

CITY COUNCIL AGENDA

January 23, 2017

J-4 Standard Purchasing Resolutions:

- a) Standard Purchasing Resolution 2: Sole Bidder Meeting Specifications – AirCenter Duplex Packaged Compressed Air System

Resolution #2017-01-017-J-4a

7-0

RESOLVED, That Troy City Council hereby **AWARDS** a contract to furnish and install two (2) new Kaeser SM 7.5 AirCenters at the DPW to the sole bidder meeting specifications, *Industrial Process Piping, Inc. of Troy, MI*, for an estimated total cost of \$29,940.00.00 at unit prices contained in the bid tabulation opened January 17, 2017, a copy of which shall be **ATTACHED** to the original Minutes of this meeting.

BE IT FURTHER RESOLVED, That the awards are **CONTINGENT** upon the company's submission of properly executed bid and contract documents, including insurance certificates and all other specified requirements.

PO 2017... 634

PURCHASE ORDER

No. 2017-00000634

DATE: 01/30/2017

PAGE: 1 of 1

FOB DESTINATION

Ship To

CITY OF TROY
Motor Pool
4693 ROCHESTER ROAD
TROY, MI 48085

Bill To

CITY OF TROY
Motor Pool
4693 ROCHESTER ROAD
TROY, MI 48085

COUNCIL RESOLUTION
2017-01-017-J-4a

VENDOR NO. 171738

Vendor

INDUSTRIAL PROCESS PIPING INC
347 PARK ST
TROY, MI 48083

| QUANTITY | UNIT | DESCRIPTION | UNIT COST | TOTAL COST |
|----------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------|
| 1 | Lump Sum | AIR CENTER DUPLEX PACKAGED COMPRESSED AIR SYSTEMS Furnish, deliver and install two (2) Kaeser SM 7.5 AirCenter Duplex Packaged Compressed Air Systems as specified and as per all bid specifications of ITB-COT 16-42. Contact Brian Varney to schedule install. Check #1914690 shall be retained until Compressor System is complete and installed to the City's satisfaction. | 29,940.0000 | \$29,940.00 |
| | | | | \$29,940.00 |

Entered By: MaryBeth Murz

Special Instructions:

CITY COUNCIL APPROVAL DATE: 1/23/2017. Certificate of Insurance and Endorsement shall be of file for duration of and completion of the project.

TERMS & CONDITIONS

1. Purchases of Municipalities are exempt from State Sales and Federal Excise Taxes.
2. Prior to acceptance, vendor agrees to provide City with information under the Right-to-Know Law, P.A. 1986, No. 80, and fully comply with all terms and conditions of the Michigan Occupational Safety and Health Act, MCL 408.1001, et seq. including vendor shall provide City with an "MSDS". Vendor also agrees to be responsible for all required labeling.
3. In cases of emergency/disaster, the City can purchase up to six(6) times the order amount for a period of six(6) months at the price contained in the contract.
4. Purchase Orders are signed electronically based upon computer generated "on-line" authorized approvals. Authentic signatures are on file in the City of Troy Purchasing Department.

NOTICE: The City could put the vendor on notice that vendors will be held financially responsible for any claims or awards made against the City as a result of the vendor's action. If the City has to defend the initial lawsuit, the City will bring in the vendor as a co-defendant or sue the vendor, either as the result of settling a claim or the conclusion of the lawsuit.

I HEREBY CERTIFY THAT THIS ORDER IS PROPERLY AUTHORIZED AND APPROVED.

MaryBeth Murz



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/05/2017

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).

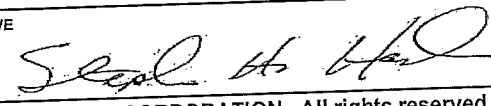
| | | | |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------------------------|---------|
| PRODUCER Avery-Hasler & Associates, Inc. 14 E 14 Mile Rd Clawson MI 48017 | CONTACT NAME: Raye Lynn McGuire | FAX (A/C, No): 248-588-1833 | |
| | PHONE (A/C, No, Ext): 248-588-3434 | E-MAIL ADDRESS: lynnm@averyhasler.com | |
| INSURED INDUSTRIAL PROCESS PIPING, INC. Terrance & Loretta Roberts 347 PARK DRIVE TROY MI 48083 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Gemini Ins Co | | 10833 ✓ |
| | INSURER B: Westfield Ins Co | | 24112 ✓ |
| | INSURER C: Safety National/ABC Construction | | 15105 ✓ |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES CERTIFICATE NUMBER: 20170105091636337 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 | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | Y | N | VMGP002732 | 01/01/2017 | 01/01/2018 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 |
| | | | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| B | <input checked="" type="checkbox"/> ANY AUTÔ OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | Y | N | CWP4155473 | 01/01/2017 | 01/01/2018 | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | | | | | | | Fire Legal Liability \$ |
| | | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input type="checkbox"/> UMBRELLA LIAB OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED RETENTION \$ | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | INDUS1C | 05/01/2016 | 05/01/2017 | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | EACH OCCURRENCE \$ |
| | | | | | | | AGGREGATE \$ |
| | | | | | | | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |
| | | | | | | | 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)
ADDITIONAL INSURED: CITY OF TROY, PRIMARY AND NON CONTRIBUTORY APPLIES - 30 DAYS NOTICE OF NON PAYMENT FOR UNDERWRITING REASONS AND 10 DAYS NOTICE FOR NON PAYMENT OF PREMIUM.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER CITY OF TROY MR. BRIAN VARNEY FLEET OPERATIONS MANAGER 4693 ROCHESTER ROAD TROY MI 48085 Email: Brian.Varney@troyml.gov | 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  |

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GEMINI INSURANCE COMPANY

A STOCK COMPANY
(herein called "the Company")

COMMON POLICY DECLARATIONS

Policy No.: VMGP002732

Renewal/Rewrite of: _____

Named Insured and Mailing Address

INDUSTRIAL PROCESS PIPING INC
347 PARK DRIVE
TROY, MI 48083

Policy Period: From 01/01/2017 to 01/01/2018 at 12:01 a.m. Standard Time at the address of the First Named Insured as stated herein

BUSINESS DESCRIPTION: Mechanical Contractor

AUDIT PERIOD: Annual Other

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

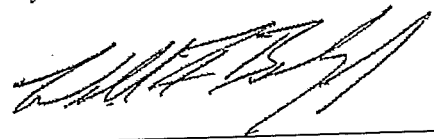
THIS POLICY CONSISTS OF THE FOLLOWING COVERAGES FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

| | | |
|---------------------------------------------------|----|--------|
| Commercial General Liability Coverage Part | \$ | 18,000 |
| TOTAL PREMIUM | \$ | 18,000 |

Form (s) and Endorsement (s) made a part of this policy at inception. **See attached schedule:**

This policy is not binding unless sealed and countersigned by Gemini Insurance Company or its Authorized Representative.

Countersigned On: 1/9/2017
At: Greenwich, Connecticut

By: 
Authorized Representative

THESE COMMON POLICY DECLARATIONS AND, IF APPLICABLE, THE PROFESSIONAL LIABILITY DECLARATIONS, THE COMMERCIAL GENERAL LIABILITY DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART (S), FORM (S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBER POLICY

This insurance has been placed with an insurer that is not licensed by the state of Michigan. In case of insolvency, payment of claims may not be guaranteed.

