

BIDDER'S CHECKLIST

Did You:

- * Complete the following bid documents (FROM THIS PACKET ONLY SUBMIT PAGES 16 to 20, along with any illustrations/brochures):
 - * Sign and notarize by jurat certificate the "Non-Collusion Affidavit" form. An "All-Purpose Acknowledgment" form will not be sufficient.
 - * Complete and sign the "Bid to be Submitted" form.
 - * Sign the "Bidder's Agreement" form. **Include (with bid) name and e-mail address for City contact, if different from signatory**
 - * Recheck your math on each item extension and total column. Do not superimpose numerals on your bid forms. If erasures or interlineations appear on your bid form, they must be initialed by the person preparing the bid.
- * Submit one (1) ORIGINAL of all bid documents. Additionally, submit one (1) CD or USB Drive with an electronic version of the bid documents.
- * Review all clarifications/questions/answers on the City's website at www.stocktonca.gov/mudbid
- * Deliver sealed bid to City Hall, City Clerk's Office (1st floor), 425 North El Dorado Street, Stockton, CA 95202, before **JULY 16, 2020, at 2:00 p.m.** Sealed bid shall be marked "Bid" and indicate project name, number, and bid opening date.

Please note that some overnight delivery services do not deliver directly to the City Clerk's Office. This could result in the bid arriving in the City Clerk's Office after the bid opening deadline and therefore not being accepted. NOTE: The Stockton City Clerk's office is closed from 12 noon to 1 p.m. for lunch.

- A) **HELICOPTER MOSQUITO AND VECTOR ABATEMENT SERVICES**
- B) **(PUR 20-008)**
- C) **JULY 16, 2020**

CONTACT INFORMATION:

Information on Technical Data	Information on Bid Process/Clarification
Kathryn Garcia, Municipal Utilities Dept. e-mail: Kathryn.Garcia@stocktonca.gov	Jennifer Alford, Procurement Manager e-mail: Stocktonbids@stocktonca.gov

- *If not completed as required, your proposal may be voided.
- ***DISCLAIMER:** The City does not assume any liability or responsibility for errors/omissions in any document transmitted electronically.
- *THIS FORM IS FOR YOUR INFORMATION ONLY AND DOES NOT NEED TO BE SUBMITTED WITH YOUR PROPOSAL.

BID DOCUMENTS

- A) BID – HELICOPTER MOSQUITO AND VECTOR ABATEMENT SERVICES**
- B) PUR 20-008**
- C) JULY 16, 2020**

COMPANY NAME: Alpine Helicopter Service, Inc.

CONTACT NAME: Joel Dozhier, President

ADDRESS: PO Box 1405, Woodbridge, CA 95258 – Mail

11001 West Hwy 12, Lodi, CA 95240 – Physical Location

TELEPHONE NUMBER: 209 368 8530

- **EMAIL:** ahs7345@sbcglobal.net

BID TO BE SUBMITTED

<u>Description</u>	<u>Annual Events (Est.)</u>	<u>Unit Price</u>	<u>Amount</u>
<u>Rotary Wing Aerial Spraying</u>	<u>40</u>	<u>\$1,650.00/ea. hr.</u>	<u>\$66,000.00</u>
<u>Night flight Additional Cost</u>	<u>40</u>	<u>\$100.00/ea. hr.</u>	<u>\$4,000.00</u>
<u>ANNUAL TOTAL</u>			<u>*\$70,000.00</u>

*3% for each succeeding year after the second year

<u>Fleet</u>	<u>Aircraft Type</u>	<u>Treatment Capabilities (acres per hour)</u>
<u>Aircraft #1</u>	<u>Bell 206 B III- N207TV</u>	<u>*250 acres/hour</u>
<u>Aircraft #2</u>	<u>Bell 206 B - N504EH</u>	<u>*250 acres/hour</u>
<u>Aircraft #3</u>	<u>Bell 206 B II - N90326</u>	<u>*250 acres/hour</u>
<u>Aircraft #4</u>	<u>Bell 206 - N89TT</u>	<u>*250 acres/hour</u>

*Acres per hour are dependent upon application rate of # of gallons per acre.

