



Owner

Contact

Scottie Ness
30932 County HWY 4
Vergas, MN 56587
701-388-5784
NessConstOTL@gmail.com

Julie Lammers
City Clerk-Treasurer
City of Vergas Minnesota
City Office
111 Main Street
Vergas, MN 56587

Dear City of Vergas,

- 20 years Experience
- Commercial and Residential Snow removal
- Rural homes as well

Thank you for reviewing my bid for snow removal.

Sincerely,

Scottie Ness



City of Vergas MN

Snow Removal Quote

City Office

111 Main Street

Vergas MN 56587

01/30/2023

Ness Construction of the Lakes LLC

Scottie Ness

30932 County Hwy 4

Vergas MN 56587

701-388-5784

I have a ¾ ton Pickup with an 8' V-Plow

Small tractor with blower if needed. (Sidewalks and Entry ways)

Walk behind blower and salter.

I'm self Employed, owner operator.

We usually wait till the snow fall is about done to remove snow, so after each snow fall I would be able to plow. If needed before hand, just a call to figure out a plan. An hour notice would be nice, but understand that sometimes things come up and will get there as soon as I can.

Available each snow fall and when needed.



All rates are per hour per piece of equipment. There will be a 1 hour minimum. Based on snow accumulation amounts, we will determine what equipment will be sent to your location to complete the clean up as efficiently as possible. You may request certain equipment and we will accommodate to the best of our ability's.

Pickup Truck and V-PLOW \$80/Hr

Tractor and blower (small) \$80/Hr (Sidewalks entry ways)

Walk behind blower and manual shoveling will be included in tractor billing while on site.

Salting \$0.60 per pound.

If you have any questions, please feel free to contact me.

Thanks

Scottie Ness



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/30/2023

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 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
JUSTIN SKARIE (21721)
303 HOLMES ST W
DETROIT LAKES, MN 56501-0000

CONTACT NAME: JUSTIN SKARIE
PHONE (A/C, No, Ext): 218-844-7000 **FAX (A/C, No):** 218-846-9753
E-MAIL ADDRESS: JUSTIN.SKARIE@COUNTRYFINANCIAL.COM

INSURED 5678268
NESS CONSTRUCTION OF THE LAKES LLC
30932 COUNTY HIGHWAY 4
VERGAS, MN 56587

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	COUNTRY Mutual Insurance Company	20990
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			AM9321686	3/24/2022	3/24/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> BUSINESSOWNERS						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			AV9321687	3/24/2022	3/24/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CITY OF VERGAS
111 MAIN ST
VERGAS, MN 56587

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