



**Badger Creek Watershed**  
**Tree and Brush Removal Bidder Cover Sheet**  
May 2026

**Business Name:** \_\_\_\_\_

**Contact Person** (if different than Business Name): \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email** (optional): \_\_\_\_\_

**Insurance Requirement:**

*The Contractor, and any subcontractor, shall maintain in full force and effect, with insurance companies licensed by the State of Iowa, at the contractor's expense, satisfactory insurance covering its work during the entire term of this Contract and any extensions or renewals. The Contractor's insurance shall, among other things, be occurrence based and shall insure against any loss or damage resulting from or related to the Contractor's performance of this Contract regardless of the date the claim is filed or expiration of the policy. Madison Soil and Water Conservation District shall be named as an additional insured or loss payee, or the Contractor shall obtain an endorsement to the same effect, as applicable. All insurance policies required by this Contract shall remain in full force and effect during the entire term of this Contract and any extensions or renewals thereof and shall not be canceled or amended except with the advance written approval of the District. The Contractor shall submit certificates of insurance, which indicate coverage and notice provisions as required by this Contract, to the District upon execution of this Contract. The certificates shall be subject to approval by the District. The insurer shall state in the certificate that no cancellation of the insurance will be made without at least thirty (30) days prior written notice to the District. Approval of the insurance certificates by the District shall not relieve the Contractor of any obligation under this Contract.*

I certify that my business maintains insurance as described above, and if my business is offered the contract, the Madison County Soil and Water Conservation District shall be named as an additional insured or loss payee, or we shall obtain an endorsement to the same effect, as applicable.

I certify that my business and/or subcontractors will have all applicable licenses and/or certifications necessary for applying herbicide.

I certify that work will be completed by July 31, 2026.

My bid for this project is attached in the form of a quote.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date