PRICE ADJUSTMENTS

Annual increase not to exceed 3% for each succeeding year after the second year. In the event that the contractor experiences an increase in base price in succeeding years, the contractor shall produce evidence that they have experienced a cost increase and by what amount costs have increased.

Alpine Helicopter Service, Inc.
Company Name (Please Print)

Signed by 

209-368- 8530
Phone Number

Joel C. Dozhier, President
Name (Printed)

11001 W Hwy 12, Lodi, CA 95240
PO Box 1405, Woodbridge, CA 95258
Address

Lic. # 47932 03/10/2021
Contractor's License #/Expiration Date

NOTE: Bidders are to mark their sealed bids to clearly indicate the content as:

- 1. HELICOPTER MOSQUITO AND VECTOR ABATEMENT SERVICES**
- 2. PUR 20-008**
- 3. JULY 16, 2020**

IF YOU DO NOT WISH TO BID, PLEASE RETURN YOUR BID IMMEDIATELY STATING REASON.

REFERENCES – MUST BE SUBMITTED WITH BID

CONTRACTOR: **Alpine Helicopter Service, Inc.**

1. Agency/Company **City of Stockton**

Contact Name and Phone Number **Mike - City of Stkn. Risk Services 925-759-1850**

Contract Period Renewable annual contract- 4 yrs. Contract Price **\$1,550/hour**

Scope of work completed: **Aerial Pesticide Abatement Services (Helicopter)
(Helicopter Mosquito and Vector Abatement Services, Adulticide, Larvacide)**

2. Agency/Company **Marin, Sonoma Counties**

Contact Name and Phone Number **Jason Sequiera 707-974-6972**

Contract Period Renewable annual contract- 20+ yrs. Contract Price **\$1,650/hour**

Scope of work completed: **Aerial Pesticide Abatement Services (Helicopter)**

3. Agency/Company **Washoe County, Nevada**

Contact Name and Phone Number **Will Lumpkin 775-328-2434**

Contract Period Renewable annual contract- 30+ yrs. Contract Price **\$1,650.00/hour**

(3 hour minimum charge)

Scope of work completed: **Aerial Pesticide Abatement Services (Helicopter)
(Helicopter Mosquito and Vector Abatement Services, Adulticide, Larvacide)**

. Agency/Company **Santa Clara County**

Contact Name and Phone Number **Babak Evrahiimi 408-918-4742**

Contract Period Renewable annual contract- 20+ yrs. Contract Price **\$1,650.00/hour**

(3 hour minimum charge)

Scope of work completed: **Aerial Pesticide Abatement Services (Helicopter)
(Helicopter Mosquito and Vector Abatement Services, Adulticide, Larvacide)**

Attachment 1 - EQUIPMENT REQUIREMENTS

The following equipment requirements have been met for the listed helicopters.

1. Rotary-wing aircraft application platform capable of carrying a payload of a full tank of fuel and up to 800 pounds of product load. Equivalent of a Bell 206 or larger platform.
 - Bell 206 B III– N207TV**
 - 3700 Innovator II
 - Bell 206 B – N504EH**
 - 3700 Innovator II
 - Bell 206 B II – N90326**
 - 3700 Innovator II
 - Bell 206 – N89TT**
 - Isolair 3900 Innovator II

2. Application systems capable of liquid and granular spray system.
 - Bell 206 B III– N207TV**
 - 4500-206 Broadcaster (Dry)
 - Bell 206 B II – N90326**
 - 4500-206 Broadcaster (Dry)
 - Bell 206 – N89TT –**
 - 4500-206 Broadcaster (Dry)

3. Aircraft must be Federal Aviation Administration (FAA) certified and comply with all requirements of 14 CFR Part 137.
 - See attached**

4. Aircraft must be equipped with a spray drift management technology similar to AGNAV or Wingman™ GXZ aerial guidance system. The ability to receive and process onboard real-time meteorological data via an AIMMS-20 weather monitoring system is preferred.

