

**HENDERSON COUNTY
BID SHEET
OPENING – October 6, 2015
FIRE STATION BUILDING PROJECT**

BID OPENING: 9:00 A.M.
Henderson County Finance Office
LEXINGTON, TN 38351

COMPANIES/PERSONS PRESENT:

Mark Hopper
M. Yeake Rosting
Liz Whitsett

Mark & Wendy C. Hopper
Kevin McKeel
Quinn Construction Corp.

BID AWARDED TO:

COMMENTS: Willie West

FINANCE DIR. JENNIFER FESMIRE

FIRE STATION ADDITIONS

26-Oct-15

CONTRACTOR NAME	McPeak Roofing	Quinn	Mork + Wendy Hopper	William Wood
LICENSE NUMBER	00079897	00013678	00051500	00055360
EXPIRATION DATE	6/30/17	5/31/16	11/30/16	7/31/17
LICENSE CLASSIFICATION	BCA; CMC	BC; HRA-A	BC-AB	BC-AB
PROOF OF INSURANCE	✓	✓	✓	✓
BID RECEIVED BY 9AM	✓	✓	✓	✓
TOTAL BID PRICE	398,100	428,745	425,196	384,950
STATION 12	68750	75,579	77402	66925
STATION 13	65750	70,016	69498	62775
STATION 14	65750	68,970	69498	62775
STATION 15	65750	69,493	70098	62775
STATION 16	68750	75,274	73202	66925
STATION 17	65750	69,493	69498	62775
PRICE PER FOOT-WATER WELL @ STATION 12 AND 16	10/LF	12.90/LF		10.00/LF
PRICE PER FOOT-UNDERGROUND WIRING	8.00/LF	N/A		5.00/EF
OPTIONS:				
GUTTERS/DOWNSPOUTS ON FRONT OF BUILDING	300	225		400
GUTTERS/DOWNSPOUTS ON ENTIRE BUILDING	600	450		676
CONCRETE PER SQUARE FOOT FOR RAMP	3.85/sqft	4.30/sf		4/sf
GABLE VENTS	300	500		150/ftm

FIRE STATION ADDITIONS
26-Oct-15

CONTRACTOR NAME	Humble Builders		
LICENSE NUMBER	00067568		
EXPIRATION DATE	8/31/17		
LICENSE CLASSIFICATION	B C-A-BJM		
PROOF OF INSURANCE	✓		
BID RECEIVED BY 9AM	✓		
TOTAL BID PRICE	450,000		
STATION 12	79,000		
STATION 13	73,000		
STATION 14	73,000		
STATION 15	73,000		
STATION 16	79,000		
STATION 17	73,000		
PRICE PER FOOT-WATER WELL @ STATION 12 AND 16	0		
PRICE PER FOOT-UNDERGROUND WIRING	0		
OPTIONS:			
GUTTERS/DOWNSPOUTS ON FRONT OF BUILDING	0		
GUTTERS/DOWNSPOUTS ON ENTIRE BUILDING	0		
CONCRETE PER SQUARE FOOT FOR RAMP			
GABLE VENTS	0		

**HENDERSON COUNTY GOVERNMENT/BOARD OF EDUCATION
IS SEEKING BIDS ON THE FOLLOWING.**

<p>DESCRIPTION OF SERVICE/PRODUCT:</p>	<p style="text-align: center;"><u>REBID:</u> <u>BUILDING OF FIRE STATIONS</u></p> <p>The building sites can be viewed at the following locations: Station 12: 197 Law Community Road Lexington, TN 38351 Station 13: 5806 Union Cross Road Wildersville, TN 38388 Station 14: 4755 Darden-Christian Chapel Road Darden, TN 38328 Station 15: 6335 Middleburg Road Scotts Hill, TN 38374 Station 16: 930 Highway 22 A Luray, TN 38352 Station 17: 1478 McCaney Mill Road Huron, TN 38345</p> <p>Revised specs are posted: Go to: www.hendersoncountyttn.gov , then departments, then bids</p>
<p>CONTACT FOR ADDITIONAL INFORMATION:</p>	<p>Lynn Murphy, Fire Chief 731-968-4153 Go to: www.hendersoncountyttn.gov , then departments, then bids</p>
<p>ADDRESS TO MAIL/BRING BIDS:</p>	<p>Henderson County Finance 17 Monroe St, 2nd Floor PO Box 495 Lexington, TN 38351</p>
<p>DATE/TIME BIDS MUST BE RECEIVED AND WILL BE OPENED:</p>	<p>October 26, 2015 9:00am</p>
<p>ADDITIONAL BID REQUIREMENTS:</p>	<p>Proof of insurance is <u>required</u> with the bid. A commercial contractor license is <u>REQUIRED</u>. In accordance with TCA 62-6-119, when a <u>construction bid (this bid is a construction bid)</u> is in excess of \$25,000, the name, license number, expiration date and license classification of contractor must appear on the outside of the bid envelope.</p>
<p>EEO:</p>	<p>Henderson County Government/Highway/Solid Waste/ Henderson County BOE reserves the right to reject any and all bids. Henderson County Government/Highway/Solid Waste/ Henderson County BOE is an equal opportunity employer. Henderson County Government/Highway/Solid Waste/ Henderson County BOE is prohibited from discrimination based on race, color, national origin, sex, age, or disability. Complaints regarding discrimination should be filed with Director, Office of Civil Rights, 1400 Independence Av S.W., Washington, DC 20250. www.hendersoncountyttn.gov</p>

Rebid:

Building Specifications For (Six) Fire Stations

Bids to be received by 10/26/2015

Building Size 34 Ft Wide x 40 Ft Deep

The building sites can be viewed at the following locations:

- Station 12: 197 Law Community Road Lexington, TN 38351
- Station 13: 5806 Union Cross Road Wildersville, TN 38388
- Station 14: 4755 Darden-Christian Chapel Road Darden, TN 38328
- Station 15: 6335 Middleburg Road Scotts Hill, TN 38374
- Station 16: 930 Highway 22 A Luray, TN 38352
- Station 17: 1478 McCaney Mill Road Huron, TN 38345

Proof of insurance is required with the bid. A commercial contractor license is REQUIRED. In accordance with TCA 62-6-119, when a construction bid (this bid is a construction bid) is in excess of \$25,000, the following must appear on the outside of the bid envelope:

1. the contractor name
2. license number
3. license expiration date
4. license classification of contractor

Construction of all six fire stations must be completed within 270 days upon signing of contract. If the contractor does not have all six stations completed within 270, the contractor will pay Henderson County \$250 per day until project is complete.

1.

The bid amount is to furnish all materials, labor, and any equipment needed to construct the stations.

Bidder must state in bid the total bid price per individual station and a total bid price for all six stations

The bidder that submits the (total) lowest bid price that meets the specifications will be awarded the bid.

All bidders will need to look at each building site prior to bidding.

Contactors will be responsible for all temporary services.

Electric service pole and pay all fees

Water taps and pay all fees. Trench $\frac{3}{4}$ inch water line to building

(2) sites Station's 12 and 16 will need a water well installed. Wells shall be 4 inch and the responsibility of the contractor. Bid price shall include a 100 ft well and also state price per foot for any additional depth necessary.

(Fire Dept to choose location of wells)

Contactors will pay all sewer permits and install septic tank and lines (\$3700.00 allowance and anything over must be approved by the Fire Dept.) Septic Tank shall be installed at rear of building at bathroom unless specified elsewhere by the Fire Dept. **Any funds left over from this allowance shall come back to the Fire dept.**

Contactors will provide natural gas tap and pay all fees

Contactors shall remove all grass from building site.

2.

Footing

Footing shall be dug 16 inches deep minimum from grade or to firm ground whichever is greater.

Footing shall be 24 inches wide and maintain a minimum of 8 inches of concrete with rebar.

Rebar should be #4 with L-shaped uprights every 4 feet and within 1 foot of the corners

8x8x16 block foundation. Blocks shall be filled with concrete and J Bolts installed to tie wall plates to blocks

(1) block 8 inch minimum shall extend above finished concrete floor.

