

c) **Standard Purchasing Resolution 2: Award to Low Bidder Meeting Specifications - Fire Hose Replacement Program for the Fire Department**

Resolution #2018-04-054-J-4c

RESOLVED, That Troy City Council hereby **AWARDS** a contract to the low bidder meeting specifications, *Apollo Fire Equipment of Romeo, MI*, to purchase replacement fire hose as specified and as needed for an estimated total cost of \$120,000 over the next three (3) fiscal years at the unit prices as contained in the bid tabulation opened March 15, 2018, a copy of which shall be **ATTACHED** to the original Minutes of this meeting, the cost of which shall not exceed annual budgetary limitations; with the contract expiring June 30, 2020.

BE IT FURTHER RESOLVED, That the award is **CONTINGENT** upon the contractor's submission of properly executed bid and proposal documents, including insurance certificates and all other specified requirements.

PURCHASE ORDER

No. 2018-00001173
DATE: 04/20/2018
PAGE: 1 of 1
FOB DESTINATION

Ship To

CITY OF TROY
Fire
500 W BIG BEAVER RD
TROY, MI 48084

Bill To

CITY OF TROY
Fire
500 W BIG BEAVER RD
TROY, MI 48084

VENDOR NO. 103512

Vendor

APOLLO FIRE EQUIPMENT
12584 LAKESHORE DR
ROMEO, MI 48065-4417

EXPIRATION DATE
06/30/2018
COUNCIL RESOLUTION
2018-04-054-J-4c

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Lump Sum	FIRE HOSE REPLACEMENT PROGRAM Purchase of Replacement Fire Hose as specified and as needed in accordance with all bid specifications of ITB-COT 18-12 and the attached pricing sheet. ****THREE YEAR CONTRACT**** This PO is for Year One of a potential Three (3) Year Contract.	40,000.0000	\$40,000.00

Entered By: MaryBeth Murz

\$40,000.00

Special Instructions:

APPROVED BY CITY COUNCIL ON 04/09/2018. CERTIFICATE OF INSURANCE SHALL BE ON FILE FOR THE DURATION OF THE CONTRACT.

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.



Opening Date: 3/15/2018
Reviewed Date: 3/15/2018

BID TABULATION
CITY OF TROY
FIRE HOSE REPLACEMENT PROGRAM

ITB-COT 18-12
Page 1 of 1

Vendor Name: Check #:		Apollo Fire Equipment Co.			First Due Fire Supply		
		Romeo, MI			Mason, MI		
		1724220			39119		
PROPOSAL A: 5" LDH Supply Hose - All American Snap Tite Kryptonite in Blaze Orange with aluminum stortz connections. All hoses shall be stamped with "Troy FD" at both ends along with the date of manufacturing.							
		2018	2019	2020	2018	2019	2020
Item #	Size	Unit Price	Unit Price	Unit Price	Unit Price	Unit Price	Unit Price
1	5" x 25'	\$289.00	\$289.00	\$299.00	\$385.19	\$396.50	\$409.85
2	5" x 50'	\$393.50	\$393.50	\$405.50	\$518.70	\$560.84	\$564.20
3	5" x 100'	\$644.00	\$644.00	\$663.50	\$863.20	\$890.50	\$916.16
PROPOSAL B: All American PONN Conquest in both 1¼" and 2.5" shall have solid color choices to include red, orange, white, yellow, green and black (white with black stripe acceptable). All hoses shall be stamped with "Troy FD" on both ends along with the date of manufacturing. Couplings shall be aluminum. 1 ¼" couplings shall be national standard 1.5" 3 rocker. All 2.5" couplings shall be aluminum Detroit thread 3 rocker.							
		2018	2019	2020	2018	2019	2020
Item #	Size	Unit Price	Unit Price	Unit Price	Unit Price	Unit Price	Unit Price
4	1 ¾" x 100'	\$363.50	\$363.50	\$375.00	\$504.40	\$452.73	\$466.53
5	1 ¼" x50'	\$205.50	\$205.50	\$212.00	\$248.30	\$261.85	\$268.93
6	2.5" x 100'	\$435.00	\$435.00	\$448.00	\$525.85	\$546.96	\$556.88
7	2.5" x 50'	\$252.00	\$252.00	\$260.00	\$304.85	\$319.35	\$328.92
PROPOSAL C: Cost for color coded couplings and/or arrows on couplings. (If available)							
		2018	2019	2020	2018	2019	2020
	Couplings	\$8.00	\$10.75	\$12.90	\$39/ Per set	\$42.90/ Per set	\$46.80/ Per set
	Arrow Couplings				\$9.10	\$13.00	\$15.60
Contact Information:	Dave Duddles			Daniel Hamel			
Hours of Operation:	8AM-430PM M-F			830AM-5PM M-F			
24 Hour Phone #:	810-877-5501			517-712-0687			
Product Lead Time:	30 Days			4 Weeks			
Insurance Met: Y or N	Y			Y			
Payment Terms:	Net 30 Days			Net 30			
Warranty:	Standard Manufacturers Warranty			10 Years			
Exceptions: Y or N	N			N			
Acknowledgement: Y or N	Y			Y			
Forms: Y or N	Y			Y			

