

DCHA Bid

RECEIVED
MAR 17 2025
BY: OS 1:05 pm

- Big River

Big River Pest Control

106 N. 4th Street Hannibal, MO 63401

Bus: (573) 221-1400 800-533-0226 Fax: (573) 221-1640

Serving Missouri-Illinois-Iowa

Pest Management Proposal for Pike County Housing Authority

838 Mason St.

Barry IL. 62312

217-335-2612

217-335-2406

Guarantee:

- All services will be performed by licensed commercial applicator or licensed technician.
- All services will follow all Federal and State EPA guidelines. Our technicians will leave a copy of the service invoice showing the treatments done, the amounts of chemicals used and EPA numbers.
- A copy of all MSDS sheets will be provided to your facility, on your request, and updated as services change.
- Big River Pest Control will maintain and provide proof of Liability Insurance in the amount of \$1,000,000 / 2,000,000.
- All services will be scheduled in advance and calendars provided with next service days marked.
- A pest reporting program will be set up and monitored during each service.
- All services guaranteed for 30 days, and no cost for call backs on covered pests.

Pest to be controlled: Crawling Insects and Rodents

This agreement does not cover: Termites, Wood Destroying Insects, Carpenter Ants, Brown Recluse Spiders, or Bed Bugs

Service: Pest Management service for target pests every 4 weeks. Rodent service will be done as needed and priced for materials used.

A clean out service for problem units will be an extra charge of \$75 per unit.

Interior treatments to all family units, the main office, the community buildings, and shops are included in the price.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/27/2024

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 First State Insurance Agency, Inc. 123 N. 6th Street Hannibal MO 63401		CONTACT NAME: Sharon Beardsley PHONE (A/C, No, Ext): (573) 221-8484 E-MAIL ADDRESS: abeardsley@fsia.bz		FAX (A/C, No): (573) 248-1311	
INSURED Big River Past Control LLC 106 N 4th Street Hannibal MO 63401		INSURER(S) AFFORDING COVERAGE INSURER A: West Bend Mutual Insurance Company INSURER B: First Dakota Indemnity Company INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 15350 10351	

COVERAGES

CERTIFICATE NUMBER: 25-26 Master COI

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1229502 15	01/01/2025	01/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			1229502 15	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			1229502 15	01/01/2025	01/01/2026	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
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	N/A	WC020-0054605-2025A	01/01/2025	01/01/2026	<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

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

CG2453 12 19 - WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION) - AUTOMATIC
 WB1482 07 17 - ADDITIONAL INSURED - CONTRACTOR'S BLANKET
 CA2048Z 10 13 - DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE
 CA0443 12 23 - WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION) - AUTOMATIC WHEN REQUIRED BY WRITTEN CONTRACT OR AGREEMENT

CERTIFICATE HOLDER**CANCELLATION**

Pike County Housing 838 Mason St Barry IL 62312	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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Service Renewal: This agreement shall be for an initial period of one year and will renew itself annually unless either party cancels this agreement by giving thirty days written notice before any expiration date.

Payment terms are net 30 days from service date. A finance charge of 1-1/2% per month (18% APR) will be added to all past due accounts.

Pest Management service every 4 weeks - \$1,603.00 (\$7 per unit) 4 week services includes 13 services per year. Annual \$20,839.00

Barry – 54 units

Pleasant Hill – 20 units

Griggsville – 26 units

Perry – 12 units

Baylis – 6 units

New Canton – 12 units

Landeas Terrace in Pittsfield – 68 units

East Adams in Pittsfield (duplexes) – 19 units

East Adams in Pittsfield (duplexes) – 12 units

By: Larry Hodson III Date _____
Big River Pest Control

By: _____ Date _____
Pike County Housing Authority

Big River Pest Control

106 N. 4th Street Hannibal, MO 63401

Bus: (573) 221-1400 800-533-0226 Fax: (573) 221-1640

Serving Missouri-Illinois-Iowa

**Pest Management Proposal for
Pike County Housing Authority
838 Mason St.
Barry IL. 62312
217-335-2612
217-335-2406**

Guarantee:

- All services will be performed by licensed commercial applicator or licensed technician.
- All services will follow all Federal and State EPA guidelines. Our technicians will leave a copy of the service invoice showing the treatments done, the amounts of chemicals used and EPA numbers.
- A copy of all MSDS sheets will be provided to your facility, on your request, and updated as services change.
- Big River Pest Control will maintain and provide proof of Liability Insurance in the amount of \$1,000,000 / 2,000,000.

Pest to be controlled: Bed Bugs (Heat and Chemical Treatment)

Service:

Option 1:

Pest Management for Bed Bugs 1BR \$850 3BR \$1050 2 Story \$1150

Option 2:

Pest Management for Bed Bugs to all units located at Barry, Pleasant Hill, Griggsville, Perry, Baylis, New Canton, Landees Terrace in Pittsfield, East Adams in Pittsfield (2) (duplexes) - \$1,137.50 billed on the 1st of each month for 12 months. Total \$13,650.00 annually.

