AGREEMENT

THIS AGREEMENT, made and entered into by and between City of Lawrence, Indiana, by its Board of Public Works and Safety, as party of the first part, hereinafter called the *Owner*, and

Howard Asphalt LLC dba Howard Companies

as party of the second part, hereinafter called the *Contractor*.

WITNESSETH: That for and in consideration of the mutual covenants herewith enumerated, the *Owner* does hereby hire and employ the *Contractor* to furnish all materials, equipment, and labor necessary and to fully construct the work designated as follows:

75th Street & Oaklandon Road Roundabout Construction

CITY OF LAWRENCE, INDIANA

according to the Plans and Specifications on file in the City of Lawrence Director of Public Works' office, 9001 E. 59th Street, Suite 205, Lawrence, Indiana 46216, and any supplemental or special provisions referred to in the *Contractor*'s attached bid, and hereby agrees to pay the *Contractor* for the actual amount of such work done and materials in place, as measured by the *Owner* or their duly authorized representative at the unit prices stated in the *Contractor*'s attached Itemized Proposal dated 9/17/25, which sums the *Contractor* agrees to accept in full payment for such work, and

IT IS FURTHER MUTUALLY AGREED:

That the accompanying proposal and bond of the *Contractor,* together with the Plans and Specifications, herein designated and referred to, are hereby made part of the Contract, the same as if herein fully set forth;

That the contract amounts may be paid to the *Contractor* upon progress estimates of completed work prepared by the *Owner,* but progress payments shall not exceed ninety percent (90%) of any such estimates less the total amount of properly prepared and certified statements of indebtedness which shall have been filed against the *Contractor* for labor performed and materials furnished, or other services rendered in the carrying forward, performing and completing of this Contract, and which estimates shall also be subject to the provisions of the Standard Specifications on file in the offices of the City Clerk, City of Lawrence, Indiana;

That before any final estimate is paid to the *Contractor,* he shall furnish receipts for all debts incurred in the prosecution of such work or satisfactory evidence and assurance that the same have been paid; or shall consent to the withholding by the *Owner* from this final estimate of sums sufficient to cover any such indebtedness, which sums may be held until such indebtedness is settled; and that no monies due on this final estimate shall be paid until the work is fully completed and accepted as provided in the Specifications.

IN WITNESS WHEREOF, this instrument is executed in two (2) counterparts, each one of which shall be deemed an original, this 17th day of September, 2025.

Signature 

Title Director of Pre-Construction

Firm Name Howard Asphalt LLC dba Howard Companies

APPROVED this _____ day of _____, _____.

BOARD OF PUBLIC WORKS AND SAFETY CITY OF LAWRENCE, INDIANA

James Perron

Michael Miller

Jamie Weirich

AssuredPartners

September 4, 2025

Mr. Chris Bowles
Howard Asphalt, LLC d/b/a Howard Companies
2916 Kentucky Avenue
Indianapolis, IN 46221

RE:	Type of Bond:	Bid Bond
	Obligee:	City of Lawrence, Indiana
	Description:	75th Street & Oaklandon Road Roundabout Construction; City of Lawrence, Indiana
	Bond Amount:	5 %

Dear Chris,

We are pleased to enclose the bond you requested. The bond issued was based upon the information you provided. We suggest you check all the documents enclosed, including the Power of Attorney, signatures, dates, amounts, description, and any other attachments. Please verify that the bond form attached is the form required and be sure to execute the bond with the proper signature and seal.

Thank you and please call me should you have any questions.

Sincerely,

Shayla E. O'Connor

Shayla E. O'Connor
Surety Account Coordinator, AssuredPartners

Shayla.OConnor@AssuredPartners.com

Enclosures

BID BOND

KNOW ALL MEN BY THESE PRESENTS THAT THE UNDERSIGNED:

BIDDER: Howard Asphalt, LLC d/b/a Howard Companies
as Principal, and

SURETY: [Name] Continental Casualty Company

[Address] 151 N. Franklin Street

Chicago, IL 60606

as Surety,
are firmly bound unto City of Lawrence, Indiana in the full and just sum of an amount equal to FIVE PERCENT of the amount of the Principal's Bid, to the payment of which, well and truly to be made, we jointly and severally bind ourselves, our heirs, executors, administrators and successors, firmly by these present.

THE CONDITIONS OF THE ABOVE OBLIGATION are that, whereas, the Principal is herewith submitting a bid and proposal for construction and completion of this contract in accordance with plans and specifications, which are made part of this bond;

NOW, THEREFORE, if City of Lawrence shall award the Principal the contract and the Principal shall promptly enter into a contract with City of Lawrence, then this obligation shall be void; otherwise to remain in full force, virtue, and effect.

IT IS AGREED that no modifications, omissions, or additions in or to the terms of such contract or in or to the plans or specifications therefore shall affect the obligation of such sureties on this bond.

IN WITNESS WHEREOF, we set our hands and seals:

<< BIDDER >>

(Bid Bond)

Howard Asphalt, LLC d/b/a Howard Companies

By: _____
(Signature)

Josh Dillon
(Printed)

Director of Pre-Construction
(Title)

State of Indiana, County of, Marion, SS:

Before me, the undersigned Notary Public, personally appeared;

Josh Dillon As Principal and acknowledged the execution of the

above bond on this 17th Day of September 2025.

_____
(County of Residence)

_____
(Notary Signature and Seal)

CHRIS BOWLES Marion County NOTARY PUBLIC Commission Number NP0765640 NOTARY SEAL My Commission Expires SEPTEMBER 3, 2033 STATE OF INDIANA

<< SURETY >>

(Bid Bond)

Continental Casualty Company

By: _____
(Signature)

CONTINENTAL CASUALTY COMPANY CORPORATE SEAL 1897

Shayla E. O'Connor
(Printed)

Attorney-in-Fact
(Title)

State of Indiana, County of, Hamilton, SS:

Before me, the undersigned Notary Public, personally appeared;

Shayla E. O'Connor As Surety and acknowledged the execution of the

above bond on this 17th Day of September, 2025.

Hamilton
(County of Residence)

_____
(Notary Signature and Seal)

Kathryn R. Postma

Kathryn R. Postma Notary Public, State of Indiana Hamilton County Commission Number NP0693280 My Commission Expires 11/15/2032

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company (herein called "the CNA Companies"), are duly organized and existing insurance companies having their principal offices in the City of Chicago, and State of Illinois, and that they do by virtue of the signatures and seals herein affixed hereby make, constitute and appoint

Shayla E. O'Connor , Individually

of Carmel, IN their true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on their behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

Surety Bond No: Bid Bond
Principal: Howard Asphalt, LLC d/b/a Howard Companies
Obligee: City of Lawrence, Indiana

and to bind them thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of their insurance companies and all the acts of said Attorney, pursuant to the authority hereby given is hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Laws and Resolutions, printed below, duly adopted, as indicated, by the Boards of Directors of the insurance companies.

In Witness Whereof, the CNA Companies have caused these presents to be signed by their Vice President and their corporate seals to be hereto affixed on this 9th day of January, 2024.