ATTEST:

Kristine Kallek

Sue Reisterer

Peter Hullinger

MaryBeth Murz
Purchasing Manager



**CITY OF TROY
BID PROPOSAL**

ITB-COT 18-12

Page 1 of 6

The undersigned proposes to **PROVIDE A FIRE HOSE REPLACEMENT PROGRAM FOR THE CITY OF TROY FIRE DEPARTMENT** in accordance with the attached specifications. The specifications are to be considered an integral part of this bid proposal, at the following prices:

COMPANY NAME: APOLLO FIRE EQUIPMENT CO.

PROPOSAL A: 5" LDH Supply Hose - All American Snap Tite Kryptonite in Blaze Orange with aluminum stortz connections. All hoses shall be stamped with "Troy FD" at both ends along with the date of manufacturing.

	2018	2019	2020
Size	Unit Price	Unit Price	Unit Price
5" x 25'	289.00	289.00	299.00
5" x 50'	393.50	393.50	405.50
5" x 100'	644.00	644.00	663.50

PROPOSAL B: All American PONN Conquest in both 1 3/4" and 2.5" shall have solid color choices to include red, orange, white, yellow, green and black (white with black stripe acceptable). All hoses shall be stamped with "Troy FD" on both ends along with the date of manufacturing. Couplings shall be aluminum. 1 3/4" couplings shall be national standard 1.5" 3 rocker. All 2.5" couplings shall be aluminum Detroit thread 3 rocker.

	2018	2019	2020
Size	Unit Price	Unit Price	Unit Price
1 3/4" x 100'	363.50	363.50	375.00
1 3/4" x 50'	205.50	205.50	212.00
2.5" x 100'	435.00	435.00	448.00
2.5" x 50'	252.00	252.00	260.00

**PROPOSAL C: Cost for color coded couplings and/or arrows on couplings.
(If available)**

	2018	2019	2020
	8.00	10.75	12.90

NOTE: The City of Troy Fire Department maintains approximately 55,000 feet of Fire Hose. It is anticipated that 10,000 – 15,000 feet of Fire Hose will be replaced annually on an as needed basis. Colors, sizes and lengths of Fire Hose shall change as needed and as required by the Fire Department.

INFORMATION:

For additional general information or questions concerning this project please contact **MaryBeth Murz, Purchasing Manager**, at **(248) 680-7291** between the hours of 8:00 a.m. and 4:00 p.m., Monday thru Friday.

DESIGNATED CITY REPRESENTATIVE:

Peter Hullinger Fire Lieutenant at (248) 524-3417 (Peter.hullinger@troymi.gov) is the designated City Representative for this project.

CONTACT INFORMATION:

Hours of operation: M-F 8:00-4:30 24 Hour Phone No. 810-877-5501
Contact Person: DAVE DUDDLES Phone No. 810-877-5501

PRODUCT LEAD TIME: 30 DAYS

DOWNPAYMENTS AND PREPAYMENTS:

Any bid submitted which requires a down payment or prepayment for services prior to performance and acceptance, as being in conformance with specifications will not be considered for award. No payments will be made until work/ service is performed to the satisfaction of the authorized City representative.

APPROVED ALTERNATES:

The City of Troy's designated department representative or his/her designee will not accept any alternate substitutes or comparable products. Their decision as acceptability will be deemed in the City of Troy's best interest and will be final.

