



PHONE: (218) 935-2296

MAHNOMEN COUNTY ENGINEER
Jonathan Large, P.E.

FAX: (218) 935-2920

NOTICE TO EQUIPMENT OWNERS

Mahnomen County Highway Department will be accepting equipment rental quotations for the rental of the following construction equipment during the year 2019 construction & maintenance season. Rental quotes are to include operator of said equipment:

**MOTOR SCRAPERS - CRAWLER TRACTOR (DOZER)
CRAWLER TRACTOR AND SCRAPER
DRAGLINE – BACKHOE – LOADER**

Quotes must be submitted on proposal forms furnished by the County Highway Department Office. Proposal documents may be reviewed or obtained at www.co.mahnomen.mn.us from the Mahnomen County Engineer's office at P.O. Box 399 – 1440 Mn Hwy 200; Mahnomen, MN 56557 or by calling (218) 935-2296.

Dated at Mahnomen, MN this 10th day of January, 2019.

**Jonathan Large, P.E.
Mahnomen County Engineer**

Mahnomen County Highway Department

P.O. Box 399 - 1440 Mn Hwy 200, Mahnomen, MN 56557

Phone: (218) 935-2296 - FAX: (218) 935-2920

Name: _____

Address: _____

Date: _____, 2019

Telephone Number: _____

FAX Number: _____

- Year 2019 - Hourly Quotes for Equipment Rental

I, _____ being the owner of the construction equipment listed below promise that I will supply the listed equipment or its equivalent, along with an operator and fuel, to the County of Mahnomen during the year 2019 construction season for the following compensation. Additional equipment maybe listed on back or separately.

H.P./C.Y.	Equipment Type	Hourly Rate
	C.Y. Motor Scraper (_____ H. P.)	
	H.P. Motor Grader	
	H.P. _____ Dozer	
	H.P. Crawler Tractor/Dozer	
	H.P. Crawler Tractor & _____ CY Scraper	
	C.Y. Dragline (Boom Length _____)	
	C.Y. Backhoe	
	C.Y. Loader	

Insurance Provisions:

General Liability Insurance with a minimum limit of liability per occurrence of \$1,000,000 **Combined Single Limit (Bodily Injury/Property Damage) and \$1,000,000 Property Damage.**

This insurance shall indicate on the Certificate of Insurance the following coverage's:

1. Premises - Operations
2. Independent - Owner/Operator
3. Broad Form Contractual

Owner/Operator's Name: _____ (printed)

Driver's License Number _____

Owner/Operator's Experience: _____ years

This proposal dated the _____ day of _____, 2019.

Signed: _____, Address _____
(Individual Owner/Operator)