SCHEDULE OF FORMS

Named Insured: INDUSTRIAL PROCESS PIPING INC

POLICY NO.: VMGP002732
0224

| FORM NUMBER | End. # | TITLE |
|----------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| POLCVLTR 03 14 | | Vela Policy Cover Letter |
| CMNDEC 07 16 | | Common Declarations |
| CGLDEC 07 16 | | Commercial General Liability Coverage Part Declarations |
| SCHED 07 16 | | Schedule of Forms |
| CG 00 01 12 07 | | Commercial General Liability Coverage Form |
| VE 67 09 03 14 | 01 | Claims Reporting |
| IL 00 21 09 08 | 02 | Nuclear Energy Liability Exclusion (Broad Form) |
| VE 05 28 09 13 | 03 | Professional Liability Exclusion |
| VE 04 94 09 13 | 04 | Lead Exclusion |
| VE 66 08 09 13 | 05 | Asbestos Exclusion |
| VE 06 04 04 14 | 06 | Deductible Liability Insurance - Per Claim |
| VE 0446 09 09 | 07 | Occupational Disease Exclusion |
| VE 0562 01 12 | 08 | Specified Operations Exclusion - New York |
| CG 21 96 03 05 | 09 | Silica or Silica-Related Dust Exclusion |
| CG 21 67 12 04 | 10 | Fungi or Bacteria Exclusion |
| VE 06 00 06 14 | 11 | Common Policy Conditions |
| CG 20 01 04 13 | 12 | Primary and Noncontributory - Other Insurance Condition |
| CG 20 37 04 13 | 13 | Additional Insured - Owners, Lessees or Contractors - Completed Operations |
| CG 20 10 04 13 | 14 | Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization |
| CG 21 47 12 07 | 15 | Employment Related Practices Exclusion |
| CG 24 04 05 09 | 16 | Waiver of Transfer to Rights of Recovery Against Others To Us |
| VE 04 95 09 13 | 17 | Punitive Damages Exclusion |
| CG 24 26 04 13 | 18 | Amendment of Insured Contract Definition |
| VE 01 07 10 13 | 19 | Exclusion - Exterior Insulation and Finish Systems |
| VE 01 84 12 13 | 20 | Designated Construction Project(s) General Aggregate Limit - Subject To A Maximum Aggregate |
| VE 06 39 09 14 | 21 | Exclusion - Cross Liability - Named Insured |
| VE 6640 09 14 | 22 | Exclusion - Continuous or Progressive Damage Claims |
| CG 21 73 01 15 | 23 | Exclusion of Certified Acts of Terrorism |
| VE 06 58 06 15 | 24 | Exclusion - Intellectual Property |
| VE 05 06 08 15 | 25 | Amendment - Premium Audit |
| VE 06 81 09 15 | 26 | Exclusion - Violation of Trade or Economic Sanctions Laws or Regulations |
| VE 06 77 11 15 | 27 | Total Pollution Exclusion with Exceptions for Building Heating, Cooling and Dehumidifying Equipment, Hostile Fire and Limited Products Pollution |
| VE 05 88 11 15 | 28 | Premium Basis |
| CG 21 07 05 14 | 29 | EXCLUSION access or disclosure of confidential or personal information And Data-Related Liability limited bodily injury exception not included |

| FORM NUMBER | End. # | TITLE |
|--------------------|---------------|------------------------------------------------------------------------------|
| VE 06 84 04 16 | 30 | Service Of Suit |
| VE 01 92 05 16 | 31 | Wrap Up Exclusion |
| VE 05 81 06 16 | 32 | Subcontractor and Independent Contractor Conditional Amendment of Deductible |

Policy: VMGP002732
Insured Name: INDUSTRIAL PROCESS PIPING INC
Number: 12

CG 20 01 04 13
Effective Date: 01/01/2017

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY –
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

Policy Number: VMGP002732
Insured Name: INDUSTRIAL PROCESS PIPING INC
Number: 13

CG 20 37 04 13

Effective Date: 01/01/2017

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) | Location And Description Of Completed Operations |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any person or organization when you and such person or organization have agreed in writing in a contract, prior to an occurrence that causes "bodily injury", "property damage" or "personal and advertising injury", that such person or organization be added as an additional insured on your policy. | All locations and completed operations for which you and the additional insured have agreed in writing in a contract prior to an occurrence that causes "bodily injury", "property damage" or "personal and advertising injury". |

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) | Location(s) Of Covered Operations |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Any person or organization when you and such person or organization have agreed in writing in a contract, prior to an occurrence that causes "bodily injury", "property damage" or "personal and advertising injury", that such person or organization be added as an additional insured on your policy. | All locations for which you and the additional insured have agreed in writing in a contract prior to an occurrence that causes "bodily injury", "property damage" or "personal and advertising injury". |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. | |

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



CITY COUNCIL AGENDA ITEM

Date: January 17, 2017

To: Brian Kischnick, City Manager

From: MaryBeth Murz, Purchasing Manager
 Kurt Bovensiep, Public Works Director
 Tom Darling, Director of Financial Services
 Brian D Varney, Fleet Operations Manager

Subject: Standard Purchasing Resolution 2 – Sole Bidder Meeting Specifications – AirCenter Duplex Packaged Compressed Air Systems

History

- Air compressors are centrally located and plumbed to all DPW Departments and are necessary to fulfill requirements of everyday duties.
- Air compressor equipment is used for daily operations as follows:
 - Shop hoists, air tools, sandblaster and tire repairs in the Fleet Department
 - Air tools for repairs and sandblaster in the Water Department
 - Air tools for repairs and plow blade replacement in the Streets Department
- The current Air Compressor system is over 35 years old.
- Parts to service the current compressors are becoming increasingly difficult to find as well as technicians that know of the system to do the repair work.
- The current equipment deterioration will continue to progress until it's no longer a viable source.
- The Fleet Division of Public Works requests authorization to replace the aging equipment and purchase two new (2) SM 7.5 Kaeser AirCenters that services the Public Works Departments with compressed air.

Purchasing

- On January 5, 2017, a bid opening was conducted as required by City Charter and Code for two (2) Kaeser SM 7.5 AirCenter Duplex packaged Compressed Air Systems. The bid was posted on the Michigan Inter-governmental Trade Network (MITN) website; www.mitn.info. One (1) bid response was received. Below is a detailed summary of potential vendors:

| | |
|--------------------------------------------|-----|
| Companies notified via MITN | 222 |
| Troy Companies notified via MITN | 3 |
| Troy Companies - Active email Notification | 3 |
| Troy Companies - Active Free | 0 |
| Companies that viewed the bid | 28 |
| Troy Companies that viewed the bid | 1 |

MITN provides a resourceful online platform to streamline the procurement process, reduce costs, and make it easier and more transparent for vendors to do business with the City of Troy.

Active MITN members with a current membership and paying annual dues receive automatic electronic notification which allows instant access to Bids, RFPS and Quote opportunities with the City.

Active MITN non-paying members are responsible to monitor and check the MITN website for opportunities to do business with the City.

Inactive MITN member status can occur when a company does not renew their account upon expiration. Inactive members cannot be notified of solicitations or access any bid information.

- Industrial Process Piping, Inc. was the sole bidder meeting specifications and is the Kaeser authorized installer in Michigan. Industrial Piping is also a Troy company that has the ability to provide parts and service on a timely basis and also offers a 5 year warranty.



CITY COUNCIL AGENDA ITEM

- Also, note that the City will utilize and market the *obsolete* air compressors on GovDeals.com site for optimal trade-in value; as per the City Council authorization allowing departments to utilize sites such as GovDeals.com to dispose of City owned surplus items (Resolution# 2014-02-017-J-4a).