MATERIAL AVAILABILITY:

Bidders must accept responsibility for verification of material availability, production schedules, and other pertinent data prior to submission of their bid, and confirm delivery times. It is the responsibility of the bidder to notify the City immediately if items specified are discontinued, replaced, or not available for an extended period of time.

DELIVERY:

All shipments will be sent to **Troy Fire Department, 4693 Rochester Rd, Troy, MI 48085 ATTN: LT. Hullinger**. All materials are to be F.O.B. delivered, freight paid to the location(s) in the City of Troy in accordance with the attached specifications.

SAMPLES:

Actual samples of quoted material may be requested at the discretion of the City of Troy's designated representative. Samples will be provided at no cost to the City and will become the property of the City of Troy. Submitted samples may be used for testing purposes.

AWARD:

The evaluation and award of this bid shall be a combination of factors, including but not limited to: cost, professional competence, equipment, references, submission of the schedule of values, 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 total bidder meeting specifications; to reject low bids which have major deviations from specifications; to accept a higher bid which has only minor deviations; whatever is deemed to be in the City's best interest.

COMPANY NAME: APOLLO FIRE EQUIPMENT

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.

BID DEPOSIT AND FORFEITURE:

The bid deposit of the lowest bidder shall be forfeit if, after bid opening, a change in the bid price or other provision of the bid is required by the bidder that is prejudicial to the interest of the City of Troy or fair competition.

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.

SUBCONTRACTORS:

The undersigned agrees to submit a list of proposed subcontractors, if applicable, for approval by the designated City representative within 72 hours after notification of being the low qualified bidder. It will be understood that this may occur prior to bid award, but the bidder's status will not be final until approved by the Troy City Council.

It will be the successful bidder's responsibility to ensure that any subcontractor performing work on this project is capable of doing the work as specified. The designated City representative retains the right to evaluate the work performed by or on behalf of the successful bidder and reserves the right to reject any work performed that is not in accordance with the specifications or is considered to be poor workmanship. Payment will not be made until the successful bidder has corrected any deficiencies found to the satisfaction of the designated City representative.

PURCHASE ORDER:

After the Troy City Council has approved the award recommendation and acceptable insurance is received, the successful bidder will receive a purchase order issued from the City of Troy, which will create a bilateral contract between the City of Troy and the successful bidder. The purchase order shall commit the bidder to perform the contract in accordance with specifications. A contract document will not be issued.

REFERENCES:

The City of Troy requires that your company list at least three (3) clients who have recently had similar work and material installed by your company; specifically at Fire Stations, Government entities or similar applications. If your company has done work for the City of Troy in the past, it is required the City be listed as one of your references.

COMPANY: DEARBORN HEIGHTS FIRE DEPT.
ADDRESS: 4500 S. TELEGRAPH DEARBORN HEIGHTS, MI 48125
PHONE: 313-277-7735 CONTACT: DAN ROOT
EMAIL: _____

COMPANY: WAYNE FIRE DEPT.
ADDRESS: 3300 S. WAYNE RD. WAYNE, MI 48184
PHONE: 734-722-1111 CONTACT: KYLE SOYKO
EMAIL: _____

COMPANY: DEARBORN FIRE DEPT.
ADDRESS: 6501 SCHAEFER DEARBORN, MI 48126
PHONE: 313-943-3085 CONTACT: MIKE BRACKETT
EMAIL: _____

COMPANY NAME: APOLLO FIRE EQUIPMENT CO.

IMPORTANT:

The City shall have the right to require by written order, changes in, additions to, or deductions from the work required by the bid documents provided that if changes, additions, or deductions are made, the general character of the work as a whole is not changed thereby. Adjustments in the Contract price, if any, because of any change, addition, or deduction in the work, shall be determined as hereinafter provided, and any claim for extension of time for completion shall be adjusted at the time of ordering the changes, additions, or deductions.

No claim for change, addition, or deduction, or adjusting of price, or extension of time for completion thereof, shall be made or allowed unless done in pursuance of written order from the City specifically authorizing such change, addition, or deduction. Drawings without a written order shall not be considered such authority. Written notice of such claims shall be made to the designated City representative before the commencement of the work. Where the written order diminishes the quality of work to be done, this shall not constitute a basis for a claim for damages or anticipated profits on the work that may be dispensed with.

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.

- (X) 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.