5. Aircraft equipped with digital global positioning satellite (DGPS) guidance with gridline capabilities is preferred. If equipped, the system must have an accuracy of zero (0) to fifty (50) feet.
 - Trac Map TM3 Flight3 System**
 - Bell 206 B III– N207TV**
 - Bell 206 B – N504EH**
 - Bell 206 B II – N90326**
 - Bell 206 – N89TT**

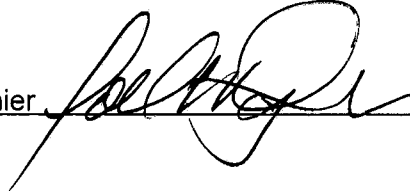
6. The Contractor must be prepared to provide a backup aircraft within 24 hours (24-hrs) in the event of equipment failure of the primary aircraft.
 - Contractor will provide backup as required in contract.**

BIDDER'S AGREEMENT

In submitting this bid, as herein described, the bidder agrees that:

1. They have carefully examined the specifications and all other provisions of this form and understand the meaning, intent, and requirements of same.
2. They have reviewed and understand all clarifications/questions/answers on the City's website at www.stocktonca.gov/mudbid
3. They will enter into written contract and furnish the item(s)/service(s) in the time specified in strict conformity with the specifications and conditions contained therein for the price quoted by the bidder on this bid.
4. The proposed price is inclusive of all freight and handling charges and includes delivery to the City of Stockton, Municipal Service Center, or if specified, to the alternate point of delivery shown in the specifications.
5. They have signed and notarized the attached Non-Collusion Affidavit form whether individual, corporate or partnership. Must be "A Jurat" notarization.

Alpine Helicopter Service, Inc. 11001 W Hwy 12, Lodi CA 95242
 FIRM ADDRESS

Joel C. Dozhier  President
 SIGNED BY TITLE OR AGENCY

E-MAIL ADDRESS

NOTE: Bids are invalid which are unsigned. If erasures or interlineations appear on your bid form, they must be initialed by the person preparing the bid.

NON-COLLUSION AFFIDAVIT

No. 1 AFFIDAVIT FOR INDIVIDUAL PROPONENT

STATE OF CALIFORNIA, _____)ss.
County of _____)

_____ being first duly sworn, deposes and says: That on behalf of any person not named herein; that said Proponent has not colluded, conspired, connived or agreed, directly or indirectly with, or induced or solicited any other bid or person, firm or corporation to put in a sham bid, or that such other person, firm or corporation shall or should refrain from bidding; and has not in any manner sought by collusion to secure to themselves any advantage over or against the City, or any person interested in said improvement, or over any other Proponent.

(Signature Individual Proponent)

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____
by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Seal _____

Signature _____

No. 2 AFFIDAVIT FOR CORPORATION PROPONENT

STATE OF CALIFORNIA, _____)ss.
County of SAN JOAQUIN _____)

(insert)

Joel C. Rozhicek being first duly sworn, deposes and says: That they are the president of Alpine Helicopters San Inc a corporation, which corporation is the party making the foregoing bid, that such bid is genuine and not sham or collusive, or made in the interest or behalf of any person not named herein; that said Proponent has not colluded, conspired, connived or agreed, directly or indirectly with, or induced or solicited any other bid or person, firm or corporation to put in a sham bid, or that such other person, firm or corporation shall or should refrain from bidding; and has not in any manner sought by collusion to secure to themselves any advantage over or against the City, or any person interested in said improvement, or over any other Proponent.

(Signature Corporation Proponent)

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____
by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Seal _____

Signature ~~Not~~ see attached

No. 3 AFFIDAVIT FOR FIRM, ASSOCIATION, OR CO-PARTNERSHIP

STATE OF CALIFORNIA, _____)ss.
County of _____)

(insert)

_____ each being first duly sworn, depose and say: That they are a member of the firm, association or co-partnership, designated as _____ who is the party making the foregoing bid; that the other partner, or partners, are _____ that such bid is genuine and not sham or collusive, or made in the interest or behalf of any person not named herein; that said Proponent has not colluded, conspired, connived or agreed, directly or indirectly with, or induced or solicited any other bid or person, firm or corporation shall or should refrain from proposing; and has not in any manner sought by collusion to secure to themselves any advantage over or against the City, or any person interested in said improvement, or over any other Proponent.