Financial

Funds are budgeted in the Public Works Fleet Division Capital Account. Project # 2017C0061.

Vendor

Industrial Process Piping, Inc.

Estimated Total Cost

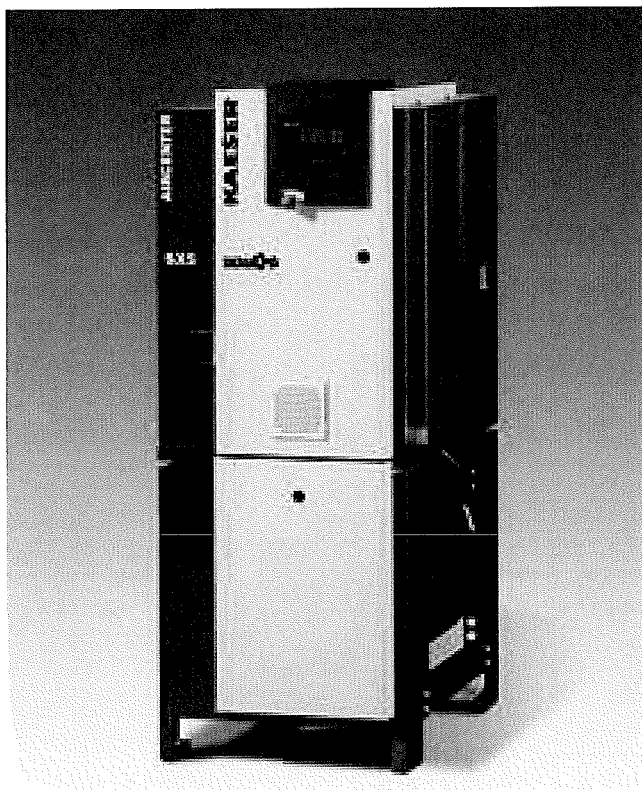
\$29,940.00

Budget

\$ 30,000.00

Recommendation

City management recommends awarding a contract to furnish and install two (2) new Kaeser SM 7.5 Air Centers at the DPW to the sole bidder meeting specifications, *Industrial Process Piping, Inc. of Troy, MI* for an estimated total cost of \$29,940.00 as specified, at unit prices contained in the bid tabulation dated January 5, 2017.



SM 7.5 Kaeser AirCenter x2

Opening Date -- 1/5/17
 Date Reviewed -- 1/5/17

CITY OF TROY
 BID TABULATION
 AIR COMPRESSORS

VENDOR NAME:

Industrial Process Piping, Inc.

Troy, MI

Check#

#1914690

PROPOSAL: TO FURNISH AND INSTALL NEW AIR COMPRESSORS

| QTY | DESCRIPTION | Estimated Total Cost | Estimated Total Cost |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------|
| 2 | SM 7.5 Kaeser AirCenters with lead/lag controls, (2) Eco-Drain 30 no-air-loss condensate drains for tanks, Kaeser F22KB Filter (sized for both) and CRP-MINI. | \$29,940.00 | |
| | WARRANTY: | 5 Year Warranty on AirEnd, 1 Year on everything else. | |
| | DELIVERY DATE: | 2 Weeks from date of award | |
| | SERVICE FACILITY: | 347 Park Street Troy, MI | |
| | RESPONSE TIME FOR SERVICE CALLS: | 2 Hours | |
| | CONTACT INFORMATION: | Terrance A. Roberts | |
| | Hrs of Operations | 7am - 4pm | |
| | Phone | 810 560 5861 | |
| | REFERENCES: Y/N | Yes | |
| | CAN MEET INSURANCE REQUIREMENTS: | Yes | |
| | PAYMENT TERMS: | Net60 Days | |
| | EXCEPTIONS: | None | |
| | SIGNATURE PAGE: Y/N | Yes | |
| | ACKNOWLEDGEMENT: Y/N | Yes | |
| | FORMS (5): Attached: Y or N (5) | Yes | |

BOLDFACE TYPE DENOTES SOLE BIDDER

ATTEST:

Susan Reisterer

Brian Varney

Enna Bachlor

 MaryBeth Murz,
 Purchasing Manager

STANDARD PURCHASING RESOLUTION 2 – SOLE BIDDER MEETING
SPECIFICATIONS – AIR COMPRESSORS

RESOLVED, That Troy City Council hereby AWARDS a contract to furnish and install two (2) new Kaeser SM 7.5 Air Centers at the DPW to the sole bidder meeting specifications, *Industrial Process Piping, Inc. of Troy, MI*, for an estimated total cost of \$29,940.00.00 at unit prices contained in the bid tabulation opened January 17, 2017, a copy of which shall be ATTACHED to the original minutes of this meeting;

BE IT FURTHER RESOLVED, That the awards are contingent upon the company's submission of properly executed bid and contract documents, including insurance certificates and all other specified requirements.



**CITY OF TROY
BID PROPOSAL**

ITB-COT 16-42
Page 1 of 6

The undersigned proposes to furnish deliver and install two (2) Kaeser SM 7.5 AirCenter Duplex Packaged Compressed Air Systems as specified or approved equivalent, in accordance with the bid specifications attached hereto, which are to be considered an integral part of this proposal, at the following prices:

COMPANY NAME: Industrial Process Piping, Inc.

PROPOSAL: FURNISH AND INSTALL NEW AIR COMPRESSORS

The undersigned, as bidder, declares that he/she has examined the specifications, including related documents for the new Kaeser Air Compressor Systems Install for the City of Troy Department of Public works in accordance with the attached bid specifications.

NO SUBSTITUTES OR ALTERNATES WILL BE ACCEPTED.

| Description: | Estimated Total Cost |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| (2) SM 7.5 Kaeser AirCenters with lead/lag controls, (2) Eco-Drain 30 no-air-loss condensate drains for tanks, Kaeser F22KB filter (sized for both) and CRP-MINI. | \$29,940.00 |

NOTE: Total cost shall include delivery, handling and packaging, and Air Center start-up and removal of all old compressor units.

STATE WARRANTY: 5 year on airend, 1 year on all else

STATE DELIVERY DATE: 2 weeks from date of award

UNIT PRICES:

Unit prices prevail. The City of Troy Purchasing Department will correct all mathematical errors.

AUTHORIZED DEALER:

- Our company is an authorized distributor of this equipment
- Our company is not an authorized distributor of this equipment.

SERVICE FACILITY:

Location: 347 Park St., Troy, MI

Number of miles from City of Troy: in Troy

Response Time for Service Calls: Within 2 hours to be onsite after initial request for service by a factory trained technician.
(Number)

ADDITIONAL INFORMATION:

For questions about the specifications, please contact Brian Varney, Fleet Operations Manager at (248) 524-3390 between the hours of 8:00 AM and 4:00 PM, Monday through Friday.

CONTRACT FORMS:

Bidders should complete the Legal Status of Bidder, Non-Collusion Affidavit, Certification regarding Debarment and the Certification regarding "Iran Linked Business" forms and return with your bid proposal.

DELIVERY:

All items will be FOB delivered inside, freight paid to the DPW, 4693 Rochester Road Rd., Troy, MI 48084, Attention: Brian Varney.

DOWN-PAYMENTS OR PREPAYMENTS:

Any bid proposal submitted which requires a down-payment or prepayment prior to delivery and full acceptance of the item(s) as being in conformance with specifications will not be considered for award.

AWARD:

The evaluation and award of this bid shall be a combination of factors, including but not limited to: cost, professional competence, warranties, and the correlation of the proposal submitted to the needs of the City of Troy.

