CONTRACTOR'S INSURANCE CHECKLIST

Commercial General Liability

- Occurrence Policy
- Claims Made Policy (follow-up date ________________)

Each Occurrence .............................................................................................................. $1,500,000.00
General Aggregate Including Umbrella ........................................................................... $3,000,000.00
Products/Completed Operations Aggregate .................................................................... $3,000,000.00

Coverages

- Premises/Operations
- Products/Completed Operations
- Contractual Liability
- Underground
- Explosion and Collapse
- PER PROJECT AGGREGATE ENDORSEMENT
- Blasting
- Independent Contractors Coverages
- Broad Form Property Damage
- Personal Injury
- Property Damaged Deductible (not to exceed $5,000.00) $____________
- Railroad Protective Policy

Commercial Automobile

- All-owned, adequate limits including umbrella ......................................................... $1,500,000.00
- Hired Automobile Liability including umbrella ....................................................... $1,500,000.00
- Non-Owned Automobile Liability including umbrella .............................................. $1,500,000.00

Workers' Compensation

- Occupational Accident/Disease ................................................................................ Statutory
- Employer's Liability including umbrella ..................................................................... $1,500,000.00
(Attach certificate)

Other Requirements

- Company Rating (A.M. Best) B+ VI or Better
- 30-Day Cancellation Clause

Additional Insureds

- Owner/Architect/Engineer Named as Additional Insured (City of Billings requires that they be named as an additional insured.)

Owners and Contractors Protective

- $1,000,000.00 Each Occurrence, $2,000,000.00 Aggregate
- Circle One (Endorsement) or (Separate Policy)
- A separate policy shall have the City of Billings as the named insured. Attach Certificate to this checklist.

February 2015

Miscellaneous Forms-1
CERTIFICATE OF INSURANCE

PROJECT: ●Name of Project as it appears on the Project Manual cover, including County and State●

It is to certify that the policies listed below have been issued to the insured named below by the Company(s) indicated below and are in force at this date. The insurance coverages listed will not be canceled, materially changed or renewal refused until at least thirty (30) days written notice has been given to the OWNER.

The holder of this certificate is a party to the Certificate of Insurance pursuant to Article 5 of the General Conditions to the contract and the City of Billings Standard Specifications.

COMPANIES AFFORDING COVERAGE:

<table>
<thead>
<tr>
<th>COMPANY A</th>
<th>COMPANY C</th>
</tr>
</thead>
<tbody>
<tr>
<td>LETTER</td>
<td>LETTER</td>
</tr>
<tr>
<td>AGENCY NAME:</td>
<td>AGENCY NAME:</td>
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<tr>
<td>ADDRESS:</td>
<td>ADDRESS:</td>
</tr>
<tr>
<td>SIGNATURE:</td>
<td>SIGNATURE:</td>
</tr>
<tr>
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<td>AUTHORIZED REPRESENTATIVE</td>
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<td>DATE:</td>
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</table>

<table>
<thead>
<tr>
<th>COMPANY B</th>
<th>COMPANY D</th>
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<tr>
<td>LETTER</td>
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<tr>
<td>SIGNATURE:</td>
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NAME AND ADDRESS OF INSURED:

<table>
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<tr>
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<tbody>
<tr>
<td>OWNER NAME ●</td>
<td>OWNER ADDRESS ●</td>
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NAME AND ADDRESS OF CERTIFICATE HOLDER:

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<td>OWNER NAME ●</td>
<td>OWNER ADDRESS ●</td>
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</table>

NAME(S) AND ADDRESS(S) OF ADDITIONALLY INSURED:

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<td>OWNER ADDRESS ●</td>
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<tr>
<td>ENGINEER NAME ●</td>
<td>ENGINEER ADDRESS ●</td>
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<tr>
<td>NAME:</td>
<td>ADDRESS:</td>
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February 2015