Continental Casualty Company
National Fire Insurance Company of Hartford
American Casualty Company of Reading, Pennsylvania

Larry Kasten — Vice President

State of South Dakota, County of Minnehaha, ss:

On this 9th day of January, 2024, before me personally came Larry Kasten to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is a Vice President of Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company described in and which executed the above instrument; that he knows the seals of said insurance companies; that the seals affixed to the said instrument are such corporate seals; that they were so affixed pursuant to authority given by the Boards of Directors of said insurance companies and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said insurance companies.

My commission expires

March 2, 2026

M. BENT
NOTARY PUBLIC
SOUTH DAKOTA

M. Bent — Notary Public

CERTIFICATE

I, D. Johnson, Assistant Secretary of Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company do hereby certify that the Power of Attorney herein above set forth is still in force, and further certify that the By-Laws and Resolutions of the Board of Directors of the insurance companies printed below are still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said insurance companies this 17th day of September , 2025 .

Continental Casualty Company
National Fire Insurance Company of Hartford
American Casualty Company of Reading, Pennsylvania

D. Johnson — Assistant Secretary

Authorizing By-Laws and Resolutions

ADOPTED BY THE BOARD OF DIRECTORS OF EACH OF CONTINENTAL CASUALTY COMPANY, NATIONAL FIRE INSURANCE COMPANY OF HARTFORD, and AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA (as defined above, the "CNA Companies"):

This Power of Attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the Board of Directors of each of the above CNA Companies at a meeting held on May 12, 1995:

"RESOLVED: That any Senior or Group Vice President may authorize an officer to sign specific documents, agreements and instruments on behalf of the Company provided that the name of such authorized officer and a description of the documents, agreements or instruments that such officer may sign will be provided in writing by the Senior or Group Vice President to the Secretary of the Company prior to such execution becoming effective."

This Power of Attorney is signed by Larry Kasten, Vice President, who has been authorized pursuant to the above resolution to execute power of attorneys on behalf of each of the CNA Companies.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of each of the above Companies by unanimous written consent dated the 25th day of April, 2012:

"Whereas, the bylaws of the Company or specific resolution of the Board of Directors has authorized various officers (the "Authorized Officers") to execute various policies, bonds, undertakings and other obligatory instruments of like nature; and

Whereas, from time to time, the signature of the Authorized Officers, in addition to being provided in original, hard copy format, may be provided via facsimile or otherwise in an electronic format (collectively, "Electronic Signatures"); Now therefore be it resolved: that the Electronic Signature of any Authorized Officer shall be valid and binding on the Company."

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of each of the above CNA Companies by unanimous written consent dated the 27th day of April, 2022:

"RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

Go to www.cnasurety.com > Owner / Obligee Services > Validate Bond Coverage, if you want to verify bond authenticity.

DATE: September 17, 2025

TO: City of Lawrence, Indiana

RE: CONTRACTOR: Howard Asphalt, LLC d/b/a Howard Companies

BID DATE: September 17, 2025

PROJECT: 75th Street & Oaklandon Road Roundabout Construction; City of Lawrence, Indiana

The purpose of this letter is to advise that should the captioned contractor be the successful bidder, and enter into a contract for the described work, Continental Casualty Company will provide appropriate Performance and Payment Bonds, subject to the terms and conditions of the bid of Howard Asphalt, LLC d/b/a Howard Companies.

SURETY COMPANY
Continental Casualty Company

By: Shayla E. O'Connor

Signature Name Shayla E. O'Connor Attorney-in-Fact

POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company (herein called "the CNA Companies"), are duly organized and existing insurance companies having their principal offices in the City of Chicago, and State of Illinois, and that they do by virtue of the signatures and seals herein affixed hereby make, constitute and appoint

Shayla E. O'Connor , Individually

of Carmel, IN their true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on their behalf bonds, undertakings and other obligatory instruments of similar nature

- In Unlimited Amounts -

Surety Bond No:
Principal: Howard Asphalt, LLC d/b/a Howard Companies
Obligee: City of Lawrence, Indiana

and to bind them thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of their insurance companies and all the acts of said Attorney, pursuant to the authority hereby given is hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Laws and Resolutions, printed below, duly adopted, as indicated, by the Boards of Directors of the insurance companies.

In Witness Whereof, the CNA Companies have caused these presents to be signed by their Vice President and their corporate seals to be hereto affixed on this 9th day of January, 2024.

Continental Casualty Company
National Fire Insurance Company of Hartford
American Casualty Company of Reading, Pennsylvania

Larry Kasten — Vice President

State of South Dakota, County of Minnehaha, ss:

On this 9th day of January, 2024, before me personally came Larry Kasten to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is a Vice President of Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company described in and which executed the above instrument; that he knows the seals of said insurance companies; that the seals affixed to the said instrument are such corporate seals; that they were so affixed pursuant to authority given by the Boards of Directors of said insurance companies and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said insurance companies.

My commission expires

March 2, 2026

M. BENT
NOTARY PUBLIC
SOUTH DAKOTA

M. Bent — Notary Public

CERTIFICATE

I, D. Johnson, Assistant Secretary of Continental Casualty Company, an Illinois insurance company, National Fire Insurance Company of Hartford, an Illinois insurance company, and American Casualty Company of Reading, Pennsylvania, a Pennsylvania insurance company do hereby certify that the Power of Attorney herein above set forth is still in force, and further certify that the By-Laws and Resolutions of the Board of Directors of the insurance companies printed below are still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said insurance companies this 17th day of September , 2025 .

Continental Casualty Company
National Fire Insurance Company of Hartford
American Casualty Company of Reading, Pennsylvania

D. Johnson — Assistant Secretary

Authorizing By-Laws and Resolutions

ADOPTED BY THE BOARD OF DIRECTORS OF EACH OF CONTINENTAL CASUALTY COMPANY, NATIONAL FIRE INSURANCE COMPANY OF HARTFORD, and AMERICAN CASUALTY COMPANY OF READING, PENNSYLVANIA (as defined above, the "CNA Companies"):

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Go to www.cnasurety.com > Owner / Obligee Services > Validate Bond Coverage, if you want to verify bond authenticity.