The City of Troy reserves the right to award this bid to the lowest responsible bidder meeting specifications to reject low bids which have major deviations from the specifications; to accept a higher bid which has only minor deviations, in whatever manner is deemed to be in the City of Troy's best interest.

LOCAL PREFERENCE:

The City of Troy reserves the right to award a contract to a local business, one which pays City of Troy taxes (real and/or personal), if the bid of a local vendor is within 5% of the lowest responsive and responsible non-local bidder, then the local vendor is given one chance to match the low bid.

DOWN PAYMENTS AND PREPAYMENTS:

Any proposal submitted which requires a down payment or prepayment of any kind prior to delivery and acceptance of the items as being in conformance with specifications will not be considered for award.

ALTERNATES:

No substitutes or alternates will be accepted.

DESCRIPTIVE LITERATURE:

Please attach descriptive or pertinent literature specification or cut sheet(s) relevant to your company's bid proposal at the time of bid submission. It is attached and marked Exhibit "A" for identification.

PURCHASE ORDER:

After approval of the successful bidder by the Troy City Council, the purchase order issued from the City of Troy will create a bilateral contract between the parties and commit the successful bidder to perform the contract in accordance with specifications. A contract document/ agreement will not be issued.

CONTACT INFORMATION:

Name(s): Terrance A. Roberts
Fred Beedle

24 Hr. Phone No. 810-560-5861
248-388-1477

Hours of operation: 7am - 4pm

COMPANY NAME: Industrial Process Piping, Inc.

REFERENCES

Please list at least three (3) entities that have had similar work completed by your company.

COMPANY: Beckton Dickinson
ADDRESS: 920 Henry St., Detroit MI 48201
CONTACT: Amir Sadeghi PHONE: 313-442-8700
EMAIL: amir-sadeghi@bd.com

COMPANY: MPG
ADDRESS: 2727 W 14 mile Rd, Royal Oak MI 48073
CONTACT: Terry Cornell PHONE: 248-597-3800
EMAIL: Tcornell@HHIHOLOPIES.NET

COMPANY: Clark Construction
ADDRESS: 29110 Inster Rd, Ste. 150, Southfield MI 48075
CONTACT: Rebecca Timberlake PHONE: 248-286-1000
EMAIL: Rtimberlake@clarkcc.com

COMPANY NAME: Industrial Process Piping, Inc.

Insurance requirements shall be in accordance with the attached **SAMPLE INSURANCE CERTIFICATE and ENDORSEMENT**. The required Insurance Certificate and Endorsement must be submitted to the city within 5 days of the verbal/ electronic request after the bid award. The Insurance Certificate and Endorsement may be faxed to the Purchasing Office at (248) 619-7608, and is the only bid document accepted in this format.

The contractor, or any of their subcontractors, shall not commence work under this contract until they have obtained the insurance required, and shall keep such insurance in force during the entire life of this contract. All coverage shall be with insurance companies licensed and admitted to business in the State of Michigan and acceptable to the City of Troy. The requirements below should not be interpreted to limit the liability of the Contractor. All deductibles and self-insured retentions (SIR's) are the responsibility of the Contractor.

- We can meet the specified insurance requirements.
- We cannot meet the specified insurance requirements.
- We do not carry the specified limits but can obtain the additional insurance coverage of \$ _____, at the cost of \$ _____.
NOTE: Please note the amendments on a sample insurance certificate and attach it to your bid proposal.
- Our proposal is reduced by \$ _____ if we lower the requirement to \$ _____.
NOTE: Please note the amendments on a sample insurance certificate and attach it to your bid proposal.

IMPORTANT: A Certificate of Insurance on an ACORD Form showing present coverage as well as the required endorsements **SHALL** be attached to the proposal document at the time of submission of the proposal to the Office of the City Clerk.

NOTE: Failure on the part of any bidder to contact his/her insurance carrier to verify that the insurance carried by the bidder meets City of Troy specifications may result in this proposal being completed incorrectly.

OTHER: Sole proprietors must execute a certificate of exemption from Worker's Compensation requirements or provide proof of Worker's Compensation Insurance. All coverage shall be with insurance carriers licensed and admitted to do business in Michigan in accordance with all applicable statutes of the State of Michigan and acceptable to the City of Troy.

INSURANCE VERIFICATION:

A bidder shall complete the above portion, which details additional costs that may be incurred for specified coverage without purchasing the additional coverage prior to bid submission.

WORKERS' COMPENSATION INSURANCE, including Employers' Liability Coverage, in accordance with all applicable statutes of the State of Michigan.

COMMERCIAL GENERAL LIABILITY INSURANCE on an "Occurrence Basis" with limits of liability not less than \$1,000,000.00 per occurrence and aggregate. Coverage shall include the following extensions: (A) Contractual liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent, if not already included; (E) Deletion of all Explosion, Collapse, and Underground (XCU) Exclusions, if applicable.

AUTOMOBILE LIABILITY, including Michigan No-Fault Coverages, with limits of liability not less than \$1,000,000.00 per occurrence combined single limit for Bodily Injury, and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.

COMPANY NAME: Industrial Process Piping, Inc.

ADDITIONAL INSURED:

Commercial General Liability and Automobile Liability, as described in the attached SAMPLE shall include an Additional Insured Endorsement stating the following shall be *Additional Insureds*: The City of Troy including all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and council members, including employees and volunteers thereof. It is understood and agreed by naming the City of Troy as additional insured, coverage afforded is considered to be primary and any other insurance the City of Troy may have in effect shall be considered secondary and/or excess.

CANCELLATION NOTICE:

All policies, as described above, shall include an endorsement stating that it is understood and agreed that Thirty (30) days, Ten (10) days for non-payment of premium, Advance Written Notice of Cancellation, Non-Renewal, Reduction, and/or Material Change shall be mailed to:

City of Troy
Purchasing Manager
500 West Big Beaver
Troy, MI 48084

PROOF OF INSURANCE COVERAGE:

The Contractor shall provide the City of Troy, at the time that the contracts are returned by him/her for execution, a Certificate of Insurance as well as the required endorsements. In lieu of required endorsements, if applicable, a copy of the policy sections where coverage is provided for additional insured and cancellation notice would be acceptable. Copies or certified copies of all policies mentioned above all shall be furnished, if so requested.

If any of the applicable coverages expire during the term of this contract, the Contractor shall deliver renewal certificates and endorsements to the City of Troy at least ten (10) days prior to the expiration date.

LETTER VERIFICATION:

The recommended bidder will be notified to submit a letter from the *insurance agent or carrier* that the insurance to be supplied will meet specifications. As an alternative, the recommended bidder may submit the certificate of insurance meeting specifications at this time at his/her option. *The City must receive this letter or certificate within 5 business days after verbal / electronic notification has been delivered to the recommended bidder* or the bidder will be considered non-responsive and the bid un-awardable. This process will occur before presentation of the award recommendation to the Troy City Council.

FINAL INSURANCE CERTIFICATE SUBMISSION:

After approval by Troy City Council, the City's Purchasing Manager will review the insurance certificates and endorsements to ensure all acceptable documents have been received and allow (5) business additional days after verbal / electronic notification to submit final insurance certificate(s) in accordance with specifications. The City of Troy reserves the right to WITHHOLD AND KEEP any bid surety for failure to comply. The company will be considered in default of contract and will be barred from doing business with the City of Troy for a minimum of three (3) years for failing to meet insurance requirements.

COMPANY NAME:
Bid Proposal

Industrial Process Piping, Inc.