Miscellaneous Forms-2
<table>
<thead>
<tr>
<th>Company Letter</th>
<th>Type of Insurance</th>
<th>Policy Number</th>
<th>Policy Expiration Date</th>
<th>Limits of Liability in Thousands (000)</th>
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<tr>
<td></td>
<td>WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY</td>
<td></td>
<td></td>
<td>Statutory</td>
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<td></td>
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<td>Each Acc</td>
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<td></td>
<td></td>
<td></td>
<td>Disease-Policy Limit</td>
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<tr>
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<td>Disease-Each Employee</td>
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<td></td>
<td>MOTOR VEHICLE LIABILITY</td>
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<td>CSL</td>
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<tr>
<td></td>
<td>ANY AUTO</td>
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<td></td>
<td>Bodily Injury (Per Person)</td>
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<td>ALL OWNED AUTOS</td>
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<td>Bodily Injury (Per Accident)</td>
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<td>SCHEDULED AUTOS</td>
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<td>HIRED AUTOS</td>
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<td>NON-OWNED AUTOS</td>
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<td>General Aggregate</td>
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<td></td>
<td>GENERAL LIABILITY</td>
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<tr>
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<td>COMMERCIAL GEN LIABILITY</td>
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<td></td>
<td>Prods-Comp/Ops Agg.</td>
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<td>CLAIMS MADE</td>
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<td></td>
<td>Pers. &amp; Advg. Injury</td>
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<td>OCCURRENCE</td>
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<td>OWNER'S &amp; CONTRACTOR'S PROTECTIVE</td>
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<td></td>
<td>Each Occurrence</td>
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<tr>
<td></td>
<td>CONTRACTUAL LIABILITY</td>
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<td>Fire Damage (Any One Fire)</td>
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<td>COMPLETED OPERATIONS</td>
<td></td>
<td></td>
<td>Medical Expense (Any One Person)</td>
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</tr>
<tr>
<td></td>
<td>EXCESS LIABILITY</td>
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<td></td>
<td>Aggregate</td>
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<td></td>
<td>UMBRELLA FORM</td>
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<td></td>
<td>Each Occurrence</td>
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<td>OTHER THAN UMBRELLA FORM</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>OTHER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIALTIES

DATE ISSUED

INSURANCE AGENT SIGNATURE

February 2015

Miscellaneous Forms-3
SUSPEND WORK ORDER

Date ______________________

Project: ____________________________

Under the terms of your Contract, dated __________________, 20__, on the referenced project, you
are hereby directed to SUSPEND WORK on this project for the following reason(s):

This notice is effective at the close of business on ______________, 20__, at which time there
remains ____ days in which to complete your Contract. A Resume Work Order will be issued when
conditions are such that work can be performed in accordance with the specifications.

Please acknowledge your receipt of this Order in the space provided below and return a copy to this
Department.

Sincerely,

______________________________
(Owner/Consultant)

Receipt Acknowledged: ____________________________

Contract Data:

Contractor ____________________________ Stipulated Contract Days __________

Signature ____________________________ Authorized Extension Days __________

Title ____________________________ Total Contract Days __________

Date ____________________________ Days Used To Date ____________

Days Remaining ____________

February 2015

Miscellaneous Forms-4
RESUME WORK ORDER

Date

Re Project: __________________________________________

____________________________________________________

Under the terms of your Contract, dated ____________, 20__, on the referenced project, you are hereby directed to RESUME WORK on this project effective 12:01 a.m. on ________________, 20 ___.

According to our records, _____ calendar days were authorized to complete the Contract. You have used ___________ days, leaving _____ days in which to complete your Contract, beginning on and including the effective date listed above.

Please acknowledge your receipt of this Order in the space provided below and return a copy to this Department.

