

CITY OF HOKAH, MN
RESOLUTION #2013-10
MN DOT Snow Removal
Agreement: 2013/2014

City Administrator Rodney Blank informed members of the City Council the necessity to renew the snow removal agreement with MNDOT if they wish to continue with said agreement.

RESOLUTION

Be it Resolved, that the City of Hokah, Houston County, State of Minnesota hereby adopts a cooperative snow removal Agreement for trunk highways located within the City limits of Hokah, thus being Highway 44 from its junction with Highway 16, then South to Third Street, and

Be it further Resolved and understood that the State of Minnesota will pay for the accumulation and loading of snow and the City of Hokah will pay for the hauling and disposal, and

Be it finally Resolved, that the Administrator is hereby authorized to prepare and transmit to the Minnesota Department of Transportation a true copy of said Resolution.

All Members voting in favor, the resolution was adopted unanimously.

CERTIFICATION

I, Rodney G. Blank, the Administrator for the City of Hokah Minnesota do hereby Certify that the above is a true and correct copy of a Resolution duly adopted by the Members of the Hokah City Council on November 5, 2013.

CITY CORPORATE
SEAL



Attest: Rodney G. Blank
City Administrator

**Minnesota Department of Transportation
District 6A - Rochester**

BID FOR RENTAL EQUIPMENT WITH OPERATOR

Instructions: Prepare one copy for each unit bid.

Send to: Attn: Inventory/Purchasing
Minnesota Department of Transportation
2900 48th St. NW
Rochester, MN 55901

Or Fax to: 507-280-2846

Bid should be received by: **November 4, 2013**

Prices quoted shall be in effect from: **October 14, 2013 to June 30, 2014**

Bidder of operated equipment shall furnish to the Department a Certificate of Insurance for:
a. Public Liability @ \$2,000,000 minimum as of October 14, 2013 and Property Damage to cover this equipment.
b. Worker's Compensation as required by State law, covering workers furnished by owner. Payment will not be made for equipment rental until the insurance certificate has been furnished.

For completion by Owner

Description and Location of Equipment 1999 Komatsu

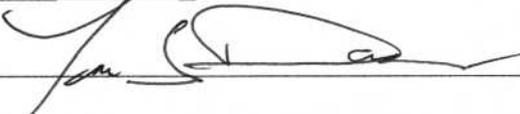
Type (Make & Model) 320 Wheel Loader

Bid Rate per Unit of Measure \$90.00 Unit of Measure HOURLY

Name/Company Davison Trucking, LLC

Address (City, State, Zip) 7575 Butterfield Valley Road, Hokah, MN 55941

Phone No. (507) 894-4027

Authorized Signature 

Print Name Tim Davison

Title Owner Date November 4, 2013

Minnesota Department of Transportation
District 6A - Rochester

BID FOR SERVICES AND RENTALS WITH OPERATOR

Instructions: Prepare one copy for each unit bid.

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For completion by Owner

Description and Location of Equipment Dump Truck :

Type (Make & Model) _____

Bid Rate per Unit of Measure \$75.00 Unit of Measure HOURLY

Name/Company Davison Trucking, LLC

Address (City, State, Zip) 7575 Butterfield Valley Road, Hokah, MN 55941

Phone No. (507) 894-4027

Authorized Signature 

Print Name Tim Davison

Title Owner Date November 14, 2013

Bid # W1014-2013

Minnesota Department of Transportation
District 6A - Rochester

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For completion by Owner

Description and Location of Equipment Bob Cat S 185 Serial # A3L913302

Type (Make & Model) 2009 S 185

Bid Rate per Unit of Measure \$100.00 Unit of Measure HOURLY

Name/Company CITY OF HOKAH, MINNESOTA

Address (City, State, Zip) BOX 311 Hokah, MN 55941

Phone No. (507) 894-4990

Authorized Signature 

Print Name Rodney G. Blank

Title City Administrator Date November 20, 2012

Circle area(s) you will supply equipment to:

DRESBACH
Caledonia, Hokah, Houston, La Crescent, Spring Grove

Minnesota Department of Transportation
District 6A - Rochester

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For completion by Owner

Description and Location of Equipment 1 Ton Pickup with 9.2' Plow

Type (Make & Model) GMC K3500 4X4 2009 VIN#1GDJK74K59F139548

Bid Rate per Unit of Measure \$100.00 Unit of Measure HOURLY

Name/Company CITY OF HOKAH, MINNESOTA

Address (City, State, Zip) BOX 311 Hokah, MN 55941

Phone No. (507) 894-4990

Authorized Signature 

Print Name Rodney G. Blank

Title City Administrator Date November 20, 2012

Circle area(s) you will supply equipment to:

DRESBACH
Caledonia, Hokah, Houston, La Crescent, Spring Grove

Bid # W10-14-2013

**Minnesota Department of Transportation
District 6A - Rochester**

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For completion by Owner

Description and Location of Equipment 1998 International Dump Truck w/12' Snow Plow

Type (Make & Model) Model 2674 Single Axle VIN#: 1HTGEAHR2WH494917

Bid Rate per Unit of Measure \$100.00 Unit of Measure HOURLY

Name/Company CITY OF HOKAH, MINNESOTA

Address (City, State, Zip) BOX 311 Hokah, MN 55941

Phone No. (507) 894-4990

Authorized Signature 

Print Name Rodney G. Blank

Title City Administrator Date November 20, 2012

Circle area(s) you will supply equipment to:

DRESBACH
Caledonia, Hokah, Houston, La Crescent, Spring Grove



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10-29-2013

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 Stender Insurance Agency 33 S. Walnut St. Ste.#230 La Crescent MN 55947	CONTACT NAME: _____
	PHONE (A/C No, Ext): _____ FAX (A/C, N): _____ E-MAIL ADDRESS: _____
INSURER(S) AFFORDING COVERAGE	
INSURER A: EMC Insurance	NAIC #
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
 Tim Davison
 7575 Butterfield Rd.
 Hokah MN 55941

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		4D2-80-95-13	3/5/13	3/5/14	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	<input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		4E2-80-95-13	3/5/13	3/5/14	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"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		4J2-80-95-13	3/5/13	4/5/14	EACH OCCURRENCE \$1,000,000 AGGREGATE \$2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				WC STATUTORY LIMITS E.L. EACH ACCIDENT \$ 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 Hokah Fax: 507-894-3777	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



CERTIFICATE OF LIABILITY INSURANCE

HOKACIT

OP ID: TD

DATE (MM/DD/YYYY)
10/30/2013

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.

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PRODUCER Danielson Insurance Agency P.O. Box 428 Caledonia, MN 55921 Caledonia Office	CONTACT NAME: Caledonia Office PHONE (A/C, No, Ext): 507-725-3344 FAX (A/C, No): 507-725-3488 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED City Of Hokah Box 311 Hokah, MN 55941	INSURER A: League of Minnesota Cities	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

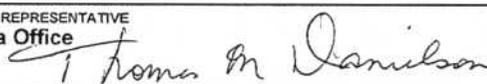
REVISION NUMBER:

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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			CMC35405	04/20/2013	04/20/2014	EACH OCCURRENCE \$ 1,500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,500,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 1,000
							PERSONAL & ADV INJURY \$ 1,500,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			CMC35405	04/20/2013	04/20/2014	COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$ 1,500,000
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED		RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			02000001033	05/01/2013	05/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1,500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$ 1,500,000

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

CERTIFICATE HOLDER**CANCELLATION**

MNDEPT1 MN Department of Transportation 2900 48th Street NW Rochester, MN 55901-0138	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 Caledonia Office 
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