SIGNATURE PAGE

PRICES:

Prices shall remain firm for 60 days or bid award, whichever comes first, except the successful bidder whose prices shall remain firm for the entire contract period which shall commence on the date of award.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE:

Terrance A. Roberts Secy/Tra

NOTE:

The undersigned has checked carefully the bid figures and understands that he/she shall be responsible for any error or omission in this bid offer and is in receipt of all addenda as issued.

TAX ID#: 38-356474

COMPANY NAME: Industrial Process Piping, Inc.

ADDRESS 347 Park St. CITY Troy STATE MI ZIP 48083

PHONE NUMBER 248-588-9898 FAX NUMBER 248-588-9595

REPRESENTATIVE'S NAME Terrance A. Roberts

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE *Terrance A. Roberts Secy/Tra*
(Print)

PAYMENT TERMS: NET 60 WARRANTY: ONE (1) year labor & material

E-MAIL: troberts@industrialprocess DELIVERY DATE: 2 WEEKS after award
pipng.com

EXCEPTIONS:

Any exceptions, substitutions, deviations, etc., from the City specifications and this proposal must be stated below. The reason(s) for the exceptions, substitutions, and/or deviations are an integral part of this bid proposal offer:

NONE

Check this box if your bid is not to be broken up by item and based on an all or none award.

ACKNOWLEDGEMENT:

I, Terrance A. Roberts, certify that I have read the **Instructions to Bidders** (2 Pages) and that the bid proposal documents contained herein were obtained directly from the City's Purchasing Department or MITN website, www.mitn.info and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: *Terrance A. Roberts Secy/Tra*

NOTE: The City of Troy, at their discretion, may require the bidder to supply a Financial Report from an impartial Financial Credit Reporting Service before award of contract at no cost to the City.

IMPORTANT: All City of Troy purchases require a **MATERIAL SAFETY DATA SHEET**, where applicable, in compliance with the MIOSHA "Right to Know" Law. Please include a copy of any relevant MSDS at the time of bid submission.

U.S. CURRENCY: All figures quoted are to be in U.S. Funds.



Legal Status of Bidder:

The Bidder shall fill out the appropriate form and strike out the other two:

A corporation duly organized and doing business under the laws of the State of Michigan
for whom Terrance A. Roberts, bearing the office title of Secy/Treas.,
whose signature is affixed to this proposal, is duly authorized to execute contracts.

~~A partnership, all members of which, with addresses, is:~~

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

~~AN INDIVIDUAL, WHOSE SIGNATURE IS AFFIXED TO THE PROPOSAL:~~

| | |
|-------|-------|
| _____ | _____ |
|-------|-------|



**CITY OF TROY
OAKLAND COUNTY, MICHIGAN
NON-COLLUSION AFFIDAVIT**

TO WHOM IT MAY CONCERN:

Terrance A. Roberts, being duly sworn deposed, says that he/she
(Print Full Name)

is Sec'y/Treas. The party making the foregoing proposal or bid,
(State Official Capacity in Firm)

that such bid is genuine and not collusion or sham; that said bidder has not colluded, conspired, connived, or agree, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner directly or indirectly sought by agreement or collusion, or communication or conference, with any person to fix the bid price or affiant or any other bidder, or to fix any overhead, profit, or cost element of said bid price, or that of any other bidder, or to secure the advantage against the City of Troy or any person interested in the proposed contract; and that all statements contained in said proposal or bid are true.

Terrance A. Roberts Sec'y/Treas

SIGNATURE OF PERSON SUBMITTING BID

Jan M. Johnson

NOTARY'S SIGNATURE

Subscribed and sworn to before me this 5th day of
January, 2019 in and for
Oakland
County.

My commission expires:

9/27/17



**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions under any non-procurement programs by any federal, state or local agency.
2. Have not, within the three year period preceding, had one or more public transactions (federal, state, or local) terminated for cause or default; and
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three year period preceding the proposal, been convicted of or had a civil judgment rendered against it:
 - a. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local), or a procurement contract under such a public transaction;
 - b. For the violation of federal, or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging; or
 - c. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, the general grant of this authority exists within the City's Charter, Chapter 12, Section 12.2- Contracts.

I am able to certify to the above statements.

Industrial Process Piping, Inc.

Name of Agency/Company/Firm (Please Print)

Terrance A. Roberts

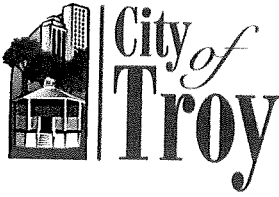
Name and title of authorized representative (Please Print)

Terrance A. Roberts Secy/Treas. 1-5-17

Signature of authorized representative

Date

I am unable to certify to the above statements. Attached is my explanation.



**VENDOR CERTIFICATION
THAT IT IS NOT AN
"IRAN LINKED BUSINESS"**

Pursuant to Michigan law, (the Iran Economic Sanctions Act, 2012 PA 517, MCL 129.311 et seq.), before accepting any bid or proposal, or entering into any contract for goods or services with any prospective Vendor, the Vendor must first certify that it is not an "IRAN LINKED BUSINESS", as defined by law.

| Vendor | |
|-----------------------------|---------------------------------|
| Legal Name | Industrial Process Piping, Inc. |
| Street Address | 347 Park Street |
| City | Troy |
| State, Zip | MI 48083 |
| Corporate I.D. Number/State | 445-36A |
| Taxpayer I.D. # | 38-3564746 |

The undersigned, with: 1.) full knowledge of all of Vendors business activities, 2.) full knowledge of the requirements and possible penalties under the law MCL 129.311 et seq. and 3.) the full and complete authority to make this certification on behalf of the Vendor, by his/her signature below, certifies that: the Vendor is NOT an "IRAN LINKED BUSINESS" as require by MCL 129.311 et seq., and as such that Vendor is legally eligible to submit a bid and be considered for a possible contract to supply goods and/or services to the City of Troy.

Signature of Vendor's Authorized Agent:

Terrance A. Roberts Secy/Treas.

Printed Name of Vendor's Authorized Agent:

Terrance A. Roberts

Witness Signature:

Jean M. Johnson

Printed Name of Witness:

Jean M. Johnson

Die Zeichnung bleibt unser ausschließliches Eigentum. Sie wird nur zu dem vereinbarten Zweck anvertraut und darf zu keinem anderen Zweck verwendet werden. Kopien oder sonstige Vervielfältigungen einschließlich Speicherung, Verarbeitung oder Verbreitung unter Verwendung elektronischer Systeme dürfen nur zu dem vereinbarten Zweck angeteilt werden. Weder Original noch Vervielfältigungen dürfen Drillingen ausgehandelt oder in sonstiger Weise zugänglich gemacht werden.

Entwicklungsbedingte Änderungen vorbehalten Zeichnung darf nur über CAD geändert werden

| Option | Code |
|----------------------------|------|
| Machine mountings | H1 |
| Air cooling | K1 |
| mikrofilter | F1 |
| activated carbon filter | F2 |
| Prepared for heat recovery | W1 |

All dimensions are in inches!