Sincerely,

____________________________________________________
(Owner/Consultant)

<table>
<thead>
<tr>
<th>Receipt Acknowledged:</th>
<th>Contract Data:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor___________</td>
<td>Stipulated Contract Days___________</td>
</tr>
<tr>
<td>Signature____________</td>
<td>Authorized Extension Days___________</td>
</tr>
<tr>
<td>Title________________</td>
<td>Total Contract Days_________________</td>
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<tr>
<td>Date_________________</td>
<td>Days Used To Date_________________</td>
</tr>
<tr>
<td></td>
<td>Days Remaining___________________</td>
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</tbody>
</table>
MATERIAL STORAGE CERTIFICATION

Re Project: ____________________________________________

The project material is stored at ________________________________

We warrant the OWNER has received the materials free and clear of all liens, charges, security, interests and encumbrances (referred to as "liens" in contract General Conditions). List material below or attach a list.

Signature: ________________________________ Contractor: ________________________________

Material in storage has been examined, is properly stored, and meets specifications.

Signature: ________________________________ Engineer: ________________________________

Project No. ________________________________ Date: ________________________________

February 2015 Miscellaneous Forms-6
## CONTRACT

### ITEM

<table>
<thead>
<tr>
<th>ITEM</th>
<th>DESCRIPTION</th>
<th>UNIT</th>
<th>QUANTITY</th>
<th>UNIT PRICE</th>
<th>PRICE</th>
<th>AMOUNT</th>
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</thead>
<tbody>
<tr>
<td>100</td>
<td>16” Dia RCP Pipe</td>
<td>L.F.</td>
<td>0.00</td>
<td>$68.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>101</td>
<td>6’ x 6’ Complete Lift Station</td>
<td>EA</td>
<td>1.00</td>
<td>$50,000.00</td>
<td>$50,000.00</td>
<td>$50,000.00</td>
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<tr>
<td>102</td>
<td>Earthwork</td>
<td>C.Y.</td>
<td>13,300.00</td>
<td>$1.50</td>
<td>$19,450.00</td>
<td>$19,450.00</td>
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<td>103</td>
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<td>L.F.</td>
<td>150.00</td>
<td>$54.00</td>
<td>$8,100.00</td>
<td>$8,100.00</td>
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<td>L.F.</td>
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<td>$33.00</td>
<td>$660.00</td>
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<tr>
<td>105</td>
<td>36” Die Flex Valve</td>
<td>EA</td>
<td>2.00</td>
<td>$13,800.00</td>
<td>$27,600.00</td>
<td>$27,600.00</td>
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<tr>
<td>109</td>
<td>Construction Work</td>
<td>L.S.</td>
<td>1.00</td>
<td>$1.00</td>
<td>$1.00</td>
<td>$1.00</td>
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<tr>
<td>110</td>
<td>Hydrosediment</td>
<td>S.Y.</td>
<td>9,900.00</td>
<td>$0.45</td>
<td>$4,455.00</td>
<td>$4,455.00</td>
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<td>111</td>
<td>120” Manhole Structure</td>
<td>EA</td>
<td>1.00</td>
<td>$14,700.00</td>
<td>$14,700.00</td>
<td>$14,700.00</td>
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<tr>
<td>112</td>
<td>36” x 48” Tee Manhole</td>
<td>EA</td>
<td>1.00</td>
<td>$3,000.00</td>
<td>$3,000.00</td>
<td>$3,000.00</td>
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<tr>
<td>113</td>
<td>Median Strip Inlet</td>
<td>EA</td>
<td>2.00</td>
<td>$1,700.00</td>
<td>$3,400.00</td>
<td>$3,400.00</td>
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</tbody>
</table>

### TOTAL PROJECT

- **Total Price:** $155,666.00
- **Less Test Failure Deductions:** $4,774.50
- **Total Deductions:** $37,853.00
- **Final Total:** $281,627.50

### CONTRACT TIME

- **Start/Stop Dates:**
  - **Start:** 3-May-13
  - **Stop:**
  - **Weather Days:** 1
  - **Estimated End:** 27-Aug-13

### CITY OF BILLINGS

I hereby certify these quantities and times to be true and correct.