Concrete floor

Fill with sand to grade

Cover sand with #6 plastic

Slab shall be higher than exterior grade to prevent water infiltration onto floor

(2) floor drains in center of bay doors half way back installed with 4 inch pipe and trap. Fire Dept. shall approve drain location

All water shall flow to drains no exceptions!!!! This will be contactors responsibility

Concrete floor shall be 4000 psi limestone 4 inches deep with concrete wire

Truck locations shall be 6in deep with #4 rebar mat and shall be 12 inch x 12 inch spacing

Contactor shall treat for termites and furnish a letter. Spray before concrete is poured

3.

Wall and Roof construction

Walls shall be 2x6 with minimum height of 12ft 4 inches from finished floor. Bottom plate must be treated material

Install cross blocking half way up in walls

All walls shall have 7/16 OSB on the exterior. All OSB shall be of Georgia Pacific blue edge

Exterior walls shall be covered with 26ga #1 Energy Star 40 year metal and factory corners installed with color matched screws (**NO NAILS ALLOWED**). All wall metal shall be trimmed top and bottom. (Fire Dept. to choose color)

Manufactured trusses to be on 16in center with 7/16 OSB decking with one inch lathing on 2ft center. Roof shall be of a 4/12 pitch.

Trusses will have "Hurricane Clips" installed on each end of every truss

Roof metal to be 26ga #1 40 year energy star with factory ridge cap with closers, and rake metal installed with color matched screws (**NO NAILS ALLOWED**) (Fire Dept. to choose color)

Install bubble wrap over decking

All screws for walls and roof shall be installed in a manner so as they are attached to wall studs and roof trusses

(2)- 11 ft high x 12 ft wide overhead doors with operators, keypads, and (2) vehicle buttons with each door. Doors to be trimmed with metal same color as rake metal (doors shall insulated)

(1)- 3/0 x 6/8 walk door. Shall be smooth fiberglass with paintable composite jam casing and brick mold.

Painted with primer and 2 coats of paint

Hardware for front entrance door shall be Schlage brand Camlot style keypad accent lever with flex lock. Hardware for 2nd door shall be standard knob with lock and dead bolt lock keyed the same

4.

Interior walls and ceiling

Ceilings shall be insulated with R30

Walls shall be insulated with R19

Ceilings to be finished with ½ inch smooth (plywood) stripped and painted with (2) coats of white paint

Install a 32 inch x 32 inch attic access

Wall to be covered with #1 white metal from bottom plate to ceiling with vinyl j track as trim installed with screws. Interior metal to run horizontal.

Bathroom

6 ft x 8 ft

Frame with treated 2x4 walls and treated 2x6 ceiling joist

32 inch - 6 panel Masonite door with (2) coats of white paint and locking hardware

Interior walls shall be ½ inch green board sheetrock installed ½ inch above floor finished smooth.

Exterior (bay area) walls of bathroom shall be of same metal as interior walls of bay

Ceiling shall be stomped

Walls painted with 2 coats (Fire Dept. to choose color)

Install baseboard ½ inch above floor with (2) coats of white trim paint

Rough-in and install white handicap toilet to be vented through rear wall. Install 24x20 laundry sink and shower drain for future use 36 in shower. (Station has the option to supply shower and pay contractor for insulation)

Install Broan 70cfm combination bath fan/light with fan switch separate from light switch. Fan shall be vented through rear exterior wall of building.

5.

Wire and install minimum (2) bulb light fixture over sink.

Install (wire) 1 GFI in bath

A natural gas powered on-demand water heater to be mounted on exterior bathroom wall

Install (1) frost free hydrant for garden hose inside building (Fire Dept to choose location)

Plumbing will be all ¾ under the floor

Water lines under slab shall have no fittings

All drain lines will be run into a 4in and drops will be sized to fixture

All vents shall be vented to exterior rear wall of building

Drains shall be tested for leaks

Heat

Contractor will install all gas lines and install 30,000 BTU vent less wall hung heater thermostat controlled with blower fan (Fire Dept to choose location)

Electrical

Install 200 amp underground service and breaker panel with all necessary breakers

Bid price shall include up to 100 ft of underground wiring and also state price per foot for any additional wiring necessary.

Install 2 rolls of 4 -8 ft cold weather florescent lights switched alone

Install 4- 52in ceiling fans switched alone Harbor Breeze Tilghman 52-in Aged Bronze Outdoor

6- ground fault receptacles. (2) on each wall

2- Receptacles in ceiling for door operators (coordinate with door installer for location no extension cords will be accepted)

2- Exterior motion flood lights at the doors

1-Heavy-Duty Exhaust Fan with Integrated Shutter, 18 in. on a switch and thermostat controlled

6.

No exposed wiring will be accepted!!!!

Concrete and ground work

A concrete ramp 12ft x 34ft in minimum 6 inches thick in front of bay doors no more than 2/12 with concrete wire

Area around building shall be sloped away from building to prevent water standing next to building. Minimum 6 inches in 12 foot

Level all dirt around building and any soil disturbed by contractor. Seed and straw using seed that is in season

Options

Gutter and downspouts on front of building

Gutter and downspouts on entire building

Concrete to include finishing per square foot for additional ramp in front of bay doors

Temperature controlled gable vents with fan

7.

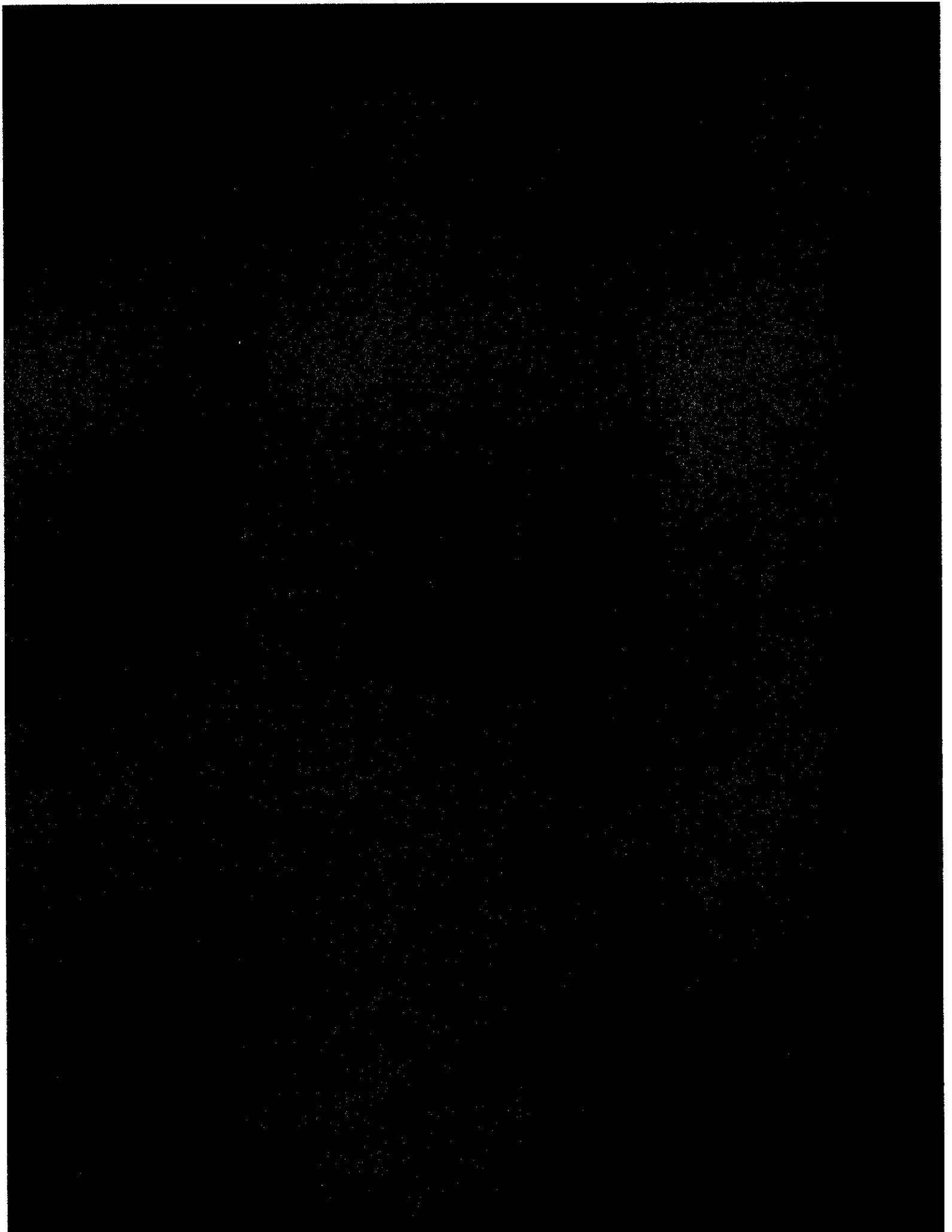


Front view of what new stations should look like when complete



Side view of what new stations should look like when complete

NOTE: The specifications for the new stations DO NOT include a side door as shown in this photo