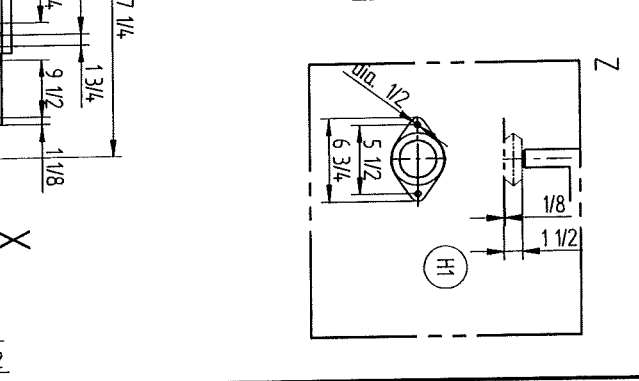
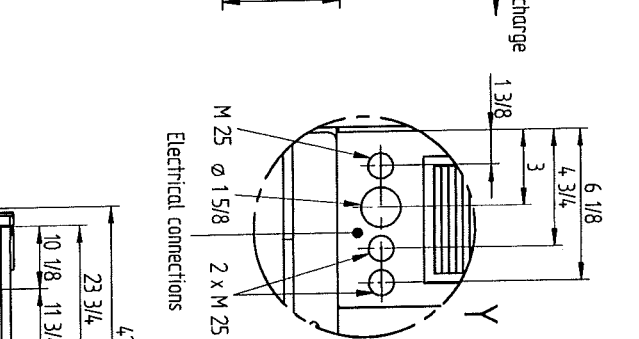
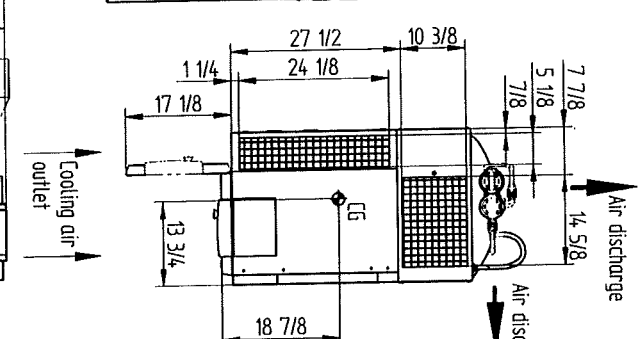
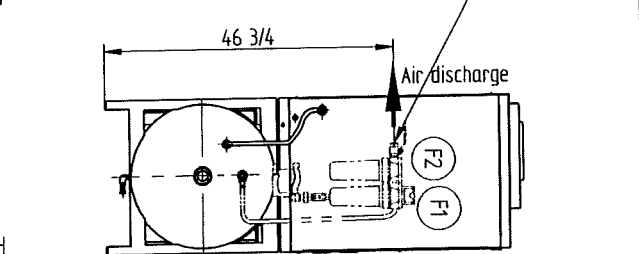
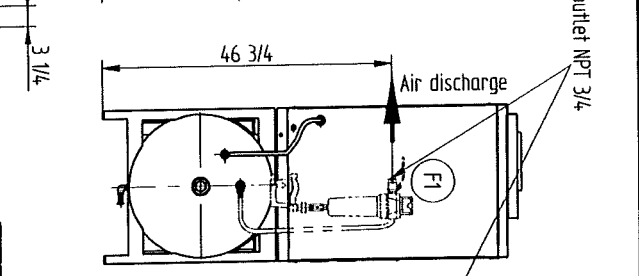
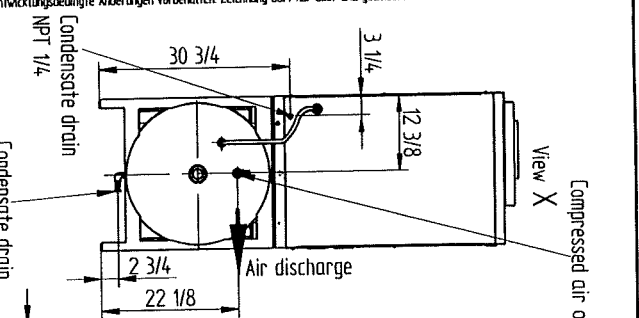
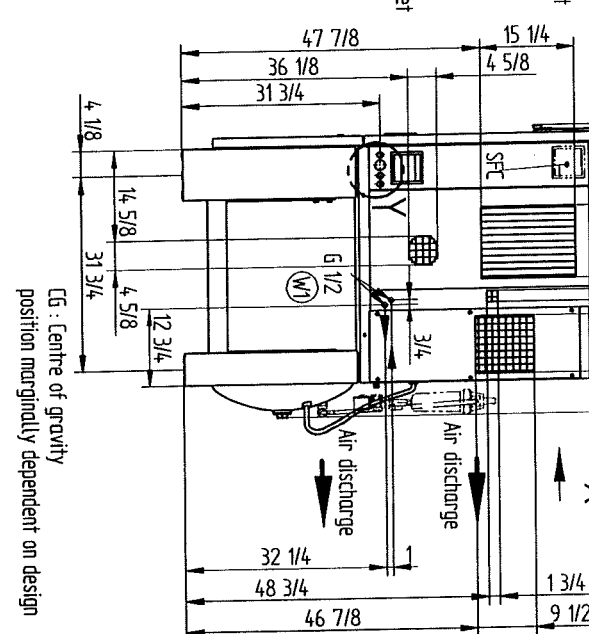
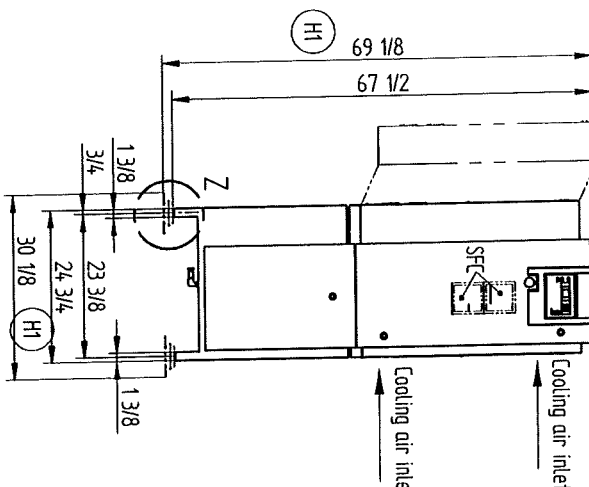
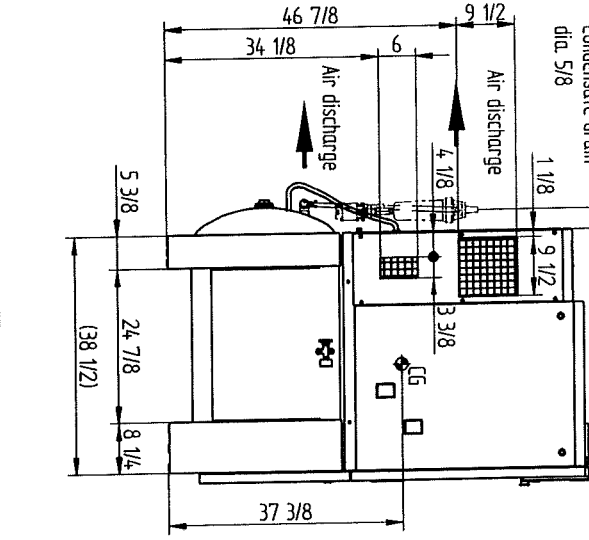
ATTENTION!
Allow 4" clearance in narrow passages and doorways
Crating has not been considered

| Tag | Name |
|----------------------|----------|
| Gez. 16.05.2011 | Dumrey |
| Gepr. | Schubert |
| Fertigge. 16.05.2011 | |
| Industab | |

Aircenter SFC 8 (K1)
Aircenter SM 7.5/10/15
Ersatz für

KAESER
KOMPRESSOREN
T11378.01 use
A-order 00

CG : Centre of gravity
position marginally dependent on design





January 3, 2017

Industrial Process Piping, Inc.
1352 Combermere
Troy, MI 48083

Attn: Terry Roberts
Cell: 248-388-2388
E-M: troberts@industrialprocesspiping.com

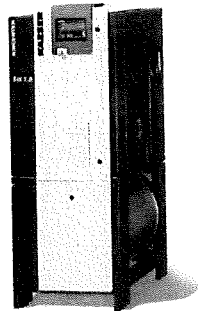
Sub: City of Troy – Duplex Kaeser Air System Installation

Hello Terry:

Please use the enclosed quotation for Air Center to supply the (2) Kaeser SM 7.5 AirCenter packaged compressed air systems with auto-dual and lead lag controls.