**Andy Glausen**
**DATE**

**CITY OF BILLINGS**
**DATE:**

Prepared By:
APPLICATION FOR SUBSTITUTION OF SECURITIES IN LIEU OF CASH RETAINAGE

The CONTRACTOR seeks to withdraw retainage held by the City in respect to the Project Contract and substitute Qualified Securities in lieu thereof as provided in MCA 18-1-301, et seq. The City seeks adequate protection to assure timely and satisfactory performance of the Project Contract and to assure the City of convenient recourse to the Qualified Securities. In consideration of an expedited release of retainage, the CONTRACTOR agrees and consents to the following procedures to implement MCA 18-1-301, et seq.:

THEREFORE, the CONTRACTOR agrees as follows:

1. Definitions – (See attached Schedule A)

2. The CONTRACTOR seeking to deposit securities in lieu of cash retainage shall obtain Qualified Securities and deposit such Qualified Securities with the City Finance Office under the following conditions:

(a) The CONTRACTOR executing this application recognizes that, while it has the right to withdraw sums otherwise due it from the City of Billings and which are retained by the City pursuant to the terms of that certain Construction Contract between CONTRACTOR and the City of Billings, dated the ___ day of __________, 20___, CONTRACTOR must deposit specified obligations under Section 18-1-301, MCA, in a value at least equal to the amount so withdrawn. The CONTRACTOR further understands that Section 18-1-304, MCA provides for reduction of amounts pursuant to the construction contract first from retained payments held by the City of Billings for which no obligations pursuant to Section 18-1-301, MCA, et seq. The CONTRACTOR further understands that the Construction Contract is the underlying document, which controls the deductions from the retained payments and substituted obligations and governs the ultimate release of the substituted obligations.

(b) The deposit of securities in lieu of cash retainage shall be terminated and all securities upon deposit shall be returned to the CONTRACTOR only upon satisfactory completion of the Project Contract.

3. Upon deposit, the CONTRACTOR shall submit to the City a request for release of cash retainage equal to the securities deposited. Such request shall include a Schedule of Securities identifying the securities deposited.

4. The CONTRACTOR shall indemnify and hold the City harmless against all expenses, and any legal or administration expenses that the City or the CONTRACTOR may incur in the event the City is required to take legal action to obtain funds from any deposited securities pursuant to Section 18-1-304, MCA.

5. Nothing in this Application shall be construed to in any way alter or amend CONTRACTOR’S obligations under the Project Contract and if the CONTRACTOR is or later becomes in default or in breach of the Project Contract, the City reserves the right to refuse to accept securities in lieu of cash retainage, notwithstanding the provisions of this Application.

CONTRACTOR

By________________________________________
1. Definitions
   a) **City** – City of Billings, Montana
   b) **Contractor** - 
      Address - 
   c) **Project Contract** - 
   d) **Qualified Securities** – Securities as defined in Montana Code Annotated, Section 18-1-301 (a) – (d).
   e) List of Securities which contractor proposed to deposit with the City:
      READ AND APPROVED:
      BY: Contractor

February 2015
Miscellaneous Forms-9
## FORCE ACCOUNT REPORT

**Project:**

**Work Order Number:**

**Contractor:**

**Work Address:**

**Description of Work:**

### Labor and Fringe Benefits

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<th>Hours</th>
<th>Rate</th>
<th>Fringe Benefits</th>
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**Daily Labor Total:** $___

**Daily Fringe Benefit Total:** $___

### Equipment

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<th>Hours</th>
<th>Blue Book Rate</th>
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**Daily Equipment Total:** $___

### Materials

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<th>Quantity</th>
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</tbody>
</table>