Item No.	Pay Item No.	Description	Quantity	Unit	Unit Price	Total
1	105-06845	CONSTRUCTION ENGINEERING	1.00	L.S.	$ 30,000.00	$ 30,000.00
2	107-09358	INSPECTION HOLE, DEEPER THAN 3 FT	10.00	EACH	$ 1,000.00	$ 10,000.00
3	110-01001	MOBILIZATION AND DEMOBILIZATION	1.00	L.S.	$ 55,000.00	$ 55,000.00
4	201-52370	CLEARING RIGHT OF WAY	1.00	L.S.	$ 22,750.00	$ 22,750.00
5	203-02000	EXCAVATION, COMMON	2,245.00	C.Y.	$ 55.50	$ 124,597.50
6	203-02070	BORROW	599.00	C.Y.	$ 0.10	$ 59.90
7	205-12108	STORMWATER MANAGEMENT BUDGET	12,000.00	$	$ 1.00	$ 12,000.00
8	205-12616	STORMWATER MANAGEMENT IMPLEMENTATION	1.00	L.S.	$ 15,850.00	$ 15,850.00
9	205-12618	SWQCP PREPARATION	1.00	L.S.	$ 3,500.00	$ 3,500.00
10	207-08264	SUBGRADE TREATMENT, TYPE II {DRIVES}	312.00	S.Y.	$ 38.75	$ 12,090.00
11	207-08266	SUBGRADE TREATMENT, TYPE III {PATH}	460.00	S.Y.	$ 22.00	$ 10,120.00
12	207-12635	SUBGRADE TREATMENT, TYPE IBC {PAVEMENT}	5,177.00	S.Y.	$ 13.50	$ 69,889.50
13	211-09264	STRUCTURE BACKFILL, TYPE 1	343.00	C.Y.	$ 87.50	$ 30,012.50
14	301-12234	COMPACTED AGGREGATE, NO. 53 {FOR DRIVES}	11.00	C.Y.	$ 189.00	$ 2,079.00
15	302-07455	DENSE GRADED SUBBASE	41.00	C.Y.	$ 131.00	$ 5,371.00
16	303-01180	COMPACTED AGGREGATE, NO. 53	230.00	TON	$ 43.00	$ 9,890.00
17	306-08034	MILLING, ASPHALT, 1 1/2 IN.	170.00	S.Y.	$ 10.00	$ 1,700.00
18	401-000008	QC/QA-HMA, 3, 58E, SURFACE, 9.5 mm	318.00	TON	$ 109.00	$ 34,662.00
19	401-000038	QC/QA-HMA, 3, 58S, INTERMEDIATE, 19.0 mm	509.00	TON	$ 94.00	$ 47,846.00
20	401-000047	QC/QA-HMA, 3, 58S, BASE, 25.0 mm	1,259.00	TON	$ 88.75	$ 111,736.25
21	401-000067	QC/QA-HMA, 4, 58E, INTERMEDIATE, OG, 19.0 mm	528.00	TON	$ 99.75	$ 52,668.00
22	406-05520	ASPHALT FOR TACK COAT	17.00	TON	$ 0.10	$ 1.70
23	502-11564	PCCP, 7 IN.{DECORATIVE}	429.00	S.Y.	$ 95.00	$ 40,755.00
24	503-05240	D-1 CONTRACTION JOINT	180.00	L.F.	$ 47.00	$ 8,460.00
25	604-08086	CURB RAMP, CONCRETE	40.00	S.Y.	$ 150.00	$ 6,000.00
26	604-12083	DETECTABLE WARNING SURFACES	16.00	S.Y.	$ 225.00	$ 3,600.00
27	605-06120	CURB, CONCRETE	633.00	L.F.	$ 31.00	$ 19,623.00
28	605-06140	CURB AND GUTTER, CONCRETE	1,664.00	L.F.	$ 27.50	$ 45,760.00
29	605-06255	CENTER CURB, D CONCRETE	87.00	S.Y.	$ 145.00	$ 12,615.00
30	605-97937	CURB AND GUTTER, ROLL CURB	264.00	L.F.	$ 29.00	$ 7,656.00
31	610-07487	HMA FOR APPROACHES, TYPE B	14.00	TON	$ 350.00	$ 4,900.00
32	610-08446	PCCP FOR APPROACHES, 6 IN.	246.00	S.Y.	$ 80.00	$ 19,680.00
33	621-01004	MOBILIZATION AND DEMOBILIZATION FOR SEEDING	1.00	EACH	$ 500.00	$ 500.00
34	621-06560	MULCHED SEEDING U	2,391.00	S.Y.	$ 1.25	$ 2,988.75
35	621-06567	WATER	8.30	KGAL	$ 1.00	$ 8.30
36	621-06574	SODDING	573.00	S.Y.	$ 16.00	$ 9,168.00
37	715-02181	SANITARY SEWER SERVICE ADJUSTMENT {RECONSTRUCT EXISTING MANHOLE AND ADJUST TO GRADE}	1.00	EACH	$ 7,500.00	$ 7,500.00
38	715-04596	WATER SERVICE	1.00	EACH	$ 7,500.00	$ 7,500.00
39	715-05032	PIPE, TYPE 2, CIRCULAR, DIAMETER 15 IN.	280.00	L.F.	$ 53.25	$ 14,910.00
40	715-05048	PIPE, TYPE 4, CIRCULAR, 6 IN.	1,564.00	L.F.	$ 17.00	$ 26,588.00
41	715-05053	PIPE, UNDERDRAIN OUTLET, DIAMETER 6 IN.	20.00	L.F.	$ 35.00	$ 700.00
42	715-05149	PIPE, TYPE 2, CIRCULAR, 12 IN.	356.00	L.F.	$ 47.00	$ 16,732.00
43	715-05154	PIPE, TYPE 2, CIRCULAR, 24 IN.	400.00	L.F.	$ 75.00	$ 30,000.00
44	715-91742	WATER METER RELOCATE	1.00	EACH	$ 5,900.00	$ 5,900.00
45	715-94530	ADJUST WATER VALVE TO GRADE	2.00	EACH	$ 375.00	$ 750.00
46	718-12305	GEOTEXTILE FOR UNDERDRAINS, TYPE 1A	1,072.00	S.Y.	$ 1.80	$ 1,929.60
47	718-52610	AGGREGATE FOR UNDERDRAINS	124.00	C.Y.	$ 105.00	$ 13,020.00
48	720-12798	CASTING, MANHOLE, ADJUST TO GRADE	1.00	EACH	$ 750.00	$ 750.00
49	720-45030	INLET, E7	3.00	EACH	$ 3,600.00	$ 10,800.00
50	720-45045	INLET, J10	6.00	EACH	$ 4,250.00	$ 25,500.00
51	720-45055	INLET, M10	4.00	EACH	$ 4,250.00	$ 17,000.00
52	720-45275	PIPE CATCH BASIN, 24 IN.	3.00	EACH	$ 2,475.00	$ 7,425.00
53	720-45410	MANHOLE, C4	2.00	EACH	$ 3,900.00	$ 7,800.00
54	720-91973	MANHOLE, H4	3.00	EACH	$ 3,150.00	$ 9,450.00
55	720-96999	FIRE HYDRANT ASSEMBLY	1.00	EACH	$ 9,300.00	$ 9,300.00
56	801-04308	ROAD CLOSURE SIGN ASSEMBLY	8.00	EACH	$ 218.00	$ 1,744.00
57	801-06625	DETOUR ROUTE MARKER ASSEMBLY	42.00	EACH	$ 157.00	$ 6,594.00
58	801-06640	CONSTRUCTION SIGN, A	18.00	EACH	$ 202.00	$ 3,636.00
59	801-06775	MAINTAINING TRAFFIC	1.00	L.S.	$ 9,000.00	$ 9,000.00
60	801-07118	BARRICADE, III-A	144.00	L.F.	$ 11.00	$ 1,584.00
61	801-07119	BARRICADE, III-B	156.00	L.F.	$ 12.00	$ 1,872.00
62	802-05701	SIGN POST, SQUARE, TYPE 1, REINFORCED ANCHOR BASE	318.00	L.F.	$ 40.00	$ 12,720.00
63	802-05702	SIGN POST, SQUARE, TYPE 2, REINFORCED ANCHOR BASE	56.00	L.F.	$ 40.00	$ 2,240.00
64	802-09838	SIGN, SHEET, WITH LEGEND, 0.080 IN. THICKNESS	137.00	S.F.	$ 45.00	$ 6,165.00
65	802-09840	SIGN, SHEET, WITH LEGEND, 0.100 IN. THICKNESS	27.00	S.F.	$ 50.50	$ 1,363.50
66	805-06595	CONDUIT, PVC, 2 IN.	600.00	L.F.	$ 44.00	$ 26,400.00

