :                                | numbe    | r       |                  |     |  |  |
| Numb  | er To Give the Re   | <i>qu</i> ester for guidelines o                        | n whose numbe  | r to enter.  |   |           |        |           |   | Π.                                     |          |         |                  |     |  |  |
|   |   |   |  |  |   |           | 4      | 7   -     | 1   7   | 1                                      | 9        | 8 2     | 1                |     |  |  |
| Part  | Certif  | cation  |  |  |   |           |        |           |   | -                                      |          |         |                  | _   |  |  |
|   | penalties of perj   |   |  |  |   |           |        |           |   |  |          |         |                  |     |  |  |
|   |   | n this form is my correc                                | t taxpaver ident   | ification numbe  | er (or Lam waiting for  | a numb    | er to  | be lası   | ed to n   | a): a                                  | nd       |         |                  |     |  |  |
|   |   | ackup withholding beca                                  |  |  |   |           |        |           |   |  |          | al Rev  | enue             |     |  |  |
|   |   | n subject to backup wit                                 |  | suit of a fallure  | to report all interest of   | or divide | nds,   | or (c) t  | he IRS  | has r                                  | otified  | me ti   | nat I a          | m   |  |  |
| по і  | onger subject to  | backup withholding; and                                 | 1  |  |   |           |        |           |   |  |          |         |                  |     |  |  |
| 3. I an   | n a U.S. citizen or   | other U.S. person (defir                                | ned below); and  |  |   |           |        |           |   |  |          |         |                  |     |  |  |
| 4. The  | FATCA code(s)   | entered on this form (if a                              | ny) indicating the   | at I am exempt   | from FATCA reporting  | ıg is con | rect.  |           |   |  |          |         |                  |     |  |  |
|   |   | ns. You must cross out its                              |  |  |   |           |        |           |   |  |          |         | becau            | 180 |  |  |
|   |   | all interest and dividends<br>ent of secured property.  |  |  |   |           |        |           |   |  |          |         |                  |     |  |  |
|   |   | lent of secured property,<br>Midends, you are not req   |  |  |   |           |        |           |   |  |          |         |                  |     |  |  |
|   |   |   |  |  | t you must provide you  | 21 CO11CC |        | 4. 000 1  |   | CLICII                                 | 3 101 1  |         | u                |     |  |  |
| Sign  |   | ase   |  |  |   |           | OIG    | 3/2022    |   |  |          |         |                  |     |  |  |
| Here  | U.S. person   | Cul   |  |  |   | Date >    | 9/0    | 112022    |   |  |          |         |                  |     |  |  |
| Gei   | neral Inst  | ructions  |  |  | • Form 1099-DIV (difunds)   | vidends   | , Incl | luding t  | hose fro  | om si                                  | tocks o  | r mut   | ual              |     |  |  |
| Section references are to the Internal Revenue Code unless otherwise noted.   |   |   | ierwise  | Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)          |   |           |        |           |   |  |          |         |                  |     |  |  |
| Future developments. For the latest information about developments  • Form 1099   |   |   | Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) |  |   |           |        |           |   |  |          |         |                  |     |  |  |
| after they were published, go to www.irs.gov/FormW9.  |   |   |  | Form 1099-S (proceeds from real estate transactions)                                 |   |           |        |           |   |  |          |         |                  |     |  |  |
| D 4 F   |   |   | Form 1099-K (merchant card and third party network transactions)                   |  |   |           |        |           |   |  |          |         |                  |     |  |  |
| An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer   |   |   |  | Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition) |   |           |        |           |   |  |          |         |                  |     |  |  |
| Identification number (TIN) which may be your social security number  |   |   | Form 1099-C (canceled debt)  |  |   |           |        |           |   |  |          |         |                  |     |  |  |
| (SSN), Individual taxpayer identification number (ITIN), adoption   |   |   |  | Form 1099-A (acquisition or abandonment of secured property)                         |   |           |        |           |   |  |          |         |                  |     |  |  |
| taxpayer identification number (ATIN), or employer identification number  |   |   |  | ,  |   |           |        |           |   |  |          |         |                  |     |  |  |
| (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information  |   |   |  |  | Use Form W-9 only if you are a U.S. person (including a resident allen), to provide your correct TIN.   |           |        |           |   |  |          |         |                  |     |  |  |
|   |   | not limited to, the follow                              |  |  |   |           |        |           | eguesh  | w wh                                   | h a Til  | V. VOII | mlah             | rŧ  |  |  |
| • Form 1099-INT (interest earned or paid)   |   |   |  |  | If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later. |           |        |           |   |  |          |         |                  |     |  |  |