**Daily Material Total:** $___

1. Daily Labor Total .................................................. $___
2. Daily Labor Add On (Line 1 X .35) ........................................ $___
3. Daily Fringe Benefit Total ........................................ $___
4. Daily Equipment Total (Non-Rental) .................................. $___
5. Daily Materials Total ................................................. $___
6. Subtotal (Sum of lines 1,2,3,4 and 5) ................................ $___
7. Overhead and Profit @ 15% (5% for subcontract work) ................. $___
8. Daily Equipment Rental (Rental) ...................................... $___
9. Subtotal (Sum of lines 6,7 and 8) .................................... $___
10. 1% GRT ........................................................................ $___
11. TOTAL COST .................................................................... $___

By: ________________________

Contractor

By: ________________________

Inspector

By: ________________________

Subcontractor

February 2015  
Miscellaneous Forms-10
CONSTRUCTION TRAFFIC CONTROL SUBMITTAL
Page 1 of 3

WORK LOCATION

PROJECT

CITY

Accepted
Accepted with change/conditions:

Denied

Comments:

Signed By __________________________ Date _____________

CONSULTANT

Firm Name __________________________
Address __________________________

Phone (________) __________________
City Task Director
Project Manager
Phone ___________ Home _____________

Field Inspector ____________________
Mobile __________________________

Total # Pages Attached _____________

Public Notification(s) will be let and/or disbursed:

______________________________ (Date)

Reviewed and:

Approved
Approved with changes/conditions:

Denied

Comments:

______________________________ (Project Manager)

Date ____________

CONTRACTOR

Firm Name __________________________
Address __________________________

Phone (________) __________________
Job Foreman
Mobile # (________) Phone (________)

Subcontractor
Mobile # (________) Phone (________)

Traffic Control Sub.
Mobile # (________) Phone (________)
Home (________)

Project Description/Construction Information:
Exact R.O.W. requested for use __________________________

Specific work to be done __________________________

TCP Page #s ____________________ (Attach Plans)
Starting Date ___________ Time ___________
Ending Date ___________ Time ___________
Daily Work Hours __________________ Extension ___________

Notification provisions: (Attach a copy of flyers and/or new release) __________________________

Private access provisions: __________________________

Submitted by: __________________________ Date: ___________

February 2015 Miscellaneous Forms-11
CONSTRUCTION TRAFFIC CONTROL SPECIAL PROVISIONS

1. Contractor will comply with OSHA and MUTCD standards.

2. Contractor is required to carry liability insurance per Section 22-222 of Billings Municipal Code or the contract documents, whichever is applicable.

3. Notifications:
   a) City Communication Center will be notified of ALL alley, street/intersection, and complete direction of travel closures and openings.
   b) MET Transit and School District No. 2 Transportation (during school times) will be notified of ALL street/intersection and complete direction of travel closures and openings.
   c) Solid Waste Division (657-8260) or BFI, as appropriate, will be notified of all alley closures.
   d) News releases/handouts and personal contact requirements will be determined by the City. (News media list is available through the City Traffic Engineer's Office.) Telephone numbers are: Central Communications Center – 657-8200; MET – 657-8221; School District No. 2 – 255-3575.

4. New closures will not be implemented during adverse weather conditions, unless special approval has been granted.

5. All existing, non-conflicting traffic control devices will remain visible to the public, unless special approval has been granted. All damages to existing traffic control will be reported and then repaired to City standards.

6. All traffic control devices will comply with MUTCD standards and shall be in good condition and monitored throughout their use.

7. Sign supports, barricades, and other devices placed in or near the roadway shall be crash worthy and meet the applicable requirements of the AASHTO Roadside Design Guide. Only sandbags resting on the ground should be used if ballast is required to keep signs or barricades upright.

8. High level signage is required on all heavily congested roadways, and where otherwise deemed necessary.

9. Traffic control devices and equipment will be placed in a way that they do not cause vision obstructions/hazards for drivers or pedestrians. Sign and barricade supports shall not block sidewalks or crosswalks that are open to pedestrian travel.