(Signature)

(Signature)

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____
by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Seal _____

Signature _____

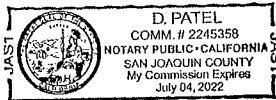
JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this document is attached, and not to the truthfulness, accuracy, or validity of that document.

State of California
County of San Joaquin

Subscribed and sworn to (or affirmed) before me on this 10th
day of July, 2020, by Joel C. Dozier

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature *[Handwritten Signature]*

Document Description: Non-Collusion Affidavit



U.S. Department
of Transportation
Federal Aviation
Administration

Operating Certificate

This certifies that

ALPINE HELICOPTER SERVICE, INC.
11001 West Highway 12
Lodi, California 95220

has met the requirements of the Federal Aviation Act of 1958, as amended, and the rules, regulations, and standards prescribed therein, for the issuance of this certificate and is authorized to operate as an Air Operator and conduct

COMMERCIAL AGRICULTURAL AIRCRAFT OPERATIONS

in accordance with said Act and its rules, regulations, and standards;

DISPENSING OF ECONOMIC POISONS ALLOWED

This certificate is not transferable and, unless canceled, suspended, superseded, surrendered or revoked, shall continue in effect indefinitely.

By Direction of the Administrator.


Alfred H. Hodges, Jr.

(Signature)

ACTING MANAGER

(Title)

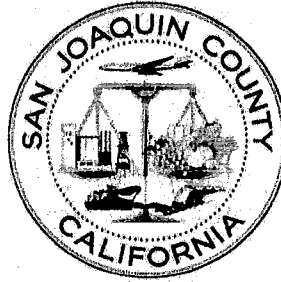
Certificate number: LWZG291G

Effective date: 02/18/87

Reissued: 08/03/92

Issued at: WP-27, Oakland, CA.

TREASURER-TAX COLLECTOR



SAN JOAQUIN COUNTY BUSINESS LICENSE

ALPINE HELICOPTER SERVICE, INC

**11001 W HWY 12
LODI, CA 95240**

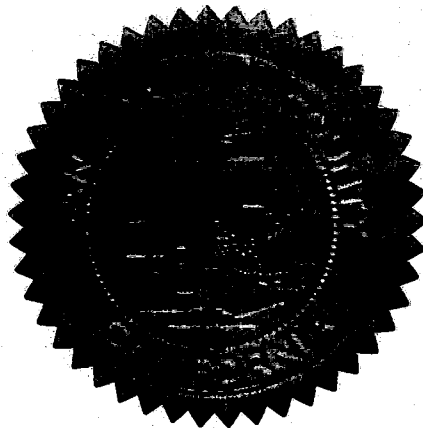
LICENSE NUMBER 47932

EXPIRATION DATE: MARCH 10, 2021

TYPE OF BUSINESS AERIAL APPLICATION

In accordance with San Joaquin County ordinance Title 7, sections 7-100 et seq., pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a San Joaquin County Business License.

This Business License shall be considered valid until the expiration date listed below unless suspended or revoked in accordance with ordinance Title 7, sections 7-100 et seq.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of San Joaquin County, at my office on January 17, 2020.

Phonxay Keokham

PHONXAY KEOKHAM, CPA
Treasurer-Tax Collector

This document is not transferable and is not issued in lieu of any locally required business license, permit, or registration.

