



Spencer Group Paving LLC
11 General Turner Hill Rd
Turner Me 04282
P 207-225-2159 F 207-225-2156
Dennis@spencergrouppaving.com
Spencergrouppaving.com

Quote

Quote ID: Q25-00263
Quote Date: 6/4/2025
Expiration Date: 7/4/2025

Billing Address

Town of Hebron
351 Paris Rd
Hebron, Me 04238

Shipping / Location

351 Paris Rd
Hebron, Me 04238

Salesperson

Dennis Spencer
(207) 754-5173
dspencerg@yahoo.com

Description

Asphalt Escalation \$645.00/ ton

Product

Unit	Price / Rate	Qty / Hrs	Total
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Paving Road shim

Ton	90.45	640	57,888.00
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Hebron Center Rd 6975x20 @.75"

Paving Road 9.5mm

Ton	90.45	1066	96,419.70
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Hebron Center Rd 6975x20 @1.25"

Inclusions

Sweeping
Layout
Butt joints
Tack

Exclusions

Shoulder Gravel

Summary

Subtotal	154,307.70
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Total	154,307.70
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Signature

Dennis Spencer JR

Print Name & Title

6-5-25

Date

Terms & Conditions

net 10



SGP

Spencer Group Paving LLC.

11 General Turner Hill Rd

Turner Me 04282

Experience Record

Project No. 1 Owner: Town of Rumford

Project Description: Reclaim and paving

Contact Person: Dale Roberts

Telephone No.: 207-418-1002

Year Completed: 2024

Contract Amount: \$ \$718,315.00

Project No. 2 Owner: City of Auburn

Project Description: Paving

Contact Person: Kris Bennet

Telephone No.: 207-713-4741

Year Completed: 2024

Contract Amount: \$ \$2,218,000.00

Project No. 3 Owner: Poland

Project Description: Paving

Contact Person: Adam Strout

Telephone No.: 207-329-9325

Year Completed: 2024

Contract Amount: \$ \$731,517.00

Bidder's Name: Spencer Group Paving LLC.

Address: 11 General Turner Hill Rd

Turner Me 04282

Signature: _____

Dennis Spencer Jr , President

(Printed Name and Title)



JUDYCSP-01

KLECLERC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/8/2025

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 United Insurance - Rumford 19 Congress Street Rumford, ME 04276	CONTACT NAME:	
	PHONE (A/C, No, Ext): (207) 364-3766	FAX (A/C, No): (207) 364-4516
INSURED Spencer Group Paving LLC & Judy C. Spencer 11 General Turner Hill Rd Turner, ME 04282	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Middlesex Insurance Co	
	INSURER B: Maine Employers Mutual Insurance Co	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		A0226102	9/15/2024	9/15/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		A0226102	9/15/2024	9/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		A0226102	9/15/2024	9/15/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ Aggregate \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	1810100311	8/14/2024	8/14/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

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