10. Work time allowed by City Noise Ordinance is 8:00 a.m. – 8:00 p.m. (Deviations must have prior approval.)

11. High level signage – 7' from bottom of sign to its base. Variations require prior approval.

12. Warning lights complying with MUTCD requirements are required on all construction zones from dusk to dawn or where poor visibility exists.

13. Advertising on barricades shall be done in one color and be nonreflective with letters not to exceed one (1) inch in height.

14. Pedestrian walkways will not block existing traffic control devices.

15. The use of metered parking spaces will be shown on the TCP with the meter numbers indicated. Meter bags may be obtained from the Police Department. Waiver of meter bags will be determined by the Traffic Engineer's Office.

16. The general contractor will make parking provisions for all subcontractors.

ATTACH TRAFFIC CONTROL DIAGRAM
TRAFFIC CONTROL DIAGRAM

INDICATE NORTH
## NEWS MEDIA AND PUBLIC SERVICES CONTACT LIST

<table>
<thead>
<tr>
<th>Services</th>
<th>Media</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>911 Communications Center</strong></td>
<td>Jon Arneson</td>
</tr>
<tr>
<td>Phone: 657-8200</td>
<td>Roadwatch Montana</td>
</tr>
<tr>
<td>Fax: 657-8400</td>
<td>Phone: 628-8488</td>
</tr>
<tr>
<td></td>
<td>Cell: 672-1527 (prefers call on cell)</td>
</tr>
<tr>
<td></td>
<td>Fax: 628-8838</td>
</tr>
<tr>
<td></td>
<td>(Announces on KTVQ Television and KBLG, KCTR, KKBR, KURL, KMHK, KCMT Radio)</td>
</tr>
<tr>
<td><strong>Fire Department</strong></td>
<td>KBLG, KPLN, KRZN, KRXX, KWMY</td>
</tr>
<tr>
<td>Phone: 657-8200</td>
<td>Attn: Jack Seymour</td>
</tr>
<tr>
<td>Fax: 657-8417</td>
<td>Phone: 652-8400</td>
</tr>
<tr>
<td></td>
<td>Fax: 248-8577</td>
</tr>
<tr>
<td><strong>Police Department</strong></td>
<td>New Northwest Broadcasters</td>
</tr>
<tr>
<td>Phone: 657-8200</td>
<td>KRSQ, KGHL AM/FM, KQBL, KRPM</td>
</tr>
<tr>
<td>Fax: 657-8417</td>
<td>Phone: 238-1000</td>
</tr>
<tr>
<td></td>
<td>Fax: 238-1038</td>
</tr>
<tr>
<td><strong>Solid Waste Division</strong></td>
<td></td>
</tr>
<tr>
<td>Phone: 657-8280</td>
<td>KULR-8 Television</td>
</tr>
<tr>
<td>Fax: 247-8626</td>
<td>Phone: 656-8000</td>
</tr>
<tr>
<td></td>
<td>Fax: 652-8207</td>
</tr>
<tr>
<td><strong>School District No. 2</strong></td>
<td>Community 7 Television</td>
</tr>
<tr>
<td>Email: <a href="mailto:bakers@billingschools.org">bakers@billingschools.org</a></td>
<td>Phone: 281-5077</td>
</tr>
<tr>
<td>Fax: 255-3582</td>
<td>Fax: 281-5194</td>
</tr>
<tr>
<td><strong>First Student Bus Service</strong></td>
<td></td>
</tr>
<tr>
<td>Phone: 248-3667</td>
<td>The Billings Gazette</td>
</tr>
<tr>
<td>Fax: 248-5822</td>
<td>Phone: 657-1241</td>
</tr>
<tr>
<td></td>
<td>Fax: 657-1208</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:citynews@billingsgazette.com">citynews@billingsgazette.com</a></td>
</tr>
<tr>
<td><strong>MET Transit</strong></td>
<td></td>
</tr>
<tr>
<td>Phone: 657-8218</td>
<td></td>
</tr>
<tr>
<td>Phone (Alt.): 237-6253</td>
<td></td>
</tr>
<tr>
<td>Fax: 657-8419</td>
<td></td>
</tr>
<tr>
<td><strong>American Medical Response</strong></td>
<td></td>
</tr>
<tr>
<td>Phone 259-9601</td>
<td></td>
</tr>
<tr>
<td>Fax: 245-8800</td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** All alley closures require notification of the Solid Waste Division.