Please Post in a Conspicuous Location

ALPINE HELICOPTER SERVICE, INC

**P.O. BOX 1405
WOODBIDGE, CA 95258**

DATE ISSUED	1/17/2020
EXPIRATION DATE	3/10/2021
AMOUNT PAID	\$104.00
TYPE OF BUSINESS	AERIAL APPLICATION

Renewal notices are mailed 30 days prior to the expiration date. If you do not receive a renewal notice, please call the Treasurer-Tax Collector's Office at (209) 468-2133. Failure to receive a renewal notice does not relieve the licensee(s) of their responsibility of payment nor constitute cause for an extension. The licensee(s) must reapply for a new license if an expired business license is not renewed within 90 days.

AIG AEROSPACE INSURANCE SERVICES, INC.**CERTIFICATE OF COMMERCIAL LIABILITY INSURANCE**

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.


Producer: KAY SCOTT AVIATION INSURANCE 1201 TERMINAL WAY SUITE 203 RENO, NV 89502	Named Insured: ALPINE HELICOPTER SERVICE, INC. P.O. BOX 1405 WOODBRIDGE, CA 95258
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General Liability		
Insurer Name: NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA		
Policy Number: AP 016711679-03		
Policy Effective Date: February 7, 2020		Policy Expiration Date: February 7, 2021
Limits of Insurance	\$ 1,000,000.	Each Occurrence Limit
	\$ NOT COVERED	Damage To Premises Rented To You Limit (any one premises)
	\$ NOT COVERED	Medical Expense Limit (any one person)
	\$ NOT COVERED	Personal & Advertising Injury Aggregate Limit
	\$ NOT APPLICABLE	General Aggregate Limit
	\$ NOT COVERED	Products/Completed Operations Aggregate Limit
		Hangarkeepers Limit
	\$ NOT COVERED	Each Aircraft Limit
	\$ NOT COVERED	Each Loss Limit
\$ NOT APPLICABLE	Hangarkeepers Deductible (each aircraft)	
General Aggregate Limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Location		

Description of Operations/Locations/Endorsements/Special Provisions
ADDITIONAL INSURED(S) SUBJECT TO FORM CGL191 ATTACHED TO THIS POLICY.

Additional Insured Status	YES
THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER. IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.	

Cancellation
In the event of cancellation of any policy described above, the insurer will attempt to mail 30 days written notice to the certificate holder prior to the effective date of cancellation. However, failure to do so will not impose duty or liability upon the insurer, its agents or representatives, nor will it delay cancellation.

Certificate Holder: CITY OF STOCKTON, DEPARTMENT OF MUNICIPAL UTILITIES 2500 NAVY DRIVE STOCKTON, CA 95206	Certificate No. <u>26</u>
Authorized Representative: 	January 29, 2020 MJS Date of Issue

CGL309 (3/05)

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ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

<p>Name of Additional Insured Person(s) or Organization(s):</p> <p>DOUGLAS COUNTY MOSQUITO ABATEMENT DISTRICT AND DOUGLAS COUNTY P.O. BOX 1732 GARDNERVILLE, NV 89410</p> <p>CITY OF STOCKTON, DEPARTMENT OF MUNICIPAL UTILITIES 2500 NAVY DRIVE STOCKTON, CA 95206</p> <p>MIZUNO FARMS, INC. 29050 S. AHERN ROAD TRACY, CA 95304-9385</p> <p>RATTO BROS, INC. 6312 BECKWORTH ROAD MODESTO, CA 95358</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

SECTION II - WHO IS AN INSURED is amended to include as an additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.


All other provisions of this policy remain the same.

This endorsement becomes effective February 7, 2020 to be attached to and hereby made a part of Policy No. AP 016711679-03 issued to ALPINE HELICOPTER SERVICE, INC

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Endorsement No. 24

Date of Issue February 5, 2020 GK

By 
(Authorized Representative)

CGL191 (3/05)

AIG AEROSPACE INSURANCE SERVICES, INC.