67	805-90267	CONDUIT, STEEL, GALVANIZED, 3 IN.	138.00	L.F.	$ 82.25	$ 11,350.50
68	807-02191	HANDHOLE, LIGHTING	3.00	EACH	$ 2,300.00	$ 6,900.00
69	807-12791	LIGHTING FOUNDATION, CONVENTIONAL POLE, CONCRETE WITH GROUNDING	4.00	EACH	$ 2,900.00	$ 11,600.00
70	808-03439	TRANSVERSE MARKING, THERMOPLASTIC, CROSSWALK LINE, WHITE, 24 IN.	129.00	L.F.	$ 8.50	$ 1,096.50
71	808-06703	LINE, THERMOPLASTIC, SOLID, WHITE, 4 IN.	489.00	L.F.	$ 1.25	$ 611.25
72	808-11478	LINE, THERMOPLASTIC, DOTTED, WHITE, 8 IN.	120.00	L.F.	$ 6.50	$ 780.00
73	808-11953	TRANSVERSE MARKING, THERMOPLASTIC, YIELD LINE, WHITE, 18 IN.	60.00	L.F.	$ 19.75	$ 1,185.00
74	808-75245	LINE, THERMOPLASTIC, SOLID, YELLOW, 4 IN.	1,641.00	L.F.	$ 1.25	$ 2,051.25
75	808-75274	TRANSVERSE MARKING, THERMOPLASTIC, CROSSHATCH LINE, YELLOW, 8 IN.	95.00	L.F.	$ 2.75	$ 261.25
76	604-05528	HMA FOR SIDEWALK	93.00	TON	$ 200.00	$ 18,600.00

Itemized Bid Total **$ 1,184,846.25**

ITEMIZED PROPOSAL

This Itemized Proposal is for the following project being bid by the Board of Public Works and Safety, City of Lawrence, Indiana:

75th Street & Oaklandon Road Roundabout
Construction

CITY OF LAWRENCE, INDIANA

	TOTAL(S)
TOTAL BID AMOUNT	$ 1,184,846.25

The Board of Public Works and Safety reserves the right to reject any or all proposals and to waive technicalities therein, to delete any item or items, and to award a contract based on the bid that serves the best interest of City of Lawrence, Indiana.

The Board of Public Works and Safety intends to make the award on this contract based upon the ***lowest total bid amount.*** The Board of Public Works and Safety reserves the right to reject any proposal, to waive technicalities or irregularities therein, to delete any bid item or items and to award a contract on the proposal that in their judgment is most advantageous to City of Lawrence, Indiana. The Board of Public Works and Safety also reserves the right to add and/or remove projects; or shorten and/or lengthen project limits, based upon funding requirements and availability.

NAME OF FIRM: Howard Companies

AUTHORIZED SIGNATURE: 

STARTING DATE: May 14, 2026

COMPLETION DATE: September 4, 2026

Part of State Form 52414 (R2 / 2-13) / Form 96 (Revised 2013)

BID OF

Howard Companies
(Contractor)

2916 S Kentucky Ave
(Address)

Indianpolis, IN 46221

FOR

PUBLIC WORKS PROJECTS

OF

Roundabout Construction 75th Street & Oaklandon Road

Filed September, 2025

Action taken

CONTRACTOR'S BID FOR PUBLIC WORK - FORM 96

State Form 52414 (R2 / 2-13) / Form 96 (Revised 2013)
Prescribed by State Board of Accounts

PART I
(To be completed for all bids. Please type or print)

Date *(month, day, year)*: September 17, 2025

1. Governmental Unit (Owner): City of Lawrence, Indiana
2. County : Marion
3. Bidder (Firm): Howard Asphalt LLC dba Howard Companies

   Address: 2916 S. Kentucky Ave

   City/State/ZIPcode: Indianapolis, IN 46221
4. Telephone Number: 317-849-9666
5. Agent of Bidder *(if applicable)*: Josh Dillon <jdillon@howardcompanies.com>

Pursuant to notices given, the undersigned offers to furnish labor and/or material necessary to complete the public works project of Roundabout Construction 75th Street & Oaklandon Road (Governmental Unit) in accordance with plans and specifications prepared by USI Consultants and dated May 15, 2025 for the sum of One million one hundred eighty-four thousand eight hundred forty-six dollars & twenty-five cents $ 1,184,846.25

The undersigned further agrees to furnish a bond or certified check with this bid for an amount specified in the notice of the letting. If alternative bids apply, the undersigned submits a proposal for each in accordance with the notice. Any addendums attached will be specifically referenced at the applicable page.

If additional units of material included in the contract are needed, the cost of units must be the same as that shown in the original contract if accepted by the governmental unit. If the bid is to be awarded on a unit basis, the itemization of the units shall be shown on a separate attachment.

The contractor and his subcontractors, if any, shall not discriminate against or intimidate any employee, or applicant for employment, to be employed in the performance of this contract, with respect to any matter directly or indirectly related to employment because of race, religion, color, sex, national origin or ancestry. Breach of this covenant may be regarded as a material breach of the contract.

CERTIFICATION OF USE OF UNITED STATES STEEL PRODUCTS
(If applicable)

I, the undersigned bidder or agent as a contractor on a public works project, understand my statutory obligation to use steel products made in the United States (I.C. 5-16-8-2). I hereby certify that I and all subcontractors employed by me for this project will use U.S. steel products on this project if awarded. I understand that violations hereunder may result in forfeiture of contractual payments.

ACCEPTANCE

The above bid is accepted this 17th day of September, 2025, subject to the following conditions: _____

_____

Contracting Authority Members:

_____ _____

_____ _____

_____ _____

PART II

(For projects of $150,000 or more – IC 36-1-12-4)

Governmental Unit: City of Lawrence, Indiana

Bidder (Firm) Howard Asphalt LLC DBA Howard Companies

Date *(month, day, year)*: September 17, 2025

These statements to be submitted under oath by each bidder with and as a part of his bid. Attach additional pages for each section as needed.

SECTION I EXPERIENCE QUESTIONNAIRE

1. What public works projects has your organization completed for the period of one (1) year prior to the date of the current bid?

Contract Amount	Class of Work	Completion Date	Name and Address of Owner
1,280,791.50	Paving	2025	City of Greenwood
2,747,775.15	Paving	2025	City of Fishers
94,288.76	Paving	2025	City of Carmel
2,858,351.99	Paving	2025	Town of Bargersville

2. What public works projects are now in process of construction by your organization?

Contract Amount	Class of Work	Expected Completion Date	Name and Address of Owner
846,658.50	Paving	2026	Johnson County
3,200,463.65	Paving	2026	City of Indianapolis
3,258,375.20	Paving	2026	City of Indianapolis
1,539,111.38	Paving	2026	Town of Avon

3. Have you ever failed to complete any work awarded to you? No If so, where and why?

4. List references from private firms for which you have performed work.

See Attached Sheet

SECTION II PLAN AND EQUIPMENT QUESTIONNAIRE

1. Explain your plan or layout for performing proposed work. *(Examples could include a narrative of when you could begin work, complete the project, number of workers, etc. and any other information which you believe would enable the governmental unit to consider your bid.)*

Howard Companies possesses numerous assets allowing us to meet or exceed project schedules including:

(2) asphalt plants, over (60) Tri-axle dump trucks, (5) paving crews, (4) milling crews with both 7' and 4'

self-loading cold milling machine, (4) Concrete crews as well as striping, signage, and sealcoating crews.