Service Renewal: This agreement shall be for an initial period of 3 years. Year 2 and 3 will be re-evaluated at which point, the agreement cost could be lowered but not to exceed the original yearly amount of \$13,650.00.

Payment terms are net 30 days from service date. A finance charge of 1-1/2% per month (18% APR) will be added to all past due accounts.

By: Larry Hodson III Date _____
Big River Pest Control

Option: _____

By: _____ Date _____
Pike County Housing Authority

From: Chris Bruns
To: Larry Hodson 3
Cc: Rheannon Fohey; Kory Dunker; Tonya Kirk; Josh Harrison
Subject: RE: Pest Control Services Bid 4/1/2025 - 3/31/2028
Date: Monday, March 17, 2025 5:16:04 PM
Attachments: image001.png
image002.png
image003.png

Hi Larry,

Thank you for the information. Please furnish the licensing with IDPH as well.

Regarding the insurance. The bid specs listed \$1,000,000 per occurrence and \$3,000,000 aggregate. This is what the other company furnished in their proposal and BRPC's should match to be a proper bid. Please send the certificate when you have it updated. Thank you.

Regards,

Chris Bruns
Executive Director
IL071 – Pike County Housing Authority
Email: Cbruns@pikehousing.com
Phone: 217-407-0707
Fax: 217-407-0708
Web: www.pikehousing.com



NOTICE: This E-Mail transmission (and or/the documents accompanying it) may contain confidential information belonging to the sender which is protected by law. The information contained herein is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on the contents of this transmission is strictly prohibited. If you have received this transmission in error, please immediately notify us by replying to this E-Mail or calling our office at 217-407-0707.

From: Larry Hodson 3 [mailto:lhodson3@bigrivercompanies.net]
Sent: Monday, March 17, 2025 5:10 PM
To: Chris Bruns <cbruns@pikehousing.com>
Cc: Rheannon Fohey <rfohey@bigrivercompanies.net>; Kory Dunker <kdunker@bigriverpestcontrol.com>; Tonya Kirk <tkirk@pikehousing.com>; Josh Harrison <pcha.josh.harrison@gmail.com>
Subject: Re: Pest Control Services Bid 4/1/2025 - 3/31/2028

Chris,

Attached is Kory's license.

Our insurance is \$3,000,000, \$2,000,000 aggregate and \$1,000,000 per occurrence. This is the same insurance/coverage we've had. I remember briefly discussing this with you after last contract award and you said it met your specifications. Please advise if these rules have changed.

Thanks,



**MISSOURI DEPARTMENT OF AGRICULTURE
PESTICIDE PROGRAM
PO BOX 630
JEFFERSON CITY, MO 65102**

COMMERCIAL APPLICATOR LICENSE

Core/Category – Expires:
Core - 03/31/2028, 3 - 02/29/2028, 7A - 03/31/2028, 7B -
03/31/2028

License No:
C26813

JAMES K DUNKER
BIG RIVER PEST CONTROL
106 N 4TH ST
HANNIBAL MO 63401

CHRIS CHINN, DIRECTOR

KORY HUBBARD, SUPERVISOR



**MISSOURI DEPT OF AGRICULTURE
PESTICIDE PROGRAM
PO BOX 630
JEFFERSON CITY, MO 65102**

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JAMES K DUNKER
BIG RIVER PEST CONTROL
106 N 4TH ST
HANNIBAL MO 63401

License No:
C26813

License Expires:
02-28-2026

CHRIS CHINN
DIRECTOR

KORY HUBBARD
SUPERVISOR

Larry E. Hodson, III (Trey)
Operations Manager
Big River Pest Control
573-795-0088

On Mar 17, 2025, at 17:02, Chris Bruns <cbruns@pikehousing.com> wrote:

Hello Larry,

IDPH **STRUCTURAL PEST CONTROL
TECHNICIAN CERTIFICATION**

LicenseID 052-081106 **Issued** 01/09/2025 **Expiration** 12/31/2026

Larry Edward Hodson Jr.
8745 Co. Rd. 404
Hannibal, MO 63401





**Environmental Health
See Reverse for Licensure**

Larry Edward Hodson Jr. 052-081106

Certified Technician For: General Use Pesticides
Restricted Use As Noted:
Insects/Rodents, Termites

**Alteration of this certification shall
result in legal action.
This certification issued under authority of State of
Illinois Department of Public Health**

If you have any questions, please contact the Structural Pest Control Program at (217) 782-5830.