COMPANY NAME: APOLLO FIRE EQUIPMENT CO.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/14/2018

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 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 Blanchard Agency 22955 21 Mile Road P. O. Box 606 Mt. Clemens MI 48046-0606	CONTACT NAME: Regina Miller PHONE (A/C, No, Ext): (586) 598-7300 FAX (A/C, No): (586) 598-7308 E-MAIL: jmillier@blanchardagency.com ADDRESS: jmillier@blanchardagency.com
INSURED Apollo Fire Equipment Co 12584 Lakeshore Dr Romeo MI 48065-4417	INSURER(S) AFFORDING COVERAGE INSURER A: Auto Owners Insurance Company NAIC # 18988 INSURER B: Frankenmuth Insurance 13986 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL1811005919

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		04867901	9/12/2017	9/12/2018	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 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Premises/Operations \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		04867901	9/12/2017	9/12/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WC 6296487	9/12/2017	9/12/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

Troy Fire Department 500 West Big Beaver Rd. Troy, MI 48084	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 David Meldrum/RM <i>David A. Mable</i>
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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.

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: APOLLO FIRE EQUIPMENT CO.

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 through Fire Hose Program completion.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: 

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: 38-2415038

COMPANY: APOLLO FIRE EQUIPMENT CO.

ADDRESS: 12584 LAKESHORE DR. CITY: ROMEO STATE: MI ZIP: 48065

PHONE: (586) 752-1800 FAX NUMBER: (586) 752-6907

REPRESENTATIVE NAME: DAVE DUDDLES
(Print)

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____

PAYMENT TERMS: NET 30 DAYS WARRANTY: STANDARD MANUFACTURERS WARRANTY

CHECK INCLUDED: X E-MAIL: apollo@apollofire.com

EXCEPTIONS:

Any exceptions, substitutions, deviations, etc. from the City of Troy specifications and this proposal must be stated below and reason for, and are an integral part of this bid proposal offer.

ACKNOWLEDGEMENT:

I, DAVE DUDDLES, 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: 

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 SDS at the time of bid submission.

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.

U.S. FUNDS:

All prices are to be quoted in U. S. Currency.



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 MI for whom
DAVE DUDDLES, bearing the office title of SALES REPRESENTATIVE, whose
signature is affixed to this proposal, is duly authorized to execute contracts.

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

~~XX~~
~~An individual, whose signature is affixed to the proposal,~~

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

TO WHOM IT MAY CONCERN:

David Brian Waddles, being duly sworn deposed, says that he
(Print Full Name)

is SALES. 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.

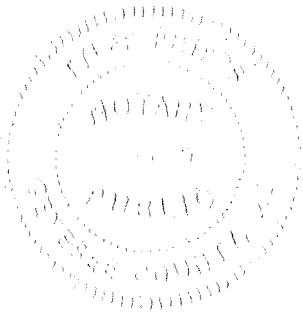
David Brian Waddles
SIGNATURE OF PERSON SUBMITTING BID

[Signature]
NOTARY'S SIGNATURE

Subscribed and sworn to before me this 14
day of March, 2018
in and for Genesee County.

My commission expires:

6-08-2024





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.**

APOLLO FIRE EQUIPMENT CO.

Name of Agency/Company/Firm (Please Print)

DAVE DUDDLES, SALES REPRESENTATIVE

Name and title of authorized representative (Please Print)

David Duddles

Signature of authorized representative

MARCH 14, 2018

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	APOLLO FIRE EQUIPMENT COMPANY
Street Address	12584 LAKESHORE DR.
City	ROMEO
State, Zip	MI 48065
Corporate I.D. Number/State	
Taxpayer I.D. #	38-2415038

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:

A handwritten signature in black ink, appearing to read 'Dave Duddles', written over a horizontal line.

Printed Name of Vendor's Authorized Agent: DAVE DUDDLES

Witness Signature:

A handwritten signature in black ink, appearing to read 'Paulette Lean', written over a horizontal line.