Once awarded the project, Howard Companies will assign a project manager and superintendent to oversee construction

superintendent to oversee construction and maintain schedules. we will assemble a construction schedule that will meet deadlines.

2. Please list the names and addresses of all subcontractors *(i.e. persons or firms outside your own firm who have performed part of the work)* that you have used on public works projects during the past five (5) years along with a brief description of the work done by each subcontractor.

See Attached Sheet

3. If you intend to sublet any portion of the work, state the name and address of each subcontractor, equipment to be used by the subcontractor, and whether you will require a bond. However, if you are unable to currently provide a listing, please understand a listing must be provided prior to contract approval. Until the completion of the proposed project, you are under a continuing obligation to immediately notify the governmental unit in the event that you subsequently determine that you will use a subcontractor on the proposed project.

None

4. What equipment do you have available to use for the proposed project? Any equipment to be used by subcontractors may also be required to be listed by the governmental unit.

See Attached Sheet

5. Have you entered into contracts or received offers for all materials which substantiate the prices used in preparing your proposal? If not, please explain the rationale used which would corroborate the prices listed.

Howard Companies will supply all materials for the project.

SECTION III CONTRACTOR'S FINANCIAL STATEMENT

Attachment of bidder's financial statement is mandatory. Any bid submitted without said financial statement as required by statute shall thereby be rendered invalid. The financial statement provided hereunder to the governing body awarding the contract must be specific enough in detail so that said governing body can make a proper determination of the bidder's capability for completing the project if awarded.

SECTION IV CONTRACTOR'S NON – COLLUSION AFFIDAVIT

The undersigned bidder or agent, being duly sworn on oath, says that he has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him, entered into any combination, collusion or agreement with any person relative to the price to be bid by anyone at such letting nor to prevent any person from bidding nor to include anyone to refrain from bidding, and that this bid is made without reference to any other bid and without any agreement, understanding or combination with any other person in reference to such bidding.

He further says that no person or persons, firms, or corporation has, have or will receive directly or indirectly, any rebate, fee, gift, commission or thing of value on account of such sale.

SECTION V OATH AND AFFIRMATION

I HEREBY AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FACTS AND INFORMATION CONTAINED IN THE FOREGOING BID FOR PUBLIC WORKS ARE TRUE AND CORRECT.

Dated at Indianapolis this 17th day of September, 2025

Howard Companies
(Name of Organization)

By _____

Director of Pre-Construction
(Title of Person Signing)

ACKNOWLEDGEMENT

STATE OF Indiana)
) ss
COUNTY OF Marion)

Before me, a Notary Public, personally appeared the above-named Josh Dillon and swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to before me this 17th day of September, 2025.

_____
Notary Public

My Commission Expires: 9/03/2033

County of Residence: Marion

CHRIS BOWLES
Marion County
NOTARY PUBLIC
Commission Number
NP0786640
NOTARY SEAL
My Commission Expires
SEPTEMBER 3, 2033
STATE OF INDIANA

Corporate Office

2916 Kentucky Ave
Indianapolis, IN 46221
Phone: 317-849-9666

Reference List

- City of Fishers
- City of Carmel
- Johnson County
- CBRE Inc
- CFH Enterprises LLC
- Cohron Manufactured Homes
- Cushman & Wakefield
- Jones Lang Lasalle
- Platinum Properties Management Co. LLC
- Pulte Homes of Indiana
- Shiel Sexton Company
- Turner Construction Company
- D.R. Horton

For Form 96A

HOWARD COMPANIES

Corporate Office

2916 Kentucky Ave
Indianapolis, IN 46221
Phone: 317-849-9666

Subcontractor List

McCrite Milling	810 Industrial Blvd New Albany, IN 47150	Milling
DWD Company LLC	1401 S. Holt Road Indianapolis, IN 46241	Milling
Mamco	6200 E. Highway 62 Jeffersonville, IN 47130	Milling
All Around Concrete	PO Box 166 Monrovia, IN 46157	Concrete
CC&T Construction Co	5051 Prospect Street Indianapolis, IN 46203	Concrete
Sitecrete	404 W. Gimber Street Indianapolis, IN 46225	Concrete
Indiana Sign & Barricade	5240 E. 25th Street Indianapolis, IN 46218	Signs and Barrels
Gridlock Traffic Systems Inc	6400 Massachusetts Ave Indianapolis, IN 46226	Signs and Barrels
Morphey Construction	1499 N. Sherman Drive Indianapolis, IN 46201	Traffic Loops
Poindexter Excavating Inc	10443 E. 56th Street Indianapolis, IN 46235	Dirt Work
ALT & Witzig	4105 W. 99th Street Carmel, IN 46032	Engineering & Testing
Protection Plus Inc	2345 S. Lyndhurst Drive Indianapolis, IN 46241	Traffic Control
Slussers Green Thumb Inc	125 Montgomery Street Logansport, IN 46947	Landscaping

Attachment for Form 96A

ACKNOWLEDGEMENT OF ADDENDA

The *Contractor* acknowledges receipt of the following addenda which are hereby made a part of this Construction Contract, as fully and effectually as if copied and set out herein in full length:

ADDENDUM NO.	SIGNATURE	DATE
1		9/15/2025

Firm Name: Howard Asphalt LLC dba Howard Companies

Address: 2916 Kentucky Ave.

INDPLS. IN 46221

By: _____
(Signature)

Name: Josh Dillon

Title: Director of Pre-Construction
(Printed)

PROPOSAL

TO THE BOARD OF PUBLIC WORKS AND SAFETY, CITY OF LAWRENCE, INDIANA

Pursuant to legal notice that the Board of Public Works and Safety, City of Lawrence, Indiana, will receive sealed proposals for the construction of the following:

75th Street and Oaklandon Road Roundabout Construction

CITY OF LAWRENCE, INDIANA

CITY OF LAWRENCE, INDIANA

The undersigned having familiarized themselves with local conditions affecting the cost of the work, and with the Contract Documents, including Proposal, Form of Contract, Bond Forms, Plan Specifications, and Addenda Exhibits, issued and attached to the Specifications on file in the office of the City of Lawrence Director of Public Works, 9001 E. 59th Street, Suite 205, Lawrence, Indiana 46216, hereby propose to perform all work and services required to be performed and to provide and furnish all labor, materials, necessary tools, machinery, equipment and other means of construction necessary to perform and complete in a workmanlike manner within the time prescribed and under the supervision and direction of the *Owner* or their duly authorized representative and pursuant to the terms of the performance bond filed herewith in the amount of not less than one hundred percent (100%) of the total amount of this Proposal, for the net prices given on the attached Itemized Proposal, and to prosecute the work so as to complete the Contract by September 4, 2026. The undersigned has submitted a certified check, bank draft or satisfactory bond in the amount of five percent (5%) of the total amount of the Proposal; filled in the Itemized Proposal with unit price for each item listed; has executed the form of contract filed herewith as part of this Proposal, which execution shall be regarded as the signing of the Contract for the proposed work, to be in full force and effect from date of signatures of the Board of Public Works and safety, City of Lawrence, Indiana. The undersigned has also properly executed the Non-Collusion Affidavit filed herewith, as well as his Plan and Equipment Questionnaire on the form prescribed by the State Board of Accounts,

Witness our hand this 17th day of September, 2025

DATE: 9/17/2025

NAME: Howard Companies

ADDRESS: 2916 Kentucky Ave.

