

PO Box 176  
New Ipswich, NH 03071  
Phone: 603-878-4024  
Fax: 603-878-2985

## PROPOSAL

### PROJECT:

OSGOOD POND DREDGING PROJECT

MILFORD, NH

### SCOPE OF WORK

- Mobilization
- Silt fence as shown on plans
- Install stone construction entrance
- Clear and grub for road to pond
- Wildlife biologist pre-construction inspection and crew training
- Gravel road into pond
- Install 60' of 12" pump line sleeve
- Install 36" culvert under temporary road
- Install pumps as needed
- Excavate material into pile to allow it to dewater
- Load material into trucks to haul to Brox site
- Push over material at Brox site
- Clean up haul road

10/18/19

TOTAL: \$23.00/cy

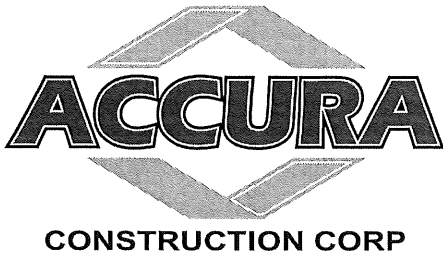
### EXCLUSIONS:

- Multiple visits by the wildlife biologist- only one visit is included
- Silt fence beyond what the plan shows

JEFF MUHONEN

A handwritten signature in black ink, appearing to read "JEFF MUHONEN", written over a horizontal line.

PRESIDENT



PO Box 176  
New Ipswich, NH 03071  
Phone: 603-878-4024  
Fax: 603-878-2985

10/18/2019

To Whom It May Concern,

We will have a 300 size excavator for all the dredging and grubbing. We will use a loader or dozer to push over the material at the Brox site. A skid steer and a mini excavator will be used for misc. cleanup and erosion.

Our ten wheeler will haul along with trucking subcontractors.

Tracy Tarr from GZA will perform the site inspection as the certified wildlife biologist.

Keith Muhonen will be our site supervisor and Jeff Muhonen will be the project manager.

Similar projects:

Gould Pond Inlet Dredging in 2015. Contact person for that project is Edward Rogers- 603-878-0814

Greenville Water treatment plant lagoon dredging in 2019. Contact person for that project is Bryan Leblanc-603-878-2800



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/14/2019

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> 603-890-6439 Santo Insurance and Financial 224 Main Street Suite 2A Salem, NH 03079 Jason M Mlocek	<b>CONTACT NAME:</b> Sandy Gargano	
	<b>PHONE (A/C, No, Ext):</b> 603-890-6439 <b>FAX (A/C, No):</b> 603-890-6521 <b>E-MAIL ADDRESS:</b> sandy@santoinsurance.com	
<b>INSURED</b> Accura Construction Corp Jeffrey Muhkanen PO Box 176 New Ipswich, NH 03071	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A : West American Insurance	44393
	INSURER B : Ohio Casualty Bond	
	INSURER C :	
	INSURER D :	
	INSURER E :	

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			BKW58129827	10/21/2019	10/21/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAW58129827	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000			USO58129827	10/21/2019	10/21/2020	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    Y/N <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	XWW58129827 3A: NH MA	10/21/2019	10/21/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	lease/rented			BKW58129827	10/21/2019	10/21/2020	Equipment \$ 100,000

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

<b>CERTIFICATE HOLDER</b>  Town of Milford 1 Union Square Milford, NH 03055	<b>CANCELLATION</b>  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 