CERTIFICATE OF INSURANCE

THIS IS TO CERTIFY TO: CITY OF STOCKTON, DEPARTMENT OF MUNICIPAL UTILITIES2500 NA VY DRIVESTOCKTON, CA 95206THAT THE FOLLOWING POLICY/IES OF INSURANCE HAVE BEEN ISSUED TO:
ALPINE HELICOPTER SERVICE, INC.P.O. BOX 1405WOODBIDGE, CA 95258POLICY NO. AV 016711678-03POLICY PERIOD: From February 7, 2020 to February 7, 2021INSURANCE COMPANY NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

LIABILITY COVERAGES

LIMITS OF LIABILITY

		NON-CHEMICAL		CHEMICAL	
Bodily Injury -- excluding Passengers	\$	each person	\$	each person	
		each occurrence		each occurrence	
		aggregate		aggregate	
Property Damage		each occurrence		each occurrence	
		aggregate		aggregate	
Passenger Liability		each person	Not applicable		
		each occurrence	Not applicable		
Single Limit -- Property Damage & Bodily Injury, excluding Passengers	1,000,000.	each occurrence		300,000.	each occurrence
		aggregate		750,000.	aggregate
Medical Expense -- cluding Crew		each person	Not applicable		
		each occurrence	Not applicable		

Chemical Limits of Liability are part of and not in addition to the Non-chemical Limits of Liability.

All liability arising from any one occurrence shall not exceed the Non-chemical Limits of Liability.

Description of Aircraft and Physical Damage Coverage hereunder

F.A.A. CERT. NO.	MAKE AND MODEL	YEAR BUILT	INSURED VALUE	COVERAGE		DEDUCTIBLES:	
				PHYSICAL DAMAGE	CHEM	NOT IN MOTION	IN MOTION INGESTION MOORING
N207TV	BELL 206	1979	\$ 425,000.	F	CC	\$ 1,000.	\$ 21,250.
N504EH	BELL 206	1967	425,000.	F	CC	1,000.	21,250.
N90326	BELL 206	1976	425,000.	F	CC	1,000.	21,250.
N89TT	BELL 206	1975	425,000.	F	CC	1,000.	21,250.

PHYSICAL DAMAGE Coverage Identified: F. All Risks: Ground & Flight G. All Risks: Not In Flight H. All Risks: Not In Motion

CHEMICAL CATEGORY: CC Comprehensive Chemical RC Restricted Chemical XC Excluding Chemical N/A Not Applicable

OTHER COVERAGES/CONDITIONS/REMARKS

The extension of coverage provided under AG010 attached to this policy only applies to the vicarious liability of the Additional Insured shown on AG010 for the conduct of aerial application by the Named Insured.

A certificate of insurance is issued as a matter of information only and confers no rights upon the certificate holder. A certificate of insurance does not amend, extend, or alter the coverage, terms, exclusions, conditions, or other provisions afforded by the policies referenced therein.

If the policy referenced above is cancelled before the expiration date, notice of cancellation shall be provided to the certificate holder if such notice of cancellation has been included within this policy and/or endorsements attached thereto.

Certificate No. 6Date of Issue January 29, 2020 MJS

By


(Authorized Representative)

AG30 (01/13)

ADDITIONAL INSURED ENDORSEMENT

In consideration of INCLUDED premium of \$ INCLUDED, this policy is amended as follows:

The following is included as an additional Insured, but only with respect to the operation of the **aircraft** by the **Named Insured**:

THE FARMER, OWNER, AND/OR GROWER FOR WHOM AERIAL APPLICATION IS BEING PERFORMED.

EAST BAY REGIONAL PARK DISTRICT AND CALIFORNIA
COASTAL CONSERVANCY AND CALIFORNIA
DEPARTMENT OF FISH AND GAME
2950 PERALTA OAKS COURT
OAKLAND, CA 95258