The Kaeser air compressor, refrigerated air dryer and air receiver tanks are prepackaged. A Kaeser Eco-Drain 30, 115/1/60, no-air-loss demand drain is shipped loose, with fittings to install, on each air compressor package. A single Kaeser air-line filter and condensate filter (oil/water separator) sized for both units will also be supplied.

Kaeser SM 7.5 AirCenter Duplex Air System



The two (2) rugged, reliable and energy efficient Kaeser SM 7.5 AirCenter packaged compressed air systems include the Kaeser air compressor, refrigerated air dryer and air receiver pre-packaged for easy "plug-and-play" installation. The air compressors feature Kaeser auto-dual control and lead/lag controls.

WORLD CLASS SERVICE

1201 E. WHITCOMB AVE., MADISON HEIGHTS, MI 48071
PH: 248.619.7800 • 1.800.247.2959 • FAX: 248.268.2651 • WWW.TEAMAIRCENTER.COM



The high-efficiency coalescing air-line filter sized for both unit and no-air-loss demand drain for the (2) tanks are shipped loose for easy onsite connection. This "plug-and-play" factory packaged compressed air system requires only a single discharge air pipe connection and single 230/3/60 electrical power connection to put into service. A 115/1/60 wall receptacle to plug in the (2) air receiver tank drains is also required.

The Kaeser AirCenter features Kaeser's auto-dual control system which operates the air compressor in a load/no-load sequence until the plant's compressed air demand has been met. When the air demand has been satisfied, the Kaeser air compressor will unload, reducing the power consumption to only 25% of full load. If the compressed air demand does not require the air compressor to re-load within 6-minutes, the unit will automatically shut off and be in the standby mode and will automatically re-start, via the reduced voltage motor starter, upon on a fall in system pressure. Kaeser's reduced voltage motor starting softens the re-start and lowers the initial motor inrush current. The Kaeser auto-dual control feature is very reliable and energy efficient manner in which to operate an air compressor.

The Kaeser SM 7.5 AirCenter's will also include lead/lag control sequence with unloaded, time delay shut-off. The basis of design would be to operate the base load unit to cover the typical system demand. Should the primary air compressor fail to start for any reason, or if there is an event where a single Kaeser is not able to maintain the system demand, the second unit will automatically come on line to trim the demand. Once the high demand has been satisfied, the second (trim) air compressor will unload, time out, shut-off and once again be in the standby mode. The control sequence allows for automatic rotation between the lead and lag air compressors every 24-hours.

Each Kaeser SM 7.5 AirCenter is capable of producing 32 CFM of clean dry compressed air at 80 - 125 PSIG operating pressure. The Kaeser AirCenter is a constant duty air compressor designed to be operated 24/7 at full capacity. Oversizing for stop-start operation like a piston type air compressor is not required.

The Kaeser SM AirCenter includes a washable filter mat mounted on the outside of the coolers to keep dust and dirt from plugging the coolers. It can be removed to wash and reinstalled.

The following premium components are included:

- **Sigma 5/6 airend profile**
- **Premium Efficiency IP54 Total Enclosed Fan Cooled (TEFC) 230 volt, 3-phase** with class F insulation and 1.15 service factor copper wound motor
- **Wye-Delta reduced voltage motor starter, 230/3/60** with 115/1/60 voltage transformer
- **NEMA 12 electrical enclosure** with gasket door closure and UL 508A approved

WORLD CLASS SERVICE



- **Filtered cooling air ventilation** in control panel door keeps the motor control center cool, clean and dry.
- **Auto dual control** allows for automatic load/no-load sequencing of the air compressor with time delay shutdown when no compressed air is required
- **Kaeser Sigma Basic Control System** features a PLC-based controller
- **Heavy duty corrosion resistant oil cooler**
- **Heavy duty corrosion resistant after-cooler** removes the heat of compression to assure proper operation of refrigerated air dryer on hot humid days. A cabinet filter
- **Integral moisture separator and Eco-Drain no-air-loss drain**
- **10-micron fluid (oil) filter** with pleated element
- **Factory fill** of initial compressor fluid
- **Formed corrosion resistant metal tubing with leak-free flexible connectors** are used for the compressed air and oil lines. **No** inexpensive hose, plastic tubing or pipe fittings.
- **Integral vibration mounts** mounted under airend, motor and air/oil separator sump eliminate vibration and internal oil leaks. Also, allows for quieter operation.
- **Sound-attenuated "super sound proof" enclosure** with heavy gauge powder coated steel gasket lined doors and panels with **key locks** to assure quiet operation at 66 dBA
- **Sealed bottom floor**
- **Cabinet panel filter**
- **Refrigerated air dryer for 38° F dew point** with **stainless steel and cooper** corrosion-free heat exchangers
- **Integral moisture separator and Eco-Drain no-air-loss demand**
- **Horizontal air receiver** with safety relief valve and pressure indicator and **powder coated** exterior paint finish resists corrosion
- **Horizontal profile** requires less floor space and allows for integral packaging and is sized for proper storage and load cycling of the air compressor
- **Eco-Drain no-air-loss demand drain** automatically drains the condensate collected in the air receiver on demand. Supplied with 115v grounded cord and plug
- **Warranty** - The Kaeser SM air compressor is provided with a five (5) year warranty on the compressor airend (rotary screw element) and the balance of the components on the air compressor are covered for one (1) year

A single Kaeser F22KB coalescing air-line with filter with integral no-air-loss drain sized for both air compressor packages will be supplied loose for piping in the compressor manifold.

WORLD CLASS SERVICE

1201 E. WHITCOMB AVE., MADISON HEIGHTS, MI 48071

PH: 248.619.7800 • 1.800.247.2959 • FAX: 248.268.2651 • WWW.TEAMAIRCENTER.COM



P.O. Box 946
Fredericksburg, VA 22404

SIGMA S-460

MATERIAL SAFETY DATA SHEET

HMIS/NFPA Health: 0 Fire: 1 Reactivity: 0 PPI: N/A

SECTION 1: DESCRIPTION

| | |
|-----------------------------------------------------------------|--------------------------------------------------|
| PRODUCT NAME SIGMA S-460 Synthetic Air Compressor Oil | DOT PROPER SHIPPING NAME Not Listed |
| (Manufactured for Kaeser by: Royal Purple, Inc.) | DOT HAZARD CLASS Non-Hazardous |
| CHEMICAL FAMILY Synthetic Lubricants | DATE June 1, 2000 BY JBW (281-446-1000) |

SECTION 2: INGREDIENTS

| COMPONENT | CAS No. | % |
|---------------------------------------|------------|-----------|
| Poly Ester Synthetic | 68515-49-1 | 5 to 10% |
| Poly Alpha Olefin Synthetic | 68037-01-4 | 75 to 80% |
| Hydrogenated ISO-Paraffin | 64742-65-0 | 10 to 15% |
| Synthetic Oxidation Inhibitor | 68608-77-5 | 0.5 to 1% |
| Synthetic Corrosion Inhibitor | 55906-42-8 | 0.5 to 1% |
| Synthetic Ashless Oxidation Inhibitor | 10254-57-6 | 0.5 to 1% |

This product contains no hazardous substance within the definition of OSHA Regulation 29 CFR 1910.1200.

