



# ROADRUNNER PAVING & ASPHALT MAINTENANCE

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

Date: Tuesday, November 4, 2025

Proposal # 2025-2003

**Submitted To:**

Gabe Segovia  
Queen Creek Unified School District  
20217 E Chandler Heights Rd  
Queen Creek, AZ 85142

**Contact Information:**

Phone: (480) 828-0275  
Mobile:  
E-mail: gsegovia@qcusd.org

**Site Description:** # S127717

Queen Creek Elementary School  
23636 S 204th St  
Queen Creek, AZ 85142

Site Contact:  
Site Phone:  
Site Email:

**Sales Rep:**

Chris Bunker

**Contact Information:**

Mobile: 480-745-9712  
Office: (480) 892-7101  
cbunker@roadrunnerpavingaz.com

**Estimator:**

Joe Ortiz  
Mobile: 928-916-8061  
joe@roadrunnerpavingaz.com

THIS BID IS PREPARED IN ACCORDANCE TO UNIT PRICING ON COOPERATIVE CONTRACT NUMBER 22-15P-03 ISSUED BY  
1 GOVERNMENT PROCUREMENT ALLIANCE (1GPA).

Proposed Service(s) & Description(s)	Qty	Depth	
<b>Adjacent Ways:</b>	22,692 Sq. Ft.		\$7,660.88
<b>Crack Seal &amp; Seal Coat Two Coat MasterSeal</b>			
•Secure area with "A" frame barricades and/or traffic cones and caution tape as needed.			
•Clean existing pavement with a ride on sweeper and/or high pressured blowers.			
•Apply hot Maxwell Elastoflex crack sealer to all cracks 1/4" and larger.			
•There will be a slightly elevated band not to exceed 3" in width on the pavement of the sealed crack.			
•Apply a two coat spray application of MasterSeal asphalt emulsion sealer			
•Joint between asphalt/concrete will not be crack sealed unless otherwise specified.			
•Work to be completed in trip(s).			
<b>Adjacent Ways:</b>	11,191 Sq. Ft.	3"	\$59,436.65
<b>Asphalt Mill &amp; Pave</b>			
•Provide necessary hydrant water meter for construction use.			
•Mill and haul off existing asphalt to a depth of 3 inches.			
•Demo & haul off 2 existing concrete ramps.			
•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 2 6'x4' asphalt ramps.			
•Adjust water valves, manholes and/or cleanouts flush with new asphalt elevations in concrete collars per Maricopa Association of Governments (MAG) specifications.			
•Re-stripe to match existing layout using traffic rated paint:			
•6 - 4 square w/ 6" numbers.			
•6 - Hopscotch.			
•Price does not include red curb fire lane striping unless otherwise noted.			
•Work to be completed in 1 trip(s).			



Project Total: **\$67,097.53**

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This proposal may be withdrawn at our option if not accepted within 30 days of Nov 4, 2025

Pavement Consultant: Chris Bunker

Client's Authorized Signature

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## **TERMS & CONDITIONS**

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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. If resident/tenant vehicles need to be relocated and delay completion of work, additional charges may be incurred.
  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.
  17. Market oil prices may or may not result in material price changes that are out of Roadrunner's control.
  18. It is responsibility of the owner to verify ADA compliance of existing conditions. Unless specified in this proposal, new parking stalls, walkways, ramps and signange will be installed to match current existing conditions.
  19. On projects where we are milling or pulverizing the existing pavement, if the existing asphalt contains fabric or petromat from prior maintenance projects, additional charges will be incurred.
  20. On slurry projects, scuffing, tire marks and raveling of sand out of the material is normal and to be expected. Slurry seal is not a replacement for new asphalt.
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/17/2025

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).

<b>PRODUCER</b> Hub International Midwest West 1411 Opus Place Suite 450 Downers Grove IL 60515	<b>CONTACT NAME:</b> CSUConstruction <b>PHONE (A/C, No, Ext):</b> 630-468-5600 <b>E-MAIL ADDRESS:</b> CSUConstruction@hubinternational.com <b>FAX (A/C, No):</b> 630-468-5696 <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> BITCO General Insurance Corporation <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> Western Pavement Services Inc. Roadrunner Paving & Asphalt Maintenance LLC 1640 S Stapley Dr Suite 209 Mesa AZ 85204	<b>NAIC #</b> 20095

**COVERAGES****CERTIFICATE NUMBER:** 1147447296**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			CLP 3 762 908	9/15/2025	9/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAP 3 762 909	9/15/2025	9/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUP 3 762 910	9/15/2025	9/15/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A	WC 3 762 906	9/15/2025	9/15/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment			CLP 3 762 908	9/15/2025	9/15/2026	Limit/Deductible: \$500,000/\$1,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Proof of Insurance

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

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**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Roadrunner Paving &amp; Asphalt Maintenance, LLC</b>	
	<b>2</b> Business name/disregarded entity name, if different from above.	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> <b>LLC.</b> Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>S</b> <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>1959 S Power Rd, Suite 103-419</b>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <b>Mesa, AZ 85206</b>		
<b>7</b> List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
			-					
or								
<b>Employer identification number</b>								
4	7		-	1	7	1	9	8 2 1

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
		2/26/25

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