CONTRA COSTA MOSQUITO & VECTOR CONTROL DIST.
ITS OFFICERS, OFFICIALS & EMPLOYEES
155 MADISON CIRCLE
CONCORD, CA 94520

CARSON CITY PURCHASING & CONTRACTS
201 NORTH CARSON STREET, SUITE 11
CARSON CITY, NV 89701

DOUGLAS COUNTY MOSQUITO ABATEMENT DISTRICT
AND DOUGLAS COUNTY
P.O. BOX 1732
GARDNERVILLE, NV 89410

CARSON CITY ENVIRONMENTAL HEALTH DEPT.
3303 BUTTI WAY, BLDG. #1
CARSON CITY, NV 89701

MARIN/SONOMA MOSQUITO ABATEMENT DISTRICT ITS
OFFICERS, OFFICIALS & EMPLOYEES
595 HELMAN LANE
COTATI, CA 94931

MELVIN & MADALEN MOULES
12951 E. HARNEY LANE
LODI, CA 95240

NAPA COUNTY MOSQUITO ABATEMENT DISTRICT, ITS
OFFICERS, OFFICIALS & EMPLOYEES
P.O. BOX 655
NAPA, CA 94559

CITY OF STOCKTON, DEPARTMENT OF MUNICIPAL
UTILITIES
2500 NA VY DRIVE
STOCKTON, CA 95206

For the purposes of this endorsement only, coverage

- 1) only applies with respect to such insurance as is afforded by coverages A, B, C, or D;
- 2) does not apply to any liability arising from the selection or use of **chemicals** manufactured, sold, handled, or distributed by the additional **Insured**;
- 3) is excess coverage only and applies only after all other coverage available to the **Insured** has been exhausted;

This extension of coverage only applies to vicarious liability of the additional **Insured** shown above for the conduct of **aerial application** by the **Named Insured**.

All other provisions of this policy remain the same.

This endorsement becomes effective February 7, 2020 to be attached to and hereby made a part of Policy No. AV 016711678-03 issued to ALPINE HELICOPTER SERVICE, INC.

By NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

Endorsement No. 14

Date of Issue February 7, 2020 LL

By 
(Authorized Representative)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/10/2020

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 Kay Scott Aviation Insurance, Inc. 1201 Terminal Way #203 Reno, NV 89502	CONTACT NAME:	
	PHONE (A/C, No., Ext): 775-323-2225	FAX (A/C, No.): 775-323-2804
E-MAIL ADDRESS: ksains@kayscottins.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Granite State Insurance Company		_____
INSURER B:		_____
INSURER C:		_____
INSURER D:		_____
INSURER E:		_____
INSURER F:		_____
INSURED Alpine Helicopter Service, Inc. P O Box 1405 Woodbridge CA 95258		

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	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COM/OP AGG \$ _____ _____ \$ _____
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Pollution Lia	X	02-CA-019048494-7	11/01/2019	11/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ _____ \$ _____
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ _____ \$ _____
	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			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ _____ 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)
 The City of Stockton, its officers, officials, employees, and volunteers are listed as additional insured. Policy includes primary wording and waiver of subrogation.

CERTIFICATE HOLDER City of Stockton, Department of Municipal Utilities 2500 Navy Drive Stockton CA 95206	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
---	--

Granite State Insurance Company

175 Water Street 18th Floor, New York, NY 10038

COMMERCIAL AUTOMOBILE POLICY**ADDITIONAL INTEREST SCHEDULE****POLICY NO: 02-CA-019048494-7****RENEWAL OF 02-CA-019048494-6****ACCOUNT NUMBER: 94-2622224****NAMED INSURED AND MAILING ADDRESS**ALPINE HELICOPTER SERVICE, INC.
P.O. BOX 1405
WOODBIDGE, CA 95258**AGENCY AND MAILING ADDRESS 93575**PREFERRED AVIATION UNDERWRITER
3321 N BERKLEY LAKE RD STE 200
DULUTH, GA 30096-0000**POLICY PERIOD: FROM 11/01/2019 TO 11/01/2020 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.****ADDITIONAL INTERESTS**

Additional Interest Type	Name	Address
Additional Insured - Where Required Under Contract or Agreement	CITY OF STOCKTON	400 E MAIN STREET, 3RD FLOOR, ATTN: CITY RISK SERVICES, Stockton, CA 95202

Additional Interest Type	Name	Address
Additional Insured - Where Required Under Contract or Agreement	City of Palo Alto, Public Works Dept	Airport Division, 1925 Embarcadero, Palo Alto, CA 94303