Estimated Bid

William Wood Construction

105 Roberts Rd.

Lexington, TN 38351

Home/Fax (731) 968-9406

Cell (731) 614-2787

LIC # 00055360

Proposal Submitted To:
Henderson County Fire Dept.

Phone:

Date

10/23/2015

Address
Po Box 495 Lexington Tn 38351

Job Name:
6 Fire Stations

Description	Estimated Price
Station 12 197 Law Community Road Lexington, TN 38351	\$66,925.00
Station 13 5806 Union Cross Road Wildersville, TN 38388	\$62,775.00
Station 14 4755 Darden-Christian Chapel Road Darden, TN 38328	\$62,775.00
Station 15 6335 Middleburg Road Scotts Hill, TN 38374	\$62,775.00
Station 16 930 Highway 22 A Luray, TN 38352	\$66,925.00
Station 17 1478 McCaney Mill Road Huron, TN 38345	\$62,775.00
*Bid Notes	
*All bid amounts include materials, labor, permits, fees, and equipment	
*Electrical contractor is responsible for all temporary service pole and service pole for first 100 ft. \$5 per foot after 100 feet.	
*Water meter taps, trench 3/4 in. water line into building, fees included	
*Stations 12 and 16 require a 4 in. well, 100 ft. well included in bid price additional \$10 ft. anything over 100 feet	
*Septic tank is included in bid price for 1,000 gallon tank, with 100 feet of field lines, \$3,700.00 allowance	
Options	
*Gutters and downspouts on front of building \$400.00 per building	
*Gutters and downspouts on entire building \$676.00 per building	
*Additional concrete ramp in front of bay door \$4.00 per square foot	
*Temperature control gable vents with fan \$150.00 per fan	
Total Amount =	
\$384,950.00	

Payments/Draws to be made upon completion of projects as needed

Note: This proposal may be withdrawn by

us if not accepted within 30 days

Authorized Signature _____

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Date of acceptance _____

Signature: _____

Signature: _____





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/23/2015

PRODUCER S & S Insurance Agency 23 N Main St., Suite A Lexington, TN 38351	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED William Wood dba Wood Construction 105 Roberts Rd Lexington, TN 38351	INSURER A: Hartford	
	INSURER B: Endurance	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENT. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CBC10001307102	10/19/2013	10/19/2014	EACH OCCURENCE \$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
	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Each Occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURENCE \$ AGGREGATE \$
A	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	6S66UB-6824409-4-14	09/23/2013	09/23/2014	<input type="checkbox"/> NO STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000
	<input type="checkbox"/>	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The State of Tennessee, Department of Environmental & Conservation is named as Additional Insured.

CERTIFICATE HOLDER Henderson County Fire Department PO Box 495 Lexington, TN 38351	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	--

8678531

312204

State of Tennessee

BOARD FOR LICENSING CONTRACTORS

CONTRACTOR

WILLIAM WOOD

This is to certify that all requirements of the State of Tennessee have been met.



ID NUMBER: 00055360

LIC STATUS: ACTIVE

EXPIRATION DATE: 07/31/2017

BC-ABSM

\$400,000.00

IN-1313

DEPARTMENT OF

COMMERCE AND INSURANCE

MCPEAKE ROOFING
8290 HWY 22 SOUTH
LEXINGTON, TN 38351
TN 62-14341721
ST OF TENN CONTRACTORS -----00039897
EXPIRATION DATE-----06/30/2017
BC-A:CMC'CE, \$1,000,000

BID DOCUMENTS

BID DATE: TUESDAY OCTOBER 6, 2015 AT 9:00AM

PROJECT : BUILDING OF FIRE STATIONS
STATION 12 - 197 LAW COMMUNITY RD LEX TN 38351
STATION 13 - UNION CROSS RD WILDERVILLE TN 38388
STATION 14 - 4755 DARDIN-CHRISTIAN RD DARDEN, TN 38328
STATION 15 - MIDDLEBURG RD SCOTTS HILL TN 38374
STATION 16 - 930 HIGHWAY 22 A LUARY TN 38352
STATION 17 - 1478 McCANEY MILL RD HURON TN 38345

MCPEAKE ROOFING
8290 HWY 22 SOUTH
LEXINGTON, TN 38351
TN 62-14341721
ST OF TENN CONTRACTORS ----00039897
EXPIRATION DATE-----06/30/2017
BC-A;CMC'CE, \$1,000,000

BID DOCUMENTS
BID DATE: TUESDAY OCTOBER 6, 2015 AT 9:00AM

PROJECT : BUILDING OF FIRE STATIONS - HENDERSON COUNTY , TENNESSEE

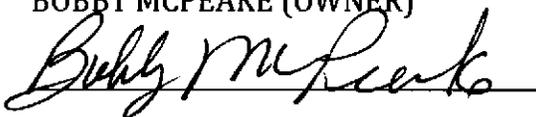
STATION 12 - 197 LAW COMMUNITY RD LEX TN 38351 -----68350.00
STATION 13 - UNION CROSS RD WILDERVILLE TN 38388-----65350.00
STATION 14 - 4755 DARDIN-CHRISTIAN RD DARDEN, TN 38328-----65350.00
STATION 15 - MIDDLEBURG RD SCOTTS HILL TN 38374-----65350.00
STATION 16 - 930 HIGHWAY 22 A LUARY TN 38352-----68350.00
STATION 17 - 1478 McCANEY MILL RD HURON TN 38345-----65350.00

TOTAL ALL FIRE STATIONS-----398100.00

OPTIONS:

GUTTER AND DOWNSPOUTS WITH SPLASH BLOCKS ON FRONT OF BUILDING -----300.00
GUTTER AND DOWNSPOUTS WITH SPLASH BLOCKS ON ENTIRE BUILDING-- -----600.00
CONCRETE PER SQ FT FOR ADDITIONAL RAMP IN FRONT OF BAY DOORS-----3.85 PER SQ FT
TEMPERTURE CONTROL GABLE VENTS WITH FAN EACH-----300.00
ADDITION COST OF UNDERGROUND WIRING PER LF OVER 100 LF ----- 8.00 PER LF
ADDITION COST PER LF FOR ADDITIONAL DWELLING OF WELL -----10.00 PER LF

MCPEAKE ROOFING AND CONSTRUCTION
BOBBY MCPEAKE (OWNER)

 DATE 10-26-15

8581660
288640

State of Tennessee

BOARD FOR LICENSING CONTRACTORS

CONTRACTOR

MCPEAKE ROOFING (BOBBY & SANDRA MCPEAKE DBA)

*This is to certify that all requirements of the State of Tennessee
have been met.*

ID NUMBER: 00039897

LIC STATUS: ACTIVE

EXPIRATION DATE: 06/30/2015

BC-A; CMC; CE;\$1,000,000
BC-B(SM);\$750,000

\$1,000,000/\$750,000



IN-1313

DEPARTMENT OF
COMMERCE AND INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/28/2015

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 Carnal-Roberts Agency, Inc. P.O. Box 680 Lexington TN 38351 INSURED Bobby McPeake, DBA: McPeake Roofing Company 8290 Highway 22 South Lexington TN 38351		CONTACT NAME: Janet Threadgill PHONE (AC, Ho, Ext): (731) 968-6649 E-MAIL ADDRESS: jet@cragency.net FAX (AC, No): (731) 968-9813	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A :Auto-Owners	18988
		INSURER B :Owners	32700
		INSURER C :Miscellaneous	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 14 - 15 Aug **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: RSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GENL AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:		03137486	12/5/2014	12/5/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/PROP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		4313748600	11/18/2014	11/18/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI split limit \$ 100,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
C	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 <input type="checkbox"/> N/A	46-084687-01-09	8/5/2015	8/5/2016	PER STATUTE OTH-ER E.L EACH ACCIDENT \$ 100,000 E.L DISEASE - EA EMPLOYEE \$ 100,000 E.L DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER	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 Tim Roberts/MTS'Y
---------------------------	---

Quinn Construction Corporation

2282 Old Decaturville Road

P.O. Box 220

Parsons, TN 38363

License ID Number: 00013678
Expiration Date: 05/31/2016
Classifications: BC; HRA-A,C; MU-A(2,3), B; CMC-A,C; CE;
Limit: Unlimited

REBID

RESPONSE TO INVITATION TO BID

FOR HENDERSON COUNTY GOVERNMENT

SIX (6) FIRE STATIONS

DUE: TUESDAY, OCTOBER 26TH, 2015 AT 9:00 AM

PLUMBING: BROADWAY ELECTRIC & PLUMBING
HEATING AND COOLING, LLC
TN LICENSE #: 43166
CLASS: BC; CMC-A; CMC-C; CE; MU
EXPIRES: 1-31-16

HVAC: BROADWAY ELECTRIC & PLUMBING
HEATING AND COOLING, LLC (SEE
ABOVE)

ELECTRICAL: BROADWAY ELECTRIC & PLUMBING
HEATING AND COOLING, LLC (SEE
ABOVE)

MASONRY: QUINN CONSTRUCTION CORP.

PROJECT: REBID - CONSTRUCTION OF SIX (6) NEW COUNTY FIRE STATIONS

OWNER: HENDERSON COUNTY FINANCE
17 MONROE STREET, 2ND FLOOR
PO BOX 495
LEXINGTON, TN 38351



2282 Old Decaturville Road
P.O. Box 220
Parsons, TN 38363
Phone: 731-847-6313
Cell: 731-549-4796
Fax: 731-847-6315
E-mail: minuteman3@tds.net

10-26-15

Tennessee License Number: 13678
Expiration Date: 05/31/16
Classifications: BC; HRA-A,C; MU-A(2,3), B; CMC-A,C; CE;
Limit: Unlimited

Henderson County Finance
17 Monroe Street, 2nd Floor
PO Box 495
Lexington, TN 38351

RE: Proposal for Construction of Six (6) Fire Stations (QC Project #: 15239)

We propose to provide construction services (labor, materials, and equipment) for the above project based on the attached bid invitation/specifications and proposal notes:

Base Bid

Description	Value
Station 12: 197 Law Community Road, Lexington	\$ 75,539.00
Station 13: 5806 Union Cross Road, Lexington	70,016.00
Station 14: 4755 Darden-Christian Chapel Road, Darden	68,970.00
Station 15: 6335 Middleburg Road, Scotts Hill	69,493.00
Station 16: 930 Highway 22 A, Luray	75,234.00
Station 17: 1478 McCaney Mill Road, Huron	<u>69,493.00</u>
Total Proposal Amount:	\$ 428,745.00

Options

Description	Value Per Building	Value for Project
Gutter and Downspouts on Front of Building	\$ 225.00 EA	\$ 1,350.00
Gutter and Downspouts on Entire Building	\$ 450.00 EA'	\$ 2,700.00
Added 6" Concrete Per Square Foot at Ramp	\$ 4.30/SF	\$ 4.30/SF
Temperature Controlled Gable Vents with Fan (Includes One 24" x 30" Fixed Intake Louver, One 18" x 24" Fixed Exhaust Louver and 18" Fan with Adjustable Thermostat (Louvers are Aluminum with White Factory Finish)	\$ 500.00 EA	\$ 3,000.00
Well Depth Over 100'	\$ 12.90/LF	\$ 12.90/LF
Extra 4 x 10 PVC Well Screen (If Required – See Notes)	\$ 500.00 Each	\$ 500.00 Each

Thank you for the opportunity to bid on this project. Feel free to call if you have any questions or need additional information.

Sincerely,



Will Quinn, Vice President
Quinn Construction Corporation

**HENDERSON COUNTY GOVERNMENT/BOARD OF EDUCATION
IS SEEKING BIDS ON THE FOLLOWING.**

<p>DESCRIPTION OF SERVICE/PRODUCT:</p>	<p align="center"><u>REBID:</u> <u>BUILDING OF FIRE STATIONS</u></p> <p>The building sites can be viewed at the following locations: Station 12: 197 Law Community Road Lexington, TN 38351 Station 13: 5806 Union Cross Road Wildersville, TN 38388 Station 14: 4755 Darden-Christian Chapel Road Darden, TN 38328 Station 15: 6335 Middleburg Road Scotts Hill, TN 38374 Station 16: 930 Highway 22 A Luray, TN 38352 Station 17: 1478 McCaney Mill Road Huron, TN 38345</p> <p>Revised specs are posted: Go to: www.hendersoncountyttn.gov , then departments, then bids</p>
<p>CONTACT FOR ADDITIONAL INFORMATION:</p>	<p>Lynn Murphy, Fire Chief 731-968-4153 Go to: www.hendersoncountyttn.gov , then departments, then bids</p>
<p>ADDRESS TO MAIL/BRING BIDS:</p>	<p>Henderson County Finance 17 Monroe St, 2nd Floor PO Box 495 Lexington, TN 38351</p>
<p>DATE/TIME BIDS MUST BE RECEIVED AND WILL BE OPENED:</p>	<p>October 26, 2015 9:00am</p>
<p>ADDITIONAL BID REQUIREMENTS:</p>	<p>Proof of insurance is <u>required</u> with the bid. A commercial contractor license is <u>REQUIRED</u>. In accordance with TCA 62-6-119, when a <u>construction bid (this bid is a construction bid)</u> is in excess of \$25,000, the name, license number, expiration date and license classification of contractor must appear on the outside of the bid envelope.</p>
<p>EEO:</p>	<p>Henderson County Government/Highway/Solid Waste/ Henderson County BOE reserves the right to reject any and all bids. Henderson County Government/Highway/Solid Waste/ Henderson County BOE is an equal opportunity employer. Henderson County Government/Highway/Solid Waste/ Henderson County BOE is prohibited from discrimination based on race, color, national origin, sex, age, or disability. Complaints regarding discrimination should be filed with Director, Office of Civil Rights, 1400 Independence Av S.W., Washington, DC 20250. www.hendersoncountyttn.gov</p>

Rebid:

Building Specifications For (Six) Fire Stations

Bids to be received by 10/26/2015

Building Size 34 Ft Wide x 40 Ft Deep

The building sites can be viewed at the following locations:

- Station 12: 197 Law Community Road Lexington, TN 38351
- Station 13: 5806 Union Cross Road Wildersville, TN 38388
- Station 14: 4755 Darden-Christian Chapel Road Darden, TN 38328
- Station 15: 6335 Middleburg Road Scotts Hill, TN 38374
- Station 16: 930 Highway 22 A Luray, TN 38352
- Station 17: 1478 McCaney Mill Road Huron, TN 38345

Proof of insurance is required with the bid. A commercial contractor license is REQUIRED. In accordance with TCA 62-6-119, when a construction bid (this bid is a construction bid) is in excess of \$25,000, the following must appear on the outside of the bid envelope:

1. the contractor name
2. license number
3. license expiration date
4. license classification of contractor

Construction of all six fire stations must be completed within 270 days upon signing of contract. If the contractor does not have all six stations completed within 270, the contractor will pay Henderson County \$250 per day until project is complete.

1.

The bid amount is to furnish all materials, labor, and any equipment needed to construct the stations.

Bidder must state in bid the total bid price per individual station and a total bid price for all six stations

The bidder that submits the (total) lowest bid price that meets the specifications will be awarded the bid.

All bidders will need to look at each building site prior to bidding.

Contractor will be responsible for all temporary services.

Electric service pole and pay all fees

Water taps and pay all fees. Trench $\frac{3}{4}$ inch water line to building

(2) sites Station's 12 and 16 will need a water well installed. Wells shall be 4 inch and the responsibility of the contractor. Bid price shall include a 100 ft well and also state price per foot for any additional depth necessary.

(Fire Dept to choose location of wells)

Contractor will pay all sewer permits and install septic tank and lines (\$3700.00 allowance and anything over must be approved by the Fire Dept.) Septic Tank shall be installed at rear of building at bathroom unless specified elsewhere by the Fire Dept. Any funds left over from this allowance shall come back to the Fire dept.

Contractor will provide natural gas tap and pay all fees

Contractor shall remove all grass from building site.

2.

Footing

Footing shall be dug 16 inches deep minimum from grade or to firm ground whichever is greater.

Footing shall be 24 inches wide and maintain a minimum of 8 inches of concrete with rebar.

Rebar should be #4 with L-shaped uprights every 4 feet and within 1 foot of the corners

8x8x16 block foundation. Blocks shall be filled with concrete and J Bolts installed to tie wall plates to blocks

(1) block 8 inch minimum shall extend above finished concrete floor.

Concrete floor

Fill with sand to grade

Cover sand with #6 plastic

Slab shall be higher than exterior grade to prevent water infiltration onto floor

(2) floor drains in center of bay doors half way back installed with 4 inch pipe and trap. Fire Dept. shall approve drain location

All water shall flow to drains no exceptions!!!! This will be contactors responsibility

Concrete floor shall be 4000 psi limestone 4 inches deep with concrete wire

Truck locations shall be 6in deep with #4 rebar mat and shall be 12 inch x 12 inch spacing

Contactor shall treat for termites and furnish a letter. Spray before concrete is poured

3.

Wall and Roof construction

Walls shall be 2x6 with minimum height of 12ft 4 inches from finished floor. Bottom plate must be treated material

Install cross blocking half way up in walls

All walls shall have 7/16 OSB on the exterior. All OSB shall be of Georgia Pacific blue edge

Exterior walls shall be covered with 26ga #1 Energy Star 40 year metal and factory corners installed with color matched screws (**NO NAILS ALLOWED**). All wall metal shall be trimmed top and bottom. (Fire Dept. to choose color)

Manufactured trusses to be on 16in center with 7/16 OSB decking with one inch lathing on 2ft center. Roof shall be of a 4/12 pitch.

Trusses will have "Hurricane Clips" installed on each end of every truss

Roof metal to be 26ga #1 40 year energy star with factory ridge cap with closers, and rake metal installed with color matched screws (**NO NAILS ALLOWED**) (Fire Dept. to choose color)

Install bubble wrap over decking

All screws for walls and roof shall be installed in a manner so as they are attached to wall studs and roof trusses

(2)- 11 ft high x 12 ft wide overhead doors with operators, keypads, and (2) vehicle buttons with each door. Doors to be trimmed with metal same color as rake metal (doors shall insulated)

(1)- 3/0 x 6/8 walk door. Shall be smooth fiberglass with paintable composite jam casing and brick mold.

Painted with primer and 2 coats of paint

Hardware for front entrance door shall be Schlage brand Camlot style keypad accent lever with flex lock. Hardware for 2nd door shall be standard knob with lock and dead bolt lock keyed the same

4.

Interior walls and ceiling

Ceilings shall be insulated with R30

Walls shall be insulated with R19

Ceilings to be finished with ¼ inch smooth (plywood) stripped and painted with (2) coats of white paint

Install a 32 inch x 32 inch attic access

Wall to be covered with #1 white metal from bottom plate to ceiling with vinyl j track as trim installed with screws. Interior metal to run horizontal.

Bathroom

6 ft x 8 ft

Frame with treated 2x4 walls and treated 2x6 ceiling joist

32 inch - 6 panel Masonite door with (2) coats of white paint and locking hardware

Interior walls shall be ½ inch green board sheetrock installed ½ inch above floor finished smooth.

Exterior (bay area) walls of bathroom shall be of same metal as interior walls of bay

Ceiling shall be stomped

Walls painted with 2 coats (Fire Dept. to choose color)

Install baseboard ½ inch above floor with (2) coats of white trim paint

Rough-in and install white handicap toilet to be vented through rear wall. Install 24x20 laundry sink and shower drain for future use 36 in shower. (Station has the option to supply shower and pay contractor for insulation)

Install Broan 70cfm combination bath fan/light with fan switch separate from light switch. Fan shall be vented through rear exterior wall of building.

5.

Wire and install minimum (2) bulb light fixture over sink.

Install (wire) 1 GFI in bath

A natural gas powered on-demand water heater to be mounted on exterior bathroom wall

Install (1) frost free hydrant for garden hose inside building (Fire Dept to choose location)

Plumbing will be all $\frac{3}{4}$ under the floor

Water lines under slab shall have no fittings

All drain lines will be run into a 4in and drops will be sized to fixture

All vents shall be vented to exterior rear wall of building

Drains shall be tested for leaks

Heat

Contractor will install all gas lines and install 30,000 BTU vent less wall hung heater thermostat controlled with blower fan (Fire Dept to choose location)

Electrical

Install 200 amp underground service and breaker panel with all necessary breakers

Bid price shall include up to 100 ft of underground wiring and also state price per foot for any additional wiring necessary.

Install 2 rolls of 4 -8 ft cold weather florescent lights switched alone

Install 4- 52in ceiling fans switched alone Harbor Breeze Tilghman 52-in Aged Bronze Outdoor

6- ground fault receptacles. (2) on each wall

2- Receptacles in ceiling for door operators (coordinate with door installer for location no extension cords will be accepted)

2- Exterior motion flood lights at the doors

1-Heavy-Duty Exhaust Fan with Integrated Shutter, 18 in. on a switch and thermostat controlled

6.

No exposed wiring will be accepted!!!!

Concrete and ground work

A concrete ramp 12ft x 34ft in minimum 6 inches thick in front of bay doors no more than 2/12 with concrete wire

Area around building shall be sloped away from building to prevent water standing next to building. Minimum 6 inches in 12 foot

Level all dirt around building and any soil disturbed by contractor. Seed and straw using seed that is in season

Options

Gutter and downspouts on front of building

Gutter and downspouts on entire building

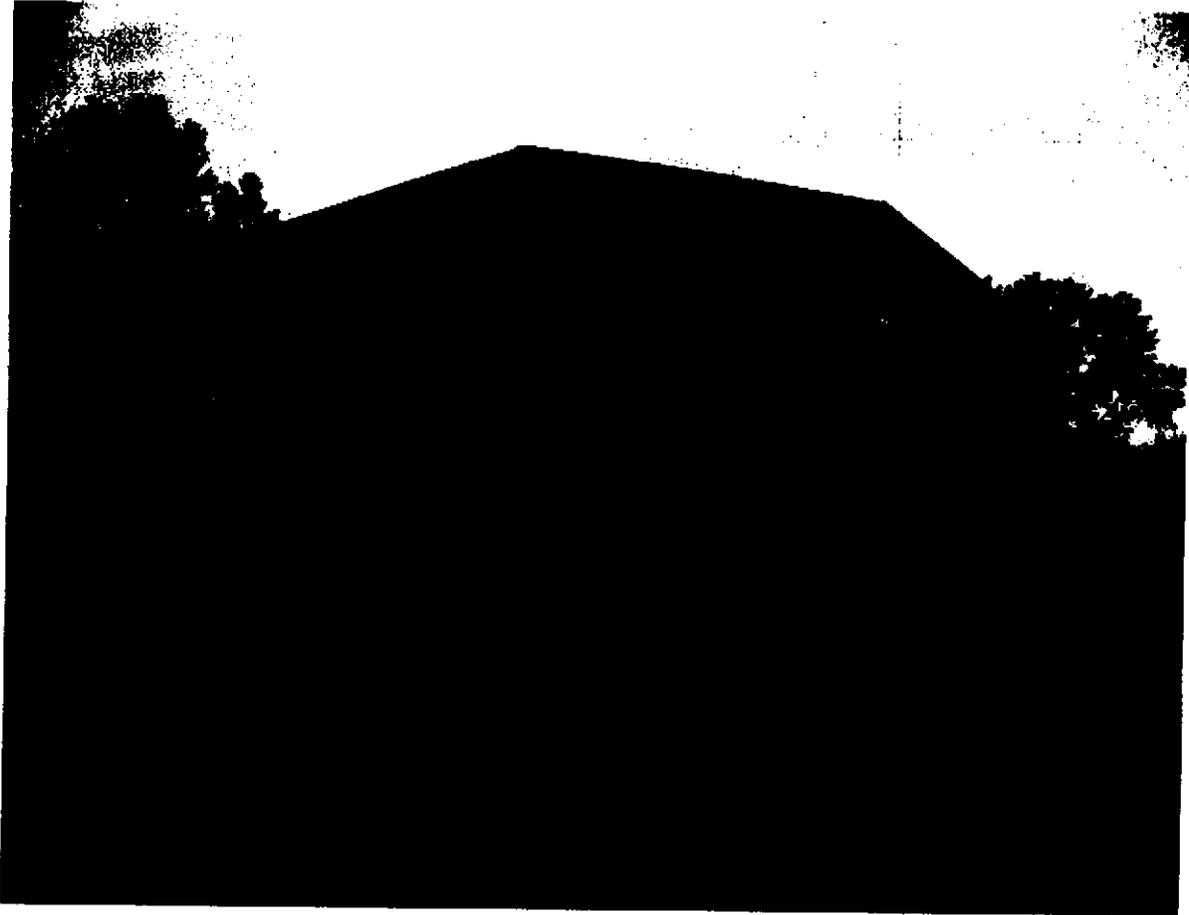
Concrete to include finishing per square foot for additional ramp in front of bay doors

Temperature controlled gable vents with fan

7.



Front view of what new stations should look like when complete



Side view of what new stations should look like when complete

NOTE: The specifications for the new stations DO NOT include a side door as shown in this photo

**Proposal Notes
Henderson County Fire Stations
Quinn Construction Corporation
10-26-15**

GENERAL REQUIREMENTS

- Bid Bond Not Required
- Payment and Performance Bonds Not Included but Can be Furnished at a cost of 1.8% of Final Contract Price
- Builders Risk Insurance Not Included
- Owner to Identify Property Corners and Approve Final Building Location Prior to Start of Work
- Portable generators may be used at some of the sites in lieu of setting up a temporary electrical service
- Bid is Based on One Contractor Constructing All of the Buildings Under One Contract
- Project Allows for 270 Calendar Days for Completion
- Payment for Work to be Done by Monthly Request Based on Percent Complete and Materials Stored

SITWORK

- County Highway Department to do Rough Grading, Create an Accessible Driveway to Each Building Location, and Provide/Place Gravel as Needed for Parking/Staging Area at Each Site
- Contractor to Re-Grade Any Areas that They Disturb During Construction and Seed and Straw Approximately 15' Around the Perimeter of New Buildings (Where Gravel is Not Placed)
- Contractor is Not Responsible for Final Approval of Soil Conditions at Footing and Floor Slab Locations
- Contractor is Not Responsible for the Removal and Replacement of Poor Soil Conditions with Any Additional Costs for Excavation, Site Work, and Foundation Modifications to be Approved by Owner Prior to Doing Work
- The Owner May Elect to Hire at Their Cost, an Independent Testing Lab to Check Soil Conditions and/or Concrete Strength

CONCRETE

- Floor Control Joints to be Wet Sawn Approximately 1" Deep (Locations Determined Prior Construction)
- Thickened 6" Floor Area at Truck Locations with #4 Rebar 12" O.C.E.W. to be 28' x 30' at Truck Parking Area
- It is assumed that buildings will be accessible from all four (4) sides for pouring concrete (no concrete pump required)

MASONRY

- Given Specified Footing Depth, There Will Be Three (3) Courses of 8" Block Total Around the Perimeter of the Building Laid Above Footing

WOOD AND PLASTICS

- Roof Lathe Added (1 x 6) On Top of Roof Decking for Attachment of Roof Panels
- Restroom Not Decked and Not Intended for Overhead Storage
- Attic Access to be Removable Plywood Panel with Trimmed Opening and No Ladder
- Ceiling Plywood to be ¼" Luan
- Trusses will Span the 40' Distance

THERMAL AND MOISTURE PROTECTION

- Backer-Rod and Joint Sealant Not Included at Floor Control Joints
- Interior Liner Panels to Run Horizontal with Laps Allowed

DOORS AND WINDOWS

- There is Only One (1) Exterior Fiberglass Personnel Door Included at Each Station

FINISHES

- There are No Floor Coverings or Floor Sealer in the Project

PLUMBING

- It is Assumed that Natural Gas Service is Available Along Road Adjacent to All Sites. Note: According to JEA, Natural Gas is not Available at Station 12, Law Community Road. Owner to Provide Propane Tank at This Location to Provide Gas for Heat, Water Heater, Etc.
- It is Assumed that Water Supply is Available Along Road Adjacent to All Sites Except Stations 12 and 16 (Require Well – Included in Proposal)
- Current Proposal Includes an On Demand Gas Water Heater (Per Pre-Bid Meeting)
- Current Proposal Includes a Wall Mounted Frost Free Hydrant (Per Pre-Bid Meeting)
- Floor Drains to Run to Daylight Within 5' of Exterior Building Wall
- Site Water Line is Included up to 100' From Building to Meter (Stations 13, 14, 15, & 17)
- Water Line from Well to Building is Included up to 100' (Stations 12 & 16)

PLUMBING CONTINUED:

- Septic System Allowance Includes Cost of System Including Any Permits and Engineering Fees
- Well Specifications
 - One (1) 4" Well up to 100' Deep at Both Sites Requiring a Well
 - ¾ HP Submersible Gould Pump
 - 4 x 10 PVC Well Screen
 - Casing
 - Pitless Adapter for Underground Service
 - Sch 80 T&C Pump Pipe
 - Galvanized Well Cover
 - See Options on Bid Letter for Cost/LF of Extra Drilling and Additional Well Screen (If Required by Formation)

HVAC

- Per Pre-Bid Notes, It Is Assumed that the Specified 30,000 BTU Vent Less Wall Hung Heater will be Acceptable to Natural Gas Utility as the Primary Source of Heat for the Building

ELECTRICAL

- Per Pre-Bid Notes, The Underground Electrical will Not Exceed 100' from Panel to Pole
- Exposed Conduit is Allowed, but No Exposed Wiring



2282 Old Decaturville Road
P.O. Box 220
Parsons, TN 38363
Phone: 731-847-6313
Cell: 731-549-4796
Fax: 731-847-6315
E-mail: minuteman3@tds.net

10-26-15

RE: State License Verification

Attached is a copy of our Tennessee contractor's license for your use/file.

Recently, we realized that the state had carried over some old classification abbreviations that were no longer valid. We requested that they update them so that everything would be up to date with the current system. They updated most of these on our license, but failed to include the MU-A.3 and CE classifications and need to omit the CMC-E that is currently shown.

We are working through this with the licensing board and expect to receive a corrected copy in the near future.

Sincerely,

Will Quinn, Vice President
Quinn Construction Corporation

State of Tennessee

BOARD FOR LICENSING CONTRACTORS

CONTRACTOR

QUINN CONSTRUCTION CORPORATION

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 13678

LIC STATUS: ACTIVE

EXPIRATION DATE: May 31, 2016

AGLM UNLIMITED; BC; CMC-A; CMC-C; CMC-E; HRA-A; HRA-C; MU-A.2; MU-B



IN-1313
DEPARTMENT OF
COMMERCE AND INSURANCE

TENNESSEE DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM APPLICATION

This form should be completed by the Employer and must be signed by an owner/officer of the company. After reading and understanding the Rules and Guidelines for Participating Employers (Chapter 0800-2-12) please answer all questions that apply. You may also refer to the Additional Instructions section located on the back of this form before submitting this application.

Date Application Received
Tennessee Division
Of Workers' Compensation

Departmental Use Only
Drug-Free Workplace Program

IMPORTANT: All applications **MUST BE COMPLETE, LEGIBLE and SIGNED** or they will be **RETURNED**. Copies will not be accepted. Include the completed original copy of this form plus one photocopy of the completed form, a copy of **PROOF OF COVERAGE** and a self-addressed, stamped #10 envelope addressed to your Workers' Compensation Insurance Carrier or Agent of Record for your workers' compensation policy. Keep a copy of this form for your records.

Part A-Type of Form (check one): New Application Renewal Termination/Rescission Changed Ins Carrier

Part B-Applicant Information:

2015055357

I. Company Name Quinn Construction Corporation FEIN: 62-088-5033
 Mailing Address P O Box 220 City Parsons State & Zip TN 38363
 Business Address 2282 Old Decaturville Road City Parsons State & Zip TN 38363
 Phone # 731-847-6313 Fax # 731-847-6317
 Email address quinnconstruction@tds.net
 Nature of Business General Contractor Number of Full-time & Part-time Employees 16 / 1
 Workers' Compensation Insurance Carrier FCCI
 Mailing Address _____ City Nashville State & Zip TN 38363
 Name of Substance Abuse Program Administrator Fortier Substance Abuse
 Date written policy statement was provided to all employees 12 / 11 / 07 Effective date of your program 12 / 14 / 08

II. Drug Testing Program: (Required on all applications.)
 Name of Testing Laboratory Alere Toxicology City, State Gretna, LA
 Name of Medical Review Officer (MRO) Dr. David Nahin City, State Denver CO
 Lab Certification: SAMHSA CAP-FUDTAP _____ Other _____ MRO Phone: _____

III. Education and Employee Assistance Program: (Required on all applications.)
 Please provide the date you conducted or plan to conduct an annual minimum two-hour of Workplace Substance Abuse Recognition training for supervisory personnel. 02 / 10 / 16 , 02 / 17 / 16
 Please provide the date you conducted or plan to conduct an annual minimum one-hour of Workplace Substance Education and Awareness Program for all your employees. 02 / 15 / 16 , 02 / 22 / 16
 Are employees required to use a designated employee assistance program for substance abuse treatment? Yes No
 If yes, how many of your employees used it for substance abuse treatment in the past twelve 12 months? _____
 If no, do you maintain & post the required list of local employee assistance programs or substance abuse treatment centers? Yes No

Part C - Renewal Applicants Only:

IV. Date Previous Program Began 9 / 10 / 15 How many employees used it for substance abuse treatment in the past 12 months? _____
 Name of Testing Laboratory Alere Toxicology City, State Gretna, LA
 Name of Medical Review Officer (MRO) Dr. David Nahin City, State Denver CO
 Lab Certification: SAMHSA CAP-FUDTAP _____ Other _____ MRO Phone: _____
 Number of tests performed in past 12 months for each of the following:
 Job Applicants: Positive 0 Total 0 Routine Fitness for Duty: Positive 0 Total 0 Post work accident: Positive 0 Total 2
 EAP Follow-up: Positive 0 Total 0 Reasonable Suspicion: Positive 0 Total 0 Random (optional): Positive 1 Total 10

Part D - Termination / Rescission of Participation by Employer:

V. Date Previous Program Began _____ / _____ / _____ How many employees used it for substance abuse treatment in the past 12 months? _____
 Number of tests performed in past 12 months for each of the following:
 Job Applicants: Positive _____ Total _____ Routine Fitness for Duty: Positive _____ Total _____ Post work accident: Positive _____ Total _____
 EAP Follow-up: Positive _____ Total _____ Reasonable Suspicion: Positive _____ Total _____ Random (optional): Positive _____ Total _____
 Reason for Termination / Rescission _____



VI. Additional Instructions

All applications for the Tennessee Drug-Free Workplace Program must include (1) the completed original copy of this form plus one photocopy of the completed form, (2) a copy of proof of coverage and (3) a self-addressed, stamped #10 envelope addressed to your Workers' Compensation Insurance Carrier or Agent of Record for your workers' compensation policy. Applications must be mailed to the Department of Labor and Workforce Development at the address indicated below. Anytime an employer who is currently receiving the premium credit changes carriers for their Workers' Compensation Insurance, items (1), (2) and (3) must be resubmitted to the Department of Labor and Workforce Development.

If an employer is a member of a *Self-Insured Workers' Compensation Pool Program* or is *Totally Self-Insured for Workers' Compensation Coverage*, items (1), (2) and (3) should be mailed to the Department of Labor and Workforce Development according to the instructions above, with a self-addressed, stamped #10 envelope addressed to either your pool program's administrative office or the department or person at your company who is responsible for the administration of your Drug-Free Workplace Program.

Keep a copy of this form for your records. Employers should properly document their compliance with the Rules and Guidelines established for participation. You may be asked to supply documentation to support your compliance when denying workers' compensation benefits to an employee pursuant to the provision of the Tennessee Drug-Free Workplace Program (50-9-100 et. seq.). There will be a charge for additional copies of an employer's Tennessee Drug-Free Workplace Application. All requests must be in writing on your company's letterhead and submitted via facsimile at 615-532-1468. Billing will be done on a monthly basis.

Renewals - In order to continue to receive the premium credit for each subsequent policy year, **THIS APPLICATION MUST BE RENEWED ANNUALLY**. By the anniversary date of their Workers' Compensation insurance policy, a new copy of this form must be completed by the employer and submitted with items (1), (2) and (3). Applications must be mailed to the Department of Labor and Workforce Development at the address indicated below.

Termination/Rescission of Program - Any employer who wishes to terminate their participation in the Tennessee Drug-Free Workplace Program must provide a new completed copy of this form to the Department of Labor and Workforce Development according to the instructions above.

Applications, Renewals and Terminations are not accepted by facsimile.

VII. Penalties for Misrepresentation of Compliance

An Employer who misrepresents compliance with their Tennessee Drug-Free Workplace Program shall be subject to an additional premium for purposes of reimbursement of any previously granted discount. (T.C.A. Section 50-6-418)

An Employer's good-faith effort to fulfill certain criteria for certification will be taken into consideration when determining whether the Employer has complied substantially with certification criteria.

VIII. Employer Certification: (Required on all applications.)

I hereby certify that all provisions and requirements of the Tennessee Drug-Free Workplace Program as established by T.C.A. Sections 50-9-100 et. seq. have been met and implemented. I have read and do understand the Penalties for Misrepresentation of Compliance.

Olis W. Quinn OLIS W. QUINN 03/10/2015
 Owner/Officer's Signature & Title Name in Print Date
P O Box 220, Parsons, TN 38363 731-847-6313
 Owner/Officer's Mailing Address Phone Number

Mail Directly to:
 Tennessee Department of Labor & Workforce Development
 Division of Worker's Compensation
 Drug-Free Workplace Program
 220 French Landing Drive
 Nashville, TN 37243-1002

W. Lance Wheaton 8-1375
 Commissioner or his designee, DRUG-FREE WORKPLACE PROGRAM
 Tennessee Department of Labor & Workforce Development DATE ACCEPTED

The Tennessee Department of Labor & Workforce Development is committed to the principles of equal opportunity and equal access.

For comments or questions regarding the Tennessee Drug-Free Workplace Program or for alternative print copies of this form, call: 1-800-332-2667 (TDD) during regular business hours. Or visit our website at www.state.tn.us/labor-wfd/dfwp.html

NCCI ID#
 Tennessee Division
 Of Workers' Compensation



MEMORANDUM

TO: Quinn Construction Corporation
Attention: Olis Quinn

FROM: Lance Wheaton, Tennessee Drug-Free Workplace Program

SUBJECT: Drug-Free Workplace Application

DATE: August 13, 2015

This is to notify you that your application for participation in the Tennessee Drug-Free Workplace Program has been received and accepted. Pursuant to T.C.A. 50-6-418 and T.C.A. 50-9-101, et sequentia, you are entitled to a five percent (5%) premium credit on your workers' compensation insurance policy. You will begin to accrue the premium discount on a pro rata basis as of the date of our acceptance of your application; this is the date on the application next to the signature of the Commissioner or his designee.

Your workers' compensation insurance provider is being notified of your participation and must apply to your policy the premium credit granted under this program directly upon receipt of notification or make payment for such credit effective after the annual final premium audit has been completed [DFWP Rules and Regulations, Chapter 0800-2-12-.02(5)].

By accepting this application, the State of Tennessee is not certifying the accuracy or completeness of either your application or your Drug-Free Workplace Program. We are acknowledging receipt of your certification, attested by your signature, that all provisions and requirements of the Tennessee Drug-Free Workplace Program as established by T.C.A. 50-9-101, et sequentia, have been met and implemented. We further acknowledge that you may have "made a good faith effort" and may have "complied substantially" with Program requirements and are, therefore, "rebuttably presumed to be entitled" to the benefits of the Program.

A copy of your application is enclosed for your review and records. If you have any questions or need any other information, please contact us at 1-800-332-2667 or 1-615-741-2395. Thank you for your participation in the effort to promote drug-free workplaces in Tennessee.

...the first of these is the fact that the ...

...the second of these is the fact that the ...

...the third of these is the fact that the ...

...the fourth of these is the fact that the ...

...the fifth of these is the fact that the ...

...the sixth of these is the fact that the ...

...the seventh of these is the fact that the ...

...the eighth of these is the fact that the ...

...the ninth of these is the fact that the ...

...the tenth of these is the fact that the ...

Mark K. & Wendy C. Hopper
140 Monroe Avenue
Lexington, Tn. 38351
731-967-0613 Home
731-614-0166 Cell

Station 12 \$ 73402.00

Station 13 \$ 69498.00

Station 14 \$ 69498.00

Station 15 \$ 70098.00

Station 16 \$ 73202.00

Station 17 \$ 69498.00

Total \$ 425196.00

9761732
313935

State of Tennessee

BOARD FOR LICENSING CONTRACTORS

CONTRACTOR

MARK K. & WENDY C. HOPPER

*This is to certify that all requirements of the State of Tennessee
have been met.*

ID NUMBER: 00051500

LIC STATUS: ACTIVE

EXPIRATION DATE: 11/30/2016

BC-AB:

\$480,000.00



IN-1313
DEPARTMENT OF
COMMERCE AND INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/26/2015

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 Carnal-Roberts Agency, Inc. P.O. Box 680 Lexington TN 38351 INSURED Mark K & Wendy C Hopper 140 Monroe Ave. Lexington TN 38351	CONTACT NAME: Janet Threadgill PHONE (A/C, No, Ext): (731) 968-6649 E-MAIL ADDRESS: jet@cragency.net FAX (A/C, No): (731) 968-9813 INSURER(S) AFFORDING COVERAGE INSURER A: Auto-Owners NAIC # 18988 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
--	---

COVERAGES

CERTIFICATE NUMBER: 15-16

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
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 300,000
A	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			03037228	10/10/2015	10/10/2016	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 600,000
<input checked="" type="checkbox"/>	POLICY	PRO-JECT	LOC				PRODUCTS - COMP/OP AGG \$ 600,000
	OTHER:						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS	SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	HIRED AUTOS	NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**CANCELLATION**

Henderson County
 Fire Department
 P. O. Box 495
 Lexington, TN 38351

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

Tim Roberts/JET

© 1988-2014 ACORD CORPORATION. All rights reserved.



STATE OF TENNESSEE

Tre Hargett-Secretary of State
312 Rosa L. Parks Ave; 6th Floor
Nashville, TN, 37243-1102

Workers' Compensation Exemption Registration

MARK K HOPPER

Effective: 08/05/2015

Expires: 03/01/2018

Registration Control # :

000065159

Validate at <http://TNBear.TN.gov/WC>

HUMBLE BUILDERS
3355 HWY 70 W
CAMDEN, TN 38130

HUMBLE BUILDERS, LLC
(ASHLEY T. COOK)
LICENSE# 00067568
EXPERATION: 08/31/2017
BC-A, B(SM)

HUMBLE BUILDERS
1365 HWY 70 W
CAMDEN, TN 38320
CELL: 731-445--3883

HENDERSON COUNTY FIRE DEPT.
ATT: CHIEF LYNN MURPHY

1. HUMBLE BUILDERS, ASHLEY T. COOK, would like to submit a bid of \$450,000 for all 6 new fire stations.
2. The 4 stations without a well will cost \$73,000 each. I will provide each station with the specifications listed in the bid sheets with an additional front concrete pad of 20' wide by 34' long running in front of each building. I will provide gutters all around buildings. I will furnish the first 100' of electric and will provide any additional electric at no extra charge to the bid for the amount of length in feet that it takes to provide the electric to the buildings. I will also provide gable vents or vented ridge cap for the buildings in this price.
3. The 2 stations that will have wells will cost \$79,000 each. I will provide each station with the specifications listed in the bid sheets with an additional front concrete pad of 20' wide by 34' long running in front of each building. I will provide gutters all around buildings. I will furnish the first 100' of electric and will provide any additional electric at no extra charge to the bid for the amount of length in feet that it takes to provide the electric to the buildings. I will furnish the first 100' to get a working well to each one of these two stations but will also provide any additional length at no extra charge to the bid for the depth that it takes to have running water to each building. I will also provide gable vents or vented ridge cap for the buildings in this price.
4. STATIONS:
12 AND 16 WILL COST \$79,000 EACH. The two combined would cost \$158,000.
13, 14, 15, AND 17 WILL COST \$73,000 EACH. The four combined would cost \$292,000.
ALL SIX STATIONS WILL COST \$450,000.

HUMBLE BUILDERS, LLC.
LICENSE# 00067568
EXPERIATION: 08/31/2017
BC-A,B(SM)

State of Tennessee

BOARD FOR LICENSING CONTRACTORS
CONTRACTOR

HUMBLE BUILDERS, LLC

9728609

313577

*This is to certify that all requirements of the State of Tennessee
have been met.*

ID NUMBER: 00067568

LIC STATUS: ACTIVE

EXPIRATION DATE: 08/31/2017

BC - A(B)SMI:

\$100,000.00



IN-1313

DEPARTMENT OF
COMMERCE AND INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/05/2015

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 Maddox Insurance Agency 782 E. Main St. P. O. Box 608 Huntingdon, TN 38344 John Sanders		CONTACT NAME: PHONE (A/C, No, EXT): FAX (A/C, No): E-MAIL: ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		NAIC #	
INSURED Humble Builders LLC DBA Humble Builders LLC 1365 Hwy 70 W Camden, TN 38320	INSURER A: Auto Owners		18988
	INSURER B: Progressive Insurance		
	INSURER C:		
	INSURER D: Argos Group, Inc		
	INSURER E: Auto Owners		18988
	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	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			104619-03390804-11	04/09/2015	04/09/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300 MED EXP (Any one person) \$ 10 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC						
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			03180340	06/13/2015	06/13/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC044-0043740-2015A	01/30/2015	01/30/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> DTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						
E	Cargo coverage			104619-03390804-11	04/09/2015	04/09/2016	cargo 20,000

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

CERTIFICATE HOLDER HENDER2 Henderson County Fire Dept.	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 John Sanders
---	--

File # 584-4012