Royal Purple Lubricants certifies that this product has been evaluated for RCRA characteristics and does not meet the criteria of a hazardous waste if discarded in its purchased form. Under RCRA, it is the responsibility of the user of the product to determine at the time of disposal, whether the product meets RCRA criteria for hazardous wastes. This is because product uses, transformations, mixtures, processes, etc. may render the resulting material hazardous.

SECTION 3: PHYSICAL DATA

| | | | |
|---------------------------------|------------------|---------------------|-------------------|
| Boiling Point °C/°F | >700°F | Pour Point °C/°F | -50°F or lower |
| Vapor Pressure mm Hg @ 20 °C | Less Than 0.1 | Evaporation Rate | Negligible |
| Vapor Density (Air = 1) | Greater Than Air | Specific Gravity | Greater Than 0.86 |
| Solubility in Water | Negligible | Physical State | Liquid |
| Appearance | Golden | Odor | Lube Oil |

SECTION 4: FIRE AND EXPLOSION HAZARD DATA

| | |
|---------------------------------------|-----------------------------------------------------------------------|
| Flash Point °C/°F | >460°F |
| Extinguishing Media | Dry Chemical, Foam, CO ₂ , Water Fog |
| Special Fire Fighting Procedures | Positive pressure, self-contained breathing apparatus should be worn. |
| Unusual Fire and Explosion Hazards | None |

SECTION 5: REACTIVITY HAZARDS

| | | | |
|-----------------------------------------|----------------------------------------------------------------|------------|--------------------------------------|
| Stability | Unstable <input type="checkbox"/> | Conditions | |
| | Stable <input checked="" type="checkbox"/> | to avoid | Extreme Heat & Open Flame |
| Incompatibility (materials to Avoid) | Strong Oxidizers | | |
| Hazardous Decomposition Products | Carbon Monoxide, Hydrogen, Aldehydes, smoke & fumes | | |
| Hazardous Polymerization | May Occur <input type="checkbox"/> | Conditions | |
| | Will Not Occur <input checked="" type="checkbox"/> | to Avoid | |

SECTION 6: HEALTH HAZARDS

| | | | | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------|----------------------------------------|----------------------------------------|
| 1. Acute Overexposure | No significant adverse health effects are expected upon short-term exposure | | | | |
| 2. Chronic Overexposure | Repeated and long time skin contact for persons hypersensitive to petroleum products may cause redness and irritation of eyes and skin. | | | | |
| Chemical Listed as Carcinogen or Potential Carcinogen | National Toxicology Program | Yes <input type="checkbox"/> | I.A.R.C. Monographs | Yes <input type="checkbox"/> | OSHA Yes <input type="checkbox"/> |
| | | No <input checked="" type="checkbox"/> | | No <input checked="" type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Threshold Limit Value | 5mg / m³ for mineral oils and synthetic lubricants | | | | |
| Emergency and First Aid Procedures / Primary Routes of Entry | | | | | |
| 1. Inhalation | Vaporization is not expected at ambient temperatures, so there should be no problem. | | | | |
| 2. Eyes | Wash with copious quantities of water. If irritation persists, get medical attention. Slightly irritating but does not damage eye tissue. | | | | |
| 3. Skin | Wash with soap and water. Low order of toxicity. | | | | |
| 4. Ingestion | Do not induce vomiting; call physician. | Medical Conditions Aggravated by Exposure | None Known | | |

SECTION 7: SPECIAL PROTECTION INFORMATION

| | | | | | |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------|--|--|
| Respiratory Protection | None required with adequate ventilation. In enclosed areas, supplied-air may be used. | | | | |
| Ventilation | If mists are present in a confined space, provide adequate ventilation to control level below the permissible exposure limit. | | | | |
| Protective Gloves | Oil resistant | Eye Protection | Use splash goggles or safety glasses when eye contact may occur. | | |
| Other Protective Clothing or Equipment | If there is a likelihood of oil splashing, an oil resistant apron should be worn to protect clothing. | | | | |

SECTION 8: SPECIAL PRECAUTIONS AND SPILL / LEAK PROCEDURES

| | |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Precautions to be Taken in Handling and Storage | Normal precautions - keep away from flames, sparks or ignition sources. Do not weld, or use torch, on the container or near the container. |
| Other Precautions | Laundry oil soaked clothing before reuse. |
| Steps to be Taken in Case Material is Released or Spilled | Contain spill and keep from entering waterways or sewers. Absorb on porous inert material. Large quantities can be pumped. |
| Waste Disposal Methods | Dispose according to current Local, State and Federal regulations. Consider recycling. |

The information in this MSDS was obtained from sources which we believe are reliable. HOWEVER, THE INFORMATION IS PROVIDED WITHOUT ANY WARRANTY, EXPRESS OR IMPLIED, REGARDING ITS CORRECTNESS.

The conditions or methods of handling, storage, use and disposal of the product are beyond our control and may be beyond our knowledge. FOR THIS AND OTHER REASONS, WE DO NOT ASSUME RESPONSIBILITY AND EXPRESSLY DISCLAIM LIABILITY FOR LOSS, DAMAGE OR EXPENSE ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE HANDLING, STORAGE, USE OR DISPOSAL OF THE PRODUCT.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/05/2017

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 | Avery-Hasler & Associates, Inc. 14 E 14 Mile Rd Clawson MI 48017 | CONTACT NAME: Raye Lynn McGuire | PHONE (A/C, No, Ext): 248-588-3434 | FAX (A/C, No): 248-588-1833 |
| | | E-MAIL ADDRESS: lynnm@averyhasler.com | | |
| INSURED | INDUSTRIAL PROCESS PIPING, INC. Terrance & Loretta Roberts 347 PARK DRIVE TROY MI 48083 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | | INSURER A: Gemini Ins Co | 10833 | |
| | | INSURER B: Westfield Ins Co | 24112 | |
| | | INSURER C: Safety National/ABC Construction | 15105 | |
| | | INSURER D: | | |
| | | INSURER E: | | |
| | | INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER:** 2017010509163637 **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 | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | Y | N | VMGP002732 | 01/01/2017 | 01/01/2018 | EACH OCCURRENCE \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 |
| B | <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | Y | N | CWP4155473 | 01/01/2017 | 01/01/2018 | MED EXP (Any one person) \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$ | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | N | INDUS1C | 05/01/2016 | 05/01/2017 | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | | | | | | | Fire Legal Liability \$ |
| | | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | | | | | | | EACH OCCURRENCE \$ |
| | | | | | | | AGGREGATE \$ |
| | | | | | | | \$ |
| | | | | | | | <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)

ADDITIONAL INSURED: CITY OF TROY, PRIMARY AND NON CONTRIBUTORY APPLIES - 30 DAYS NOTICE OF NON PAYMENT FOR UNDERWRITING REASONS AND 10 DAYS NOTICE FOR NON PAYMENT OF PREMIUM.

| | |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER | CANCELLATION |
| CITY OF TROY MR. BRIAN VARNEY FLEET OPERATIONS MANAGER 4693 ROCHESTER ROAD TROY MI 48085 Email: Brian.Varney@troymi.gov | 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 |