Additional Interest Type	Name	Address
Additional Insured - Where Required Under Contract or Agreement	EAST BAY REGIONAL PART DISTRICT, ITS OFFICERS, EMPLOYEES AND AGENTS	RISK MANAGEMENT, 2950 PERALTA OAKS COURT, Oakland, CA 94605

Additional Interest Type	Name	Address
Additional Insured - Where Required Under Contract or Agreement	The County of Santa Clara	Vector Control District, P.O. Box 257, Portland, MI 48875

City of Stockton
Municipal Utilities Department

ADDENDUM NO. 2

For

**REQUEST FOR SEALED BIDS
HELICOPTER MOSQUITO AND VECTOR ABATEMENT
SERVICES AT THE REGIONAL WASTEWATER
CONTROL FACILITY
(PUR 20-008)**

June 25, 2020

TO: All Bidders

The enclosed clarifications, changes, additions, and deletions are hereby made a part of the Contract Documents for the construction of the above referenced project fully and completely as if the same were set forth therein.

Acknowledge receipt of this Addendum in the space provided below and submit this page with the bid. Failure to submit this acknowledgement with the bid shall result in the bid being rejected as non-responsive.

JOHN ABREW
DIRECTOR OF MUNICIPAL UTILITIES



DEEDEE A. ANTYPAS
DEPUTY DIRECTOR, WASTEWATER


Bidder's Signature

Alpine Helicopter Service, Inc.
Firm Name

7-10-20
Date

Addendum No. 1

GENERAL

Scope

- A. This Addendum forms a part of the Bidding and Contract Documents and modifies the Project Specifications described below.
- B. This Addendum consists of three pages and one attachment:

Acknowledgment

- A. Acknowledge receipt of this Addendum on the title page of this Addendum.

Addendum No. 1**REVISIONS TO SPECIFICATIONS*****Item Number 1***

Revise Bid documents as shown below and in the attachment.

BID TO BE SUBMITTED

<u>Description</u>	<u>Annual Events Hours (Est.)</u>	<u>Unit Price</u>	<u>Amount</u>
Rotary Wing Aerial Spraying	2040 hours	\$ _____ /ea.	\$ _____
Night flight Additional Cost	2040 hours	\$ _____ /ea.	\$ _____
ANNUAL TOTAL			\$ _____

****End of Addendum****

BID TO BE SUBMITTED

<u>Description</u>	<u>Annual Hours (Est.)</u>	<u>Unit Price</u>	<u>Amount</u>
Rotary Wing Aerial Spraying	40 hours	\$ _____ /ea.	\$ _____
Night flight Additional Cost	40 hours	\$ _____ /ea.	\$ _____
ANNUAL TOTAL			\$ _____

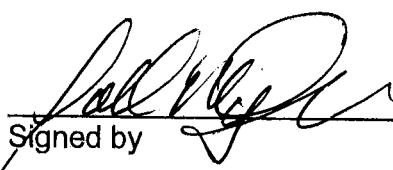
<u>Fleet</u>	<u>Aircraft Type</u>	<u>Treatment Capabilities (acres per hour)</u>
Aircraft #1		
Aircraft #2		
Aircraft #3		
Aircraft #4		
Aircraft #5		

see application

PRICE ADJUSTMENTS

Annual increase not to exceed 3% for each succeeding year after the second year. In the event that the contractor experiences an increase in base price in succeeding years, the contractor shall produce evidence that they have experienced a cost increase and by what amount costs have increased.

Company Name (Please Print)


Signed by

Phone Number

Name (Printed)

Address

Contractor's License #/Expiration Date

NOTE:

Bidders are to mark their sealed bids to clearly indicate the content as:

1. **HELICOPTER MOSQUITO AND VECTOR ABATEMENT SERVICES**
2. **PUR 20-008**
3. **JULY 16, 2020**

IF YOU DO NOT WISH TO BID, PLEASE RETURN YOUR BID IMMEDIATELY STATING REASON.