



SHEER SERVICE, LLC

Vendor Welcome Letter

Dear Valued Vendor,

We appreciate the work that you do and look forward to a successful and continuous vendor partnership with your organization. In order to complete our registration and set up process, please review and complete the requested forms included below and attached to this packet. These documents should be returned via email to:

procurement@sheerenterprises.com

- Completed Vendor Questionnaire
 - Include rates, services offered, travel radius, etc.
- Current COI—Certificate of Insurance
 - Sheer Enterprises must be added as additional insured.
- Current W9—Request for Tax payer Identification Number and Certification
- Executed MSA—Master Service Agreement

Enclosed is a sample of our insurance requirements as well as our quote requirements and an example.

NOTE: IF YOU ARE CONSIDERED EXEMPT FROM WORKER'S COMPENSATION IN YOUR STATE, PLEASE SUBMIT THE STATE EXEMPTION CERTIFICATE TO US FOR COMPLIANCY REASONS AND FOR YOUR FILE.

Thank you for your partnership and support.

Best Regards,

Sheer Service, LLC



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Vendor Questionnaire

Company Name:	
Owner:	Primary Contact:
Company Address:	
Company Email:	Work Order Email:
How many years have you been in business?	
Does your company carry general liability and commercial auto insurance?	
Does your company carry workmen's comp insurance?	
Please list all services provided by your company:	
What is your service radius?	
Does your company utilize subcontractors for any services?	
Does your company provide service 24/7?	
What is your typical response time for emergency services?	

RATES	
TRIP CHARGE	
NORMAL PER HR. RATE (NON-EMR)	
NORMAL HR. RATE (EMR CALL)	
WEEKDAY AFTER HRS (5PM - 8AM)	
WEEKEND HOURLY DAY	
WEEKEND HOURLY NIGHT	
HOLIDAY RATE	

24-HOUR / EMERGENCY DISPATCH INFORMATION (REQUIRED)			
Primary Contact:			
Back-up Contact:			
Primary Phone:		Back-up Phone:	
Primary Email:			
Back-up Email:			
What's the best way to reach/dispatch you?			<input type="checkbox"/> Text <input type="checkbox"/> Call <input type="checkbox"/> Email



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Quote Requirements and Example

Detailed SOW

This needs to include specifics including the following:

- A step-by-step process of the SOW
- Quantities and specifics such as the following
 - Sq.ft. / LF.
 - Number of items needed
 - Dimensions of materials

Example:

- Rope off effected area with safety tape and safety cones to maintain safe working distance from public
- Saw cut approx. 3'x15' continuous area of existing concrete at expected depth of 1½ feet deep at SW corner of building where identified collapsed line is identified
- Excavate affected area to expose damaged drain line
- Remove and dispose of approx. 10 continuous LF of damaged drain line within effected area
- Prep affected area for installation of new Drain line
- Supply and install approx. 10 new continuous LF of new 2" PVC drain line, couplings and sealant to the affected area
- Reinstall existing back fill ensuring affected area is compacted to prevent reoccurring damage
- Supply and install new PSI 4000 concrete to effected areas
- Finish area with a broom finish
- Supply and install new ground markings (striping) as required
- Test new drain line to ensure proper functionality
- Exclusions: This proposal does not include permitting and/or inspections



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Pricing Breakout

1. Labor Breakout

- a. Example: 3Men x 8Hours @ \$75per hour = \$1,800 in Labor

2. Material Breakout

- a. Concrete–2Yards of4000 PSI concrete = \$135 per yard x 2 = \$270.00 +
Delivery = \$125= Total Cost = \$395.00
- b. Gravel and Backfill = \$65.00
- c. PVC Drain Line-10'of 2" PVC Line = \$8.50
- d. Couplings and Connections = \$7.75
- e. Couplings and Connections = \$7.75
- f. Safety Cones and Safety Tape = \$65.00

Total Material = \$541.25

3. Equipment

- a. Jack Hammer = \$125.00
- b. Mini Excavator = \$500.00

Total Equipment = \$625.00

4. Other Items

- a. Mobilization
- b. Permitting
- c. After Hours Inspection

Total Proposal Amount = \$2,966.25