Printed Name of Witness: PAULETTE LEAN



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
00/00/20XX

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 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 ABC Insurance Agency 123 Main Street Anywhere, USA	CONTACT NAME: PHONE (A/C, No, Ext): 555-555-1234 FAX (A/C, No): 555-555-5678 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: ABC Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED XYZ Construction Company 456 Main Street Anywhere MI	NAIC # 00000

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	00-00-00-00	00/00/00	00/00/00	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 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Y	00-00-00-00	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	00-00-00-00	00/00/00	00/00/00	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Additional Insured - See Endorsement
Cancellation Notice - See Endorsement
Primary & Non-Contributory - See Endorsement

Project name: _____

CERTIFICATE HOLDER

CANCELLATION

Entity Name
Attn: Contact Name
Entity Address
City, State Zip

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

AGENT SIGNATURE

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Sample Additional Insured Endorsement for General Liability

ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT

Named Insured			Endorsement Number 4
Policy Symbol HDO	Policy Number 1	Policy Period 10/01/2014 TO 10/01/2015	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SECTION II - WHO IS AN INSURED, is amended to include as an additional insured:
Any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability arising out of your operations, completed operations, or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:

- The coverage and/or limits of this policy, or
- The coverage and/or limits required by said contract or agreement.

Authorized Agent

Sample Additional Insured Endorsement for Automobile Liability

**ADDITIONAL INSURED -
DESIGNATED PERSONS OR ORGANIZATIONS**

Named Insured *			Endorsement Number 2
Policy Symbol ISA	Policy Number	Policy Period 10/01/2014 TO 10/01/2015	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

The above is required to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
GARAGE COVERAGE FORM
EXCESS BUSINESS AUTO COVERAGE FORM
EXCESS TRUCKERS COVERAGE FORM**

Additional Insured(s): Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

- A. For a covered "auto," Who is Insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:
1. You.
 2. Any of your "employees" or agents.
 3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.
- B. The persons or organizations named in this endorsement are not liable for payment of your premium.

Authorized Representative



**STATEMENT OF NO BID
CITY OF TROY**

BID NUMBER: ITB-COT 18-12
TITLE: Fire Hoses

Please Send or Fax To:

City of Troy Purchasing Department
500 W. Big Beaver Rd.
Troy, MI 48084

FAX NUMBER: (248) 619-7608

We, the undersigned, have declined to bid on the subject bid for the following reasons:

Check All That Apply	REASON
<input type="checkbox"/>	Our company does not handle the type of product / service
<input type="checkbox"/>	We cannot meet the specifications nor provide an approved alternate – please explain below
<input type="checkbox"/>	Our company is not interested in bidding at this time
<input type="checkbox"/>	Job is too small
<input type="checkbox"/>	Job is too large
<input type="checkbox"/>	Cannot be competitive
<input type="checkbox"/>	Liability Issues such as insurance, bonding, indemnification, hold harmless
<input type="checkbox"/>	Insufficient time to respond – please explain below
<input type="checkbox"/>	Our company's schedule would not permit performance of the specifications
<input type="checkbox"/>	Other – describe below

REMARKS: _____

COMPANY INFORMATION:

COMPANY NAME: _____
SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: _____
TITLE: _____
COMPANY: _____
ADDRESS: _____
FAX NUMBER: _____ TELEPHONE NUMBER: _____

IMPORTANT NOTE: To qualify as a respondent to the bid, the vendor must submit a bid or return this completed form.

VENDOR REGISTRATION: The City of Troy uses the MITN website for vendor registration, bid and tabulation posting, award information and other processes. Final bid results will be posted on the MITN website after award. Please register to see results - www.mitn.info.



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Date: April 2, 2018

To: Mark F. Miller, Acting City Manager

From: MaryBeth Murz, Purchasing Director
David Roberts, Fire Chief
Peter Hullinger, Staff Lieutenant

Subject: Standard Purchasing Resolution 2 - Award to Low Bidder meeting Specifications - Fire Hose Replacement Program for the Fire Department

History

The fire department utilizes fire hoses of several different types, sizes, and colors for firefighting. National standards require all of the City's fire hose to be performance tested on an annual basis. Due to fire hose failures during annual testing, and the national standard for fire hose service life requiring any hose manufactured prior to 1987 to be removed from service, the fire department sought bids to replace fire hose. The fire department currently has over 55,000 feet of hose that is in need of replacement; to be replaced as needed. The Fire Department is also in the process of standardizing replacement options as well.

Purchasing

On March 15th, 2018, a bid opening was conducted as required by City Charter and Code for the purchase of fire hose. The bid was posted on the Michigan Inter-governmental Trade Network (MITN) website at www.MITN.info. Two (2) bids were received. Below is a detailed summary of potential vendors:

Companies notified via MITN	198
Troy Companies notified via MITN	8
Troy Companies - Active email Notification	8
Troy Companies - Active Free	0
Companies that viewed the bid	21
Troy Companies that viewed the bid	2

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.

