

Proposal

Page No. _____

of _____

Pages _____

MHIC #107949
PA#1020422652 Cider Press Rd.
Chambersburg, PA 17202
717-446-6339

page 1

Lynwood@PoorBoysEnterprizes.com
www.PoorBoysEnterprizes.com

PROPOSAL SUBMITTED TO <i>Town of Boonsboro/Att. Mayor & Town Council</i>		PHONE	DATE <i>2-3-2023</i>
STREET <i>21 N Main Street</i>		JOB NAME <i>Shafer Park Creek Masonry Repair</i>	
CITY, STATE and ZIP CODE <i>Boonsboro, MD</i>		JOB LOCATION <i>Shafer Park Boonsboro</i>	
ARCHITECT	DATE OF PLANS <i>2-3-2023</i>	JOB PHONE <i>717-446-6339</i>	

We hereby submit specifications and estimates for:

Repairing & Renovating the stone work of Shafer's Park's Creek, Bridges, and the Stone Patio located outside the bathroom facilities.

Scope of Work:

- 1. Remove vegetation growing through mortar joints*

- 2. Rebuild 175 LF of stone wall, install 6" depth footings to code under new wall*

- 3. Repoint all wall joints using Type S Mortar. Color & joint style chosen by Council.*

- 4. Repoint all joints on existing bridges using same mortar as above.*

- 5. Reseal around weirs & spillways using mortar & caulk as needed*

- 6. Backfill behind new walls with 6" riprap to allow drainage.*

- 7. Grading/topsoil/reseeding of any area disturbed by construction.*

- 8. Repair & Rehab of Flagstone Patio at adjacent public restroom.*

- 9. Implement necessary dewatering & erosion control practices*

- 10. Ensure Compliance with approved flood plain permit.*

Anything not specifically included in the Scope is excluded. Any alteration from the above specs will be executed only upon written orders and will result in extra charge. (Please continue to 2nd document.)

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

_____ dollars (\$ _____).

Payment to be made as follows:

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. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized
Signature _____Note: This proposal may be
withdrawn by us if not accepted within _____ days.

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

Signature _____

Date of Acceptance: _____

Signature _____

Proposal

Page No.

of

Pages

Page 2

MHIC #107949
PA#102042



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PROPOSAL SUBMITTED TO <i>Town of Boonsboro / Attn. Mayor + Town Council</i>		PHONE	DATE <i>2-3-2023</i>
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ARCHITECT	DATE OF PLANS <i>2-3-2023</i>	JOB PHONE <i>717-446-6339</i>	

We hereby submit specifications and estimates for:

continuation of Bid document for Shafer's Creek Masonry Renovation.

All work discussed in previous document will be completed in a timely manner and per standard practices.

The estimated Timeline for this project is 10-12 weeks. Work to be completed by May 31 barring unusual weather, temperatures, or other things outside of our control. Poor Boys' carries full liability Insurance + Workers Comp policies. (See Included Documents)

Also included is an Itemized breakdown of the work described in the scope found on included documents.

This project carries a 3 year Workmanship Warranty contingent upon receipt of Final Payment.

Payment to be as follows: Net 30 days - billed as detailed below.

We Propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of:

*Two hundred forty-four thousand, five hundred dollars $\frac{00}{100}$ dollars (\$ *244,500.00*).*

*Payment to be made as follows:
\$80,000 due at start of Project. \$80,000 due after 4 completed work weeks. \$70,000 due after 8 completed workweeks. Remaining \$14,500 due upon completion.*

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. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized Signature

Lynwood R

Note: This proposal may be withdrawn by us if not accepted within 30 days.

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

Signature _____

Date of Acceptance: _____

Signature _____



LICENSE * REGISTRATION * CERTIFICATION * PERMIT
 STATE OF MARYLAND
 MARYLAND DEPARTMENT OF LABOR

Lawrence J. Ilogan, Jr.
 Governor
 Boyd K. Rutherford
 Lt. Governor
 Tiffany P. Robinson
 Secretary

MARYLAND HOME IMPROVEMENT COMMISSION
 CERTIFIES THAT:
 POOR BOYS ENTERPRISES LLC

POOR BOYS ENTERPRISES LLC
 2652 CIDER PRESS ROAD
 CHAMBERSBURG PA 17202

IS AN AUTHORIZED: **05 - CONTRACTOR/SALESMAN (CORP/PART)**

LIC/REG/CERT	EXPIRATION	EFFECTIVE	CONTROL NO
131764	07-31-2024	N/A	5915176

Signature of Bearer _____
 WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

Tiffany P. Robinson
 Secretary

08 05 131764

5,915,176

MARYLAND HOME IMPROVEMENT COMMISSION
 1100 N. EUTAW STREET
 BALTIMORE, MD 21201

POOR BOYS ENTERPRISES LLC
 POOR BOYS ENTERPRISES LLC
 2652 CIDER PRESS ROAD
 CHAMBERSBURG PA 17202

MARYLAND
DEPARTMENT OF LABOR

LAWRENCE J. ILOGAN, JR.
 GOVERNOR
BOYD K. RUTHERFORD
 LT. GOVERNOR
TIFFANY P. ROBINSON
 SECRETARY

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LIC/REG/CERT	EXPIRATION	EFFECTIVE	CONTROL NO
131764	07-31-2024	N/A	5915176

Signature of Bearer _____ Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/03/2023

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 Insurance Brokers of MD - Hagerstown 13126 Pennsylvania Ave. PO Box 3767 Hagerstown MD 21742	CONTACT NAME: Tara Martin PHONE (A/C, No, Ext): (301) 790-0652 E-MAIL ADDRESS: tara.martin@ibmofmd.com	FAX (A/C, No): (301) 790-0962
	INSURER(S) AFFORDING COVERAGE	
INSURED Poor Boys Enterprizes, LLC 2652 Cider Press Road Chambersburg PA 17202	INSURER A: Selective Insurance Co. OF Ame	NAIC # 12572
	INSURER B: NorGUARD Insurance Company	NAIC # 31470
	INSURER C:	
	INSURER D:	
	INSURER E:	

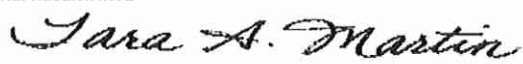
COVERAGES **CERTIFICATE NUMBER:** 22-23 all lines **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			S 2078662	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			S 2078662	07/01/2022	07/01/2023	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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	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		POWC315193	10/13/2022	10/13/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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**

PROOF OF INSURANCE PROOF OF INSURANCE PROOF OF INSURANCE	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 
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Poor Boys' Masonry Certifications and References

Certifications:

MHIC# 107949

PA# 102042

References:

GRC - 717-762-1116

Mt. Tabor Builders - 301-766-7161

DCNR Caledonia Park - George Hockenberry - 717-352-2161

Tri State Builders - Titus Martin - 301-790-0954

Many private references would be available upon request as most of our work is done for individual customers. Thank you for your consideration.

Lynwood Petre

Poor Boys Enterprizes