**Illinois Department of
PUBLIC HEALTH** **EH0203539**

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
12/31/2025	051	051-023240

Big River Pest Control LLC

Big River Pest Control LLC
106 N 4th St
Hannibal, MO 63401

Do t

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #EH-21-044

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

**Big River Pest Control
LLC**

11/21/2024

Big River Pest Control LLC
106 N 4th St
Hannibal, MO 63401

Attn: Larry Hodson Jr.



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DATE (MM/DD/YYYY)

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		INSURER(S) AFFORDING COVERAGE	
		INSURER A: West Bend Mutual Insurance Company	NAIC # 15350
		INSURER B: First Dakota Indemnity Company	10351
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 25-26 Master COI

REVISION NUMBER:

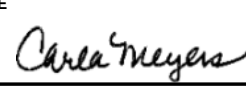
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Pike County Housing 838 Mason St Barry IL 62312	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION) –
AUTOMATIC**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions**:

We waive any right of recovery against any person or organization, because of any payment we make under this Coverage Part, to whom the insured has waived its right of recovery in a written contract or agreement. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person or organization prior to loss.

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ADDITIONAL INSURED – CONTRACTOR'S BLANKET

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. WHO IS AN INSURED (Section II) is amended to include as an additional insured any person or organization whom you are required to add as an additional insured on this policy under a written contract or written agreement.

The written contract or written agreement must be:

1. Currently in effect or becoming effective during the term of this policy; and
2. Signed by all parties to the written contract or written agreement prior to the "bodily injury," "property damage," "personal injury and advertising injury."

B. The insurance provided to the additional insured is limited as follows:

1. That person or organization is only an additional insured with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused in whole or in part, by:

- a. Your premises; or
- b. Your negligent acts or omissions in connection with "Your work" for that additional insured.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the written contract or written agreement to provide such additional insured.

2. The Limits of Insurance applicable to the additional insured are those specified in the written contract or written agreement or in the Declarations for this policy, whichever is less. These Limits of Insurance are inclusive and not in addition to the Limits of Insurance shown in the Declarations.

3. Except when required by written contract or written agreement, the coverage provided to the additional insured by this endorsement does not apply to:

a. "Bodily injury" or "property damage" occurring after:

- (1) All work on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured at the site of the covered operations has been completed; or
- (2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as part of the same project.

b. "Bodily injury" or "property damage" arising out of acts or omissions of the additional insured other than in connection with the general supervision of "your work."

4. The insurance provided to the additional insured does not apply to "bodily injury," "property damage," "personal injury and advertising injury" arising out of an architect's, engineer's, or surveyor's rendering of or failure to render any professional services including:

- a. The preparing, approving, or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
- b. Supervisory, or inspection activities performed as part of any related architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage", or the offense which caused the "personal and advertising injury", involved the rendering of, or the failure to render, any professional architectural, engineering or surveying services.

C. As respects the coverage provided under this endorsement, Paragraph **4.b. SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended with the addition of the following:

4. Other insurance

b. Excess insurance

This insurance is excess over:

Any other valid and collectible insurance procured by or on behalf of the additional insured whether primary, excess, contingent or on any other basis unless a written contract specifically requires that this insurance be either primary or primary and noncontributing. Where required by written contract, we will consider any other insurance procured by the additional insured for injury or damage covered by this endorsement to be excess and noncontributing with this insurance.

If no written contract specifically requires primary or noncontributory coverage, then this insurance is excess and as a condition of coverage, the additional insured shall be obligated to tender the defense and indemnity of every claim or suit to all other insurers that may provide coverage to the additional insured, whether on a contingent, excess or primary basis.

When this insurance is excess, we will have no duty under Coverage **A.** and Coverage **B.** to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Big River Pest Control, LLC Endorsement Effective Date: 01-01-2021
--

SCHEDULE

Name of Person(s) or Organization(s): Any party for whom the insured is required to provide designated insured status.
--

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A.** Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I Covered Autos Coverages of the Auto Dealers Coverage Form.
- B.** The following is added to the Other Insurance Condition in the Business Auto and Auto Dealers Coverage Forms and the Other Insurance – Primary And Excess Insurance Provisions in the Motor Carrier Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage is primary to and will not seek contribution from any other insurance available to an "insured" shown in the schedule provided that:

1. Such "insured" is a Named Insured under such other insurance; and
2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to such "insured".

West Bend Mutual Insurance Company
West Bend, Wisconsin 53095

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© Insurance Services Office, Inc., 2011

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**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION) –
AUTOMATIC WHEN REQUIRED BY WRITTEN
CONTRACT OR AGREEMENT**

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AUTO DEALERS COVERAGE FORM
BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply to any person(s) or organization(s) for whom you are required to waive subrogation with respect to the coverage provided under this Coverage Form, but only to the extent that subrogation is waived:

- A. Under a written contract or agreement with such person(s) or organization(s); and
- B. Prior to the "accident" or the "loss".