INDPLS, IN 46221

BY:

CERTIFICATE OF QUALIFICATION
to provide
CONSTRUCTION SERVICES
for
PUBLIC WORKS PROJECTS
to the
STATE OF INDIANA

This Certification Board, having duly considered application for qualification in terms of apparent experience and financial resources; and under the applicable Indiana Code 4-13.6-4 and adopted rules of this Board, hereby issues a Certificate of Qualification to provide construction services to the State of Indiana for Public Works Projects to:

Howard Asphalt LLC

Howard Companies
2916 Kentucky Ave

Indianapolis, IN 46221

Phone	(317) 849-9666
Fax	
Company Official	Shelby Howard IV

for the twenty-seven month period stated herein, unless revoked by this Board for cause, and in the classifications of services stated below. This certificate supercedes any previous certificate.

1611.01 Concrete Construction of Roads & Curbing
1611.02 Asphalt Construction of Roads and Parking Lots
1741.04 Stone work
1771.01 Concrete Construction
1794.01 Earthmoving and Land Clearing
1794.02 Excavation
1795.02 Demolition of Pavements and Roads

CERTIFICATION DATE 01/09/2025 EXPIRATION DATE 04/09/2027

THIS CERTIFICATE ISSUED BY THE STATE OF INDIANA, PUBLIC WORKS DIVISION CERTIFICATION BOARD, 402 WEST WASHINGTON STREET, ROOM W467, INDIANAPOLIS, INDIANA 46204, ALSO ACTS AS THE OFFICIAL NOTICE OF EXPIRATION.

Tracy L. Cross, Executive Secretary
Certification Board

DAPW PQ2 State Form 3983R Rev. 07/06

Certificate of Qualification

ISSUED BY

Indiana Department of Transportation

INDIANAPOLIS, IN — April 26, 2024

TO

HOWARD ASPHALT, LLC — INDIANAPOLIS, IN

who has filed with the Department a Contractor's Statement of Experience and Financial Condition as required under Indiana Code 8-23-10, is hereby qualified to bid at any Department of Transportation letting in Classes of Work and within the amount and other limitation of each classification as listed below, for such period as the uncompleted work on hand from all sources does not exceed the Aggregate amount. Classification references by name or symbol are in accordance with the definitions in the Contractor's Statement of Experience and Financial Condition. This certificate supersedes any certificate previously issued, but is subject to revision or revocation according to the law, if and when changes in the financial condition of the contracting firm or other facts justify such revision or revocation.

Valid April 26, 2024 Thru April 30, 2025

Aggregate Bidding Capacity:	130,581,000.00
0085 CLEAN AND SEAL CRACKS /JOINTS IN PCCP/HMA PVMT	$1,000,000.00
0240 TRAFFIC CONTROL: PVMT MARKING HAND MACHN	$1,000,000.00
0355 TRAFFIC CONTROL: TEMP PAVEMENT MARKERS	$1,000,000.00
A(B) CONCRETE PAVEMENT: LIMITED	$60,000,000.00
B(A) ASPHALT PAVEMENT: W/INDOT CERTIFIED HMA PLANT	$90,000,000.00
C(B) LIGHT GRADING	$5,000,000.00
E(G) TRAFFIC CONTROL: PAVEMENT MARKINGS	$5,000,000.00
E(Q) CONCRETE PAVEMENT: REPAIRS	$5,000,000.00
E(R) ASPHALT PAVEMENT MILLING	$90,000,000.00

Renewal was submitted on 4/23/2025 we are waiting on final acceptance
**We are in compliance with INDOT requirements, if you have any questions please contact
Patrick Goralski, Contractor Performance Manager
Indiana Department of Transportation
100 N. Senate Ave., IGCN 725
Indianapolis, IN 46204
317-232-0231
pgoralski@indot.in.gov**

PREQUALIFICATION ENGINEER

COMMISSIONER

State Form 20508 (R3 / 5-05)

My Company Profile

Company Information

Company Name
Howard Comapnies, LLC

Doing Business As (DBA)

Company ID
729802

Enrollment Date
12/20/2013

Employer ID Number
611895705

Unique Entity Identifier (UEI)

DUNS Number

Total Number of Employees
100 to 499

NAICS Code
238

Sector
Construction

Subsector
Specialty Trade Contractors

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Howard Asphalt LLC

2 Business name/disregarded entity name, if different from above.

dba Howard Companies

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☑ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . S

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) N/A

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) N/A

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

2916 Kentucky Ave

Requester's name and address (optional)

6 City, state, and ZIP code

Indianapolis IN 46221

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

6	1	–	1	8	9	5	7	0	5

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** David Shuchwell Controller **Date** 4-22-25

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/09/2024

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	CONTACT NAME: Certificate Processing Department	
Shepherd Insurance, LLC 111 Congressional Boulevard Suite 200 Carmel IN 46032	PHONE (A/C, No, Ext): (317) 846-5554	FAX (A/C, No): (317) 846-5444
	E-MAIL ADDRESS: certs@shepherdins.com	

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	Motorists Comml Mutual Insurance Co	13331
INSURER B :	Allied World Assurance Co (US) Inc	19489
INSURER C :	BrickStreet Mutual Insurance Co-Encova	12372
INSURER D :	Axis Surplus Insurance Company	26620
INSURER E :		
INSURER F :		

INSURED
Howard Companies LLC
dba Howard Asphalt
2916 Kentucky Avenue
Indianapolis IN 46221-2102

COVERAGES **CERTIFICATE NUMBER:** CL2410944524 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [X] LOC [ ] OTHER:			5000068736	10/09/2024	10/09/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liability Ded - Each Occ	$ 2,000,000 $ 1,000,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $ 10,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			5000068736	10/09/2024	10/09/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ 1,000,000 $ $ $ $
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			0314-0274	10/09/2024	10/09/2025	EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WCB1038408	10/09/2024	10/09/2025	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
D	Excess Auto Liability			P-001-001236169-02	10/09/2024	10/09/2025	Each Occurrence Excess of Policy #	$1,000,000 5000068736

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

Automatic Additional Insured Status applies to the following on a primary & non-contributory basis where required by written contract, subject to policy terms, conditions & exclusions - General Liability, Auto Liability, Excess Auto Liability, $5M Umbrella & $10M Excess Liability. Blanket Waiver of Subrogation applies where required by written contract to the General Liability, Auto Liability, Excess Auto Liability, Workers' Compensation, $5M Umbrella & $10M Excess Liability, subject to policy terms, conditions and exclusions. The coverage extensions referenced are achieved through the following forms which are included on the policies and attached to this certificate: CG 20 43 12 19; CG 20 40 12 19; CG CW CT0002 0417; CG 24 53 12 19; CA CW MG0022 06 21; AXIS 1010402 0823; UM 00160 00 (09/09); UM 00003 00 (07/08); XS-373 (0219); XS-233 (0221); & WC 00 03 13 (Ed. 4-84).