Financial

The unit costs were quoted by hose diameter and length. This bid was for 3 year guaranteed pricing. The fire department estimates spending \$40,000 per year for the next 3 years replacing fire hose. Funds have been budgeted in the Operating Supplies Fire Equipment account #101.336.338.7740.115.

Est. total cost \$120,000

Contract to expire 6.30.2020.¹

Opening Date: 3/15/2018
Reviewed Date: 3/15/2018

BID TABULATION
CITY OF TROY
FIRE HOSE REPLACEMENT PROGRAM

ITB-COT 18-12
Page 1 of 1

Vendor Name:	Apollo Fire Equipment Co.	First Due Fire Supply
Check #:	Romeo, MI	Mason, MI
	1724220	39119

PROPOSAL A: 5" LDH Supply Hose - All American Snap Tite Kryptonite in Blaze Orange with aluminum storz connections. All hoses shall be stamped with "Troy FD" at both ends along with the date of manufacturing.

Item #	Size	2018 Unit Price	2019 Unit Price	2020 Unit Price	2018 Unit Price	2019 Unit Price	2020 Unit Price
1	5" x 25'	\$289.00	\$289.00	\$299.00	\$385.19	\$396.50	\$409.85
2	5" x 50'	\$393.50	\$393.50	\$405.50	\$518.70	\$560.84	\$564.20
3	5" x 100'	\$644.00	\$644.00	\$663.50	\$863.20	\$890.50	\$916.16

PROPOSAL B: All American PONN Conquest in both 1 1/4" and 2.5" shall have solid color choices to include red, orange, white, yellow, green and black (white with black stripe acceptable). All hoses shall be stamped with "Troy FD" on both ends along with the date of manufacturing. Couplings shall be aluminum. 1 1/4" couplings shall be national standard 1.5" 3 rocker. All 2.5" couplings shall be aluminum Detroit thread 3 rocker.

Item #	Size	2018 Unit Price	2019 Unit Price	2020 Unit Price	2018 Unit Price	2019 Unit Price	2020 Unit Price
4	1 1/4" x 100'	\$363.50	\$363.50	\$375.00	\$504.40	\$452.73	\$466.53
5	1 1/4" x 50'	\$205.50	\$205.50	\$212.00	\$248.30	\$261.85	\$268.93
6	2.5" x 100'	\$435.00	\$435.00	\$448.00	\$525.85	\$546.96	\$556.88
7	2.5" x 50'	\$252.00	\$252.00	\$260.00	\$304.85	\$319.35	\$328.92

PROPOSAL C: Cost for color coded couplings and/or arrows on couplings. (If available)

	2018	2019	2020	2018	2019	2020
Couplings	\$8.00	\$10.75	\$12.90	\$39/ Per set	\$42.90/ Per set	\$46.80/ Per set
Arrow Couplings				\$9.10	\$13.00	\$15.60

Contact Information:	Dave Duddles	Daniel Hamel
Hours of Operation:	8AM-430PM M-F	830AM-5PM M-F
24 Hour Phone #:	810-877-5501	517-712-0687
Product Lead Time:	30 Days	4 Weeks
Insurance Met: Y or N	Y	Y
Payment Terms:	Net 30 Days	Net 30
Warranty:	Standard Manufacturers Warranty	10 Years
Exceptions: Y or N	N	N
Acknowledgement: Y or N	Y	Y
Forms: Y or N	Y	Y

ATTEST:

Kristine Kallek

Sue Reisterer

Peter Hullinger

MaryBeth Murz
Purchasing Manager



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Recommendation

City management recommends awarding a contract to the low bidder meeting specifications; *Apollo Fire Equipment of Romeo, Mi* to purchase replacement fire hose as specified and as needed; for an estimated total cost of \$120,000 over the next three (3) fiscal years not to exceed budgetary limitations at the unit prices as contained in the bid tabulation opened March 15, 2018, a copy of which is attached.

**STANDARD PURCHASING RESOLUTION 2 – Award to Low Bidder meeting Specifications –
Fire Hose Replacement Program for the Fire Department**

RESOLVED, That Troy City Council hereby **AWARDS** a contