



April 13, 2023

Attn.: Snéha Dongré
Associate Civil Engineer
City of Lawton

Re: Burnt Nursing Home Wet Demolition 1301 NW Andrews, Lawton, OK

Environmental Action Inc. is pleased to provide this quote to perform the wet demolition on the above referenced project. The work will be performed in accordance with all Local, State, and Federal Regulations.

Scope of work:

- Perform wet demolition of the burnt nursing home located at 1301 NW Andrews in Lawton Oklahoma. The debris associated with this demolition is believed to be asbestos containing. The demolition will be completed in accordance with ODOL and ODEQ wet demolition requirements.

Base Bid - \$255,415.00

Bonds - \$6,385.00

Total price for project - \$\$261,800.00

Price includes:

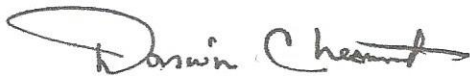
- Labor, materials, and equipment.
- Regulatory notifications and fees
- Demolition permit and sewer cap.
- ODOL Project Design
- A water truck will be utilized during the wet demolition.
- Disposal in and EPA approved licensed landfill.
- Area of demolition will be rough graded with dirt available at site.
- Unless specifically stated differently in our proposal, our standard insurance, limits, and endorsements are included (per the attached sample insurance certificate). Any additional coverage that you require will be paid for by buyer.

1644 NW 5th Street
Oklahoma City, OK 73106

- If the buyer chooses to sign and return our bid proposal so that we may proceed with our scope of work, then the signed proposal will serve as our sole contract agreement with the buyer. In such cases, payment terms for work performed will be net 30 days and cannot be withheld pending our company signing any other form of agreement/contract with the buyer.
- Bid submission does not constitute review or acceptance, without modification, of any Subcontract Agreement. If we are the successful bidder, then we will review the Subcontract Agreement and propose modifications if deemed necessary.
- This document shall be included as an attachment to any contract with Environmental Action, Inc. All contracts should be made to Environmental Action, Inc.

Feel free to contact me if you have any questions or require additional information. We appreciate the opportunity to be of service.

Respectfully,



Darwin Chesnut
Environmental Action, Inc.
Cell: 405 990-0070
Email: dchesnut@environmentalactioninc.com

Buyer acceptance of proposal

Name/Title

Date



ENVIAC-01

DPATTERSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/29/2023

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 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).

PRODUCER Laird & Walkingstick Insurance Services P.O. Box 9 Chandler, OK 74834	CONTACT NAME: Darsi Patterson		
	PHONE (A/C, No, Ext): (405) 258-4280	FAX (A/C, No): (405) 240-5586	
	E-MAIL ADDRESS: darsip@lw-ins.com		
INSURED Environmental Action, Inc. P O Box 1029 Jenks, OK 74037	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Nautilus Insurance Company		17370
	INSURER B : Great Divide Ins Co		25224
	INSURER C : CompSource Mutual Insurance Company		36188
	INSURER D : Hanover Insurance Company		22292
	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 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: PROF LIAB-CLAIMS MADE	X	X	ECP2034496-12	4/1/2023	4/1/2024	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 POLLUTION-OCC \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	BAP2034497-12	4/1/2023	4/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR DED \$ RETENTION \$			FFX2039982-10	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	03524763 23 1	4/1/2023	4/1/2024	<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
D	Equipment Floater			RHD A617411-18	5/24/2022	5/24/2023	Leased/Rented 300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
OG&E Energy Corp. And Its Subsidiaries Are Additional Insured In Regard To Auto & General Liability, Coverage Is Primary. Waiver Of Subrogation Included In Regard To Auto, General Liability And Workers Comp. 30 Day Notice Of Cancellation Applies Except (10) Days For Non-payment. Excess Liability Is A Following Form Policy Over The Auto, General Liability, Employers Liability And Contractors Pollution Liability.

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