CERTIFICATE HOLDER

Howard Companies, LLC
PROOF OF INSURANCE
2916 Kentucky Ave
Indianapolis IN 46221

CANCELLATION

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

Robin L. Cornelius

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/09/2024

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	CONTACT NAME: Certificate Processing Department	
Shepherd Insurance, LLC 111 Congressional Boulevard Suite 200 Carmel IN 46032	PHONE (A/C, No, Ext): (317) 846-5554	FAX (A/C, No): (317) 846-5444
	E-MAIL ADDRESS: certs@shepherdins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Starr Indemnity & Liability Co	38318
INSURED Howard Companies, LLC dba Howard Asphalt 2916 Kentucky Avenue Indianapolis IN 46221	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL2410944461 **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	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB ☒ OCCUR			10000588668241	10/09/2024	10/09/2025	EACH OCCURRENCE	$ 10,000,000
	☒ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED ☒ RETENTION $ $5MM						Excess of Policy #	$ 0314-0274
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

REFER TO PAGE 1*

CANCELLATION

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

Robin K. Cowlin

Corporate Office

2916 Kentucky Ave
Indianapolis, IN 46221
Phone: 317-849-9666

Title: Alcohol and Drug Abuse Policy and Program	Published Date: 01/2022
Section: 3.1	Revision Date:

The Company has a longstanding commitment to provide a safe and productive work environment. Alcohol and drug abuse pose a threat to the health and safety of employees and to the security of our equipment and facilities.

This policy outlines the practice and procedure designed to correct instances of identified alcohol and/or drug use in the workplace. This policy applies to all employees and all applicants for employment of the Company. The Human Resource department is responsible for policy administration.

Employee Assistance Program

Illegal drug use and alcohol misuse have a number of adverse health and safety consequences. Information about those consequences and sources of help for drug/alcohol problems is available from the Human Resource department, whose members have been trained to make referrals and assist employees with drug/alcohol problems.

The Company will assist and support employees who voluntarily seek help for such problems before becoming subject to discipline and/or termination under this or other policies. Such employees may be allowed to use accrued paid time off, placed on leaves of absence, referred to treatment providers and otherwise accommodated as required by law. Such employees may be required to document that they are successfully following prescribed treatment and to take and pass follow-up tests if they hold jobs that are safety sensitive or that require driving or if they have violated this policy previously.

Employees should report to work fit for duty and free of any adverse effects of illegal drugs or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the medications' effect on their fitness for duty and ability to work safely and promptly disclose any work restrictions to their supervisor. Employees should not, however, disclose underlying medical conditions unless directed to do so.

Work Rules

All employees must ensure that their performance at work and their judgment are not impaired by alcohol. An employee's decision to drink alcohol beverages at a company related function includes the obligation to act responsibly and to get home safely. In all situations, an employee's conduct when consuming alcohol is his/her responsibility.

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The following work rules apply to all employees:

- Whenever employees are working, are operating any company owned vehicle, are present on company premises, or are conducting related work off-site, they are prohibited from:
  - Using, possessing, buying, selling, manufacturing or dispensing an illegal drug (to include possession of drug paraphernalia).
  - Being under the influence of alcohol or an illegal drug as defined in this policy.
    - Evidence of being under the influence will consist of one or more of the following: (1) blood alcohol concentration ("BAC") of 0.08% or above; (2) BAC above the concentration deemed unsafe for driving in the state in which the employee was operating his/her vehicle or; (3) refusal to submit to a field sobriety test, Breathalyzer test or other test designated to determine BAC or level of impairment due to consumption of alcohol or other controlled substance.

- The presence of any detectable amount of any illegal drug or illegal controlled substance in an employee's body while performing company business or while in a company facility is prohibited.

- The Company will not allow any employee to perform their duties while taking prescribed drugs that are adversely affecting the employee's ability to safely and effectively perform their job duties. Employees taking a prescribed medication must carry it in the container labeled by a licensed pharmacist or be prepared to produce it if asked.

- Any illegal drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.

Testing
The company retains the right to require the following tests:

- **Reasonable suspicion:** Employees are subject to testing based on observations by a supervisor of apparent workplace use, possession or impairment. Human Resources must be consulted before sending an employee for reasonable suspicion testing. If tested based upon reasonable suspicion, employees will be paid for time spent in alcohol/drug testing and then suspended pending the results of the drug/alcohol test. After the results of the test are received, a date/time will be scheduled to discuss the results of the test; this meeting will include a member of management and Human Resources. Should the results prove to be negative, the employee will receive back pay for the times/days of suspension.

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- **Post-accident:** Employees may be subject to testing when they cause or contribute to accidents that seriously damage a company vehicle, machinery, equipment or property and/or result in an injury to themselves or another employee requiring medical attention. In any of these instances, the investigation and subsequent testing must take place within two (2) hours following the accident, if not sooner.

- **Follow-up**: Employees who have tested positive, or otherwise violated this policy, are subject to discipline up to and including discharge. Depending on the circumstances and the employee's work history/record, the Company may offer an employee who violates this policy or tests positive the opportunity to return to work on a last-chance basis pursuant to mutually agreeable terms, which could include follow-up drug testing at times and frequencies for a minimum of one (1) year but not more than two (2) years. If the employee either does not complete his/her rehabilitation program or tests positive after completing the rehabilitation program, he/she will be subject to immediate discharge from employment.

Confidentiality
Information and records relating to positive test results, drug and alcohol dependencies and legitimate medical explanations provided to the medical review officer (MRO) shall be kept confidential to the extent required by law and maintained in secure files separate from normal personnel files.

Inspections
The Company reserves the right to inspect all portions of its premises for drugs, alcohol or other contraband. All employees, contract employees and visitors may be asked to cooperate in inspections of their persons, work areas and property that might conceal a drug, alcohol or other contraband. Employees who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline up to and including discharge.

Crimes Involving Drugs
The Company prohibits all employees from manufacturing, distributing, dispensing, possessing or using an illegal drug in or on company premises or while conducting company business. If the employee is convicted of a criminal drug violation in the workplace, the employee has 5 calendar days in which to notify Human Resources. Human Resources then has 10 days after receiving notice to notify the contracting or granting local, state and/or federal agency. Employees are also prohibited from misusing legally prescribed or over-the-counter (OTC) drugs. Law enforcement personnel shall be notified, as appropriate, when criminal activity is suspected.

Howard Companies
Safety Program

Substance Abuse

Purpose

Coordinate related safety and substance abuse issues.

Scope

This section applies to all employees of Howard Companies.

Responsibilities

Safety Director

Schedule all drug & alcohol tests through IU Occupational Health Center.

Notify employees when they are required to complete a drug & alcohol test.

Superintendent

Monitor the workplace for those employees who appear to be under the influence of any illegal substance and inform the Safety Director immediately.