Contact the following if significant traffic impacts on a principal arterial are expected or if directed by the Engineering Division.

<table>
<thead>
<tr>
<th>MT Department of Transportation</th>
<th>Montana Highway Patrol</th>
<th>City Administrator’s Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone: 252-4138</td>
<td>Phone: 896-4351</td>
<td>Phone: 657-8433</td>
</tr>
<tr>
<td>Fax: 256-6487</td>
<td></td>
<td>Fax: 657-8390</td>
</tr>
</tbody>
</table>

February 2015                  Miscellaneous Forms-14
SAFETY PERFORMANCE AND PROGRAM SUMMARY
(To be used, when requested, for Water and Wastewater Treatment Plant Facility Projects Only)

Information can be compiled from OSHA's Form 300A

Project Being Bid: ____________________________________________

Business Name: _____________________________________________
Address: ___________________________________________________
Contact Person: _____________________________________________

In the last five years:

Total Number of Deaths

Total Number of cases with days away from work

Total number of cases with job transfer or restriction

Total number of other recordable cases

Total number of days of job transfer or restriction

Total number of days away from work

Total number of injuries

Annual average number of employees

Total hours worked by all employees per year

Years Reported: ________ ________ ________ ________ ________

Frequency of safety meetings: _____________________________

Summary of topics covered: _____________________________________________

_________________________________________________________________

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate and complete.

_________________________________________________________________

Company Executive
Title

Phone
Date

February 2015
Miscellaneous Forms-15
VALVE OPERATION REQUEST FORM

FORM REQUIREMENTS:
1. Contractor to complete this form in triplicate and submit to Engineer.
2. Engineer to submit completed form to the Water Department a minimum of 48 hours (2 working days) prior to the time of desired valve operation by the City of Billings.

I. GENERAL

PROJECT: ____________________________________________

CONTRACTOR: ____________________________________________

TIME/DAY OF RECEIPT: ____________________________________________

(Filled in & ok’d by Engineer) (Project Engineer’s Signature)

TIME/DAY REQUESTED FOR SHUTDOWN:

ESTIMATED DURATION OF VALVE SHUTDOWN:

PURPOSE OF VALVE OPERATION:

CONTACT NUMBER AND PERSON (IN CASE OF QUESTIONS):

LOCATION OF REQUIRED VALVE/HYDRANT OPERATION:

GENERAL ZONE: ____________________________________________

PRIMARY VALVE NUMBERS (TO BE FILLED IN BY CONTRACTOR) ____________________________________________

PRE-CHECK BY OWNER: ____________________________________________

SECONDARY VALVES (FOR PUD USE ONLY) ____________________________________________

ITEMS TO BE COMPLETED PRIOR TO VALVE SHUTDOWN:

CHECKLIST CONTRACTOR (INITIAL) COMMENTS

1. Notices issued to residential services 24 hours in advance ____________________________________________

2. Temporary service (Commercial Customers) ____________________________________________

3. Notice issued to Fire Department ____________________________________________

1) AN INCOMPLETE CHECKLIST WILL BE CAUSE FOR DELAYING THE VALVE SHUTDOWN UNTIL ALL REQUIREMENTS ARE COMPLETE.
2) The contractor shall issue pre-printed notice forms to residential services 24 hours prior to shutdown.
3) Flushing operations that will discharge to either the City storm water system or a State receiving water shall comply with 3.4.C.4b Dechlorination, in the Standard Modifications.

February 2015 Miscellaneous Forms-16