Employees

Inform the Safety Director whenever taking prescription medications that may appear as an illegal substance on a drug test.

Procedures

Conditions of Employment

Howard Companies does not tolerate the abuse of alcohol or illegal drugs by anyone who is employed with the company. Employees must inform the Safety Director whenever taking prescription medications that may appear as an illegal substance on a drug test.

Employees shall notify the company of any federal/state criminal drug or alcohol conviction no later than five (5) working days after such conviction.

Howard Companies reserves the right to request employees to display the contents of their private property if there is reason to believe they are carrying drugs or alcohol.

Drug Testing Procedures

All testing procedures conducted for Howard Companies will be in accordance with MICCS' Substance Abuse Program, as well as 49 CFR Part 40. Testing will only be performed at approved facilities. All test results will be entered into the MICCS database.

All specimens taken during the process of drug and alcohol testing of Howard Companies employees will be tested for dilution. Any employee whose sample is determined to be diluted will be required to give another specimen that is monitored by a health care physician. Any employee who refuses to do so will be terminated immediately.

Occasionally Howard Companies may be required to conform to owner, construction manager, general contractor or site-specific drug and alcohol testing obligations. Any employee assigned to these projects will be required to adhere to the testing protocols established on that project, in addition to the terms of this policy.

Pre-Employment Testing

All applicants will be issued a five-panel drug screen and an alcohol test prior to beginning work as a Howard Companies employee. Employees who receive positive test results during pre-employment screening will not be hired.

Random Testing

Company employees will be randomly tested on a quarterly basis. Any employee who is randomly tested and tests positive for the use of alcohol or illegal substances will be given the option to enter our Employee Assistance Program or be terminated immediately.

Reasonable Suspicion Testing

Testing will be performed if there is a reasonable belief of policy violation. Any employee who tests positive resulting from this type of test will be given the option to enter our Employee Assistance Program or be terminated immediately.

Superintendents will document the reason for suspicion, and have at least 2 other employees sign their names agreeing that the reasoning is legitimate by completing the *Reasonable Cause Documentation* form (located in the Forms Section).

Post-Accident Testing

Any employee who is involved in a work-related injury, property damage, or vehicle accident in which the likelihood could have been increased by the use of illegal drugs or alcohol, will result in a post-accident drug test. Incidents that were completely unavoidable will not result in such a test. Post-accident tests will be issued within 2-hours of occurrence.

Regardless of the avoidable nature, any employee who is operating a commercial motor vehicle (vehicle over 10,000 pounds) and is involved in a vehicle accident that results in medical treatment away from the scene, a citation issued, towed vehicles, or a fatality will be issued a DOT post-accident test within 2-hours of the incident.

All testing will be conducted by a SAMHSA certified laboratory and reviewed by a licensed Medical Review Officer (MRO).

Intoxication from alcohol will be determined by issuing a breath alcohol screen.

Drug tests will include nine (9) panels that meet and/or exceed the following protocol:

DRUG CLASS	INITIAL TEST LIMIT	CONFIRMATION TEST LIMIT
Amphetamines/Methamphetamines	500 ng/ml	250 ng/ml
Ecstasy (MDMA, MDA)	500 ng/ml	250 ng/ml
Cocaine	150 ng/ml	100 ng/ml
PCP – Phencyclidine	25 ng/ml	25 ng/ml
Opiates (Codeine/Morphine)	2000 ng/ml	2000 ng/ml
Heroin (6-AM)	10 ng/ml	10 ng/ml
Hydrocodone/Hydromorphone	300 ng/ml	100 ng/ml
Oxycodone/Oxymorphone	100 ng/ml	100 ng/ml
Marijuana (THC/Cannabinoids)	50 ng/ml	15 ng/ml

Employee Assistance Program

Employees who test positive for drugs or alcohol may choose to enter our "Employee Assistance Program" instead of being immediately terminated. This program is for first time offenders only (repeat offenders will be immediately terminated). In order to receive this assistance, the employee must follow certain guidelines.

If an employee decides to participate in our Employee Assistance Program they will be put on an unpaid leave of absence until they enroll in a licensed drug & alcohol rehabilitation program and successfully pass a follow-up drug & alcohol test that is administered by IU Occupational Health Center. Employees who participate in this program will be responsible for coordinating and paying for both of these activities, as well as providing the Safety Director with information about the rehabilitation program and contact information for their counselor.

Once an employee provides the Safety Director with program information and successful test results, they will be brought back to work and the Safety Director will make initial contact with the counselor to request notification of program milestones, missed appointments, and/or program completion.

Program participants must complete the entire rehabilitation program without missing any mandatory counseling sessions and voluntarily receive a monthly drug & alcohol test for 6-months in order to meet all program obligations. Failure to meet these obligations will result in immediate termination.

When an employee completes both of these activities, they will return to regular employment status without having any further obligations. However, if they fail a future drug & alcohol test at any point in the future they will be immediately terminated.

All costs associated with this program will be 100% paid for by the employee.

Recordkeeping

All records of drug & alcohol testing activities will be maintained in employee files for at least the duration of the individual's term of employment.

Information regarding substance abuse shall be considered confidential and therefore not communicated outside the company or to individuals who are not directly involved with the status of the individual's employment.

Any employee who is terminated due to substance abuse issues will have their employee file marked as "NOT FOR REHIRE".

Training Requirements

The contents of this policy will be reviewed with all employees during Safety Orientation.

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Howard Companies Affirmative Action Policy Statement

It is the policy of Howard Companies to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, disability, marital status, veteran status, sexual orientation, genetic information or any other protected characteristic under applicable law. This policy relates to all phases of employment, including, but not limited to, recruiting, employment, placement, promotion, transfer, demotion, reduction of workforce and termination, rates of pay or other forms of compensation, selection for training, the use of all facilities, and participation in all company-sponsored employee activities. Provisions in applicable laws providing for bona fide occupational qualifications, business necessity or age limitations will be adhered to by the company where appropriate.

As part of the company's equal employment opportunity policy, Howard Companies will also take affirmative action as called for by applicable laws and Executive Orders to ensure that minority group individuals, females, disabled veterans, recently separated veterans, other protected veterans, Armed Forces service medal veterans, and qualified disabled persons are introduced into our workforce and considered for promotional opportunities.

Employees and applicants shall not be subjected to harassment, intimidation or any type of retaliation because they have (1) filed a complaint; (2) assisted or participated in an investigation, compliance review, hearing or any other activity related to the administration of any federal, state or local law requiring equal employment opportunity; (3) opposed any act or practice made unlawful by any federal, state or local law requiring equal opportunity; or (4) exercised any other legal right protected by federal, state or local law requiring equal opportunity.

The above-mentioned policies shall be periodically brought to the attention of supervisors and shall be appropriately administered. It is the responsibility of each supervisor of the company to ensure affirmative implementation of these policies to

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avoid any discrimination in employment. All employees are expected to recognize these policies and cooperate with their implementation. Violation of these policies is a disciplinary offense.

The Affirmative Action Officer has been assigned to direct the establishment and monitor the implementation of personnel procedures to guide our affirmative action program throughout Howard Companies. A notice explaining the company's policy will remain posted.

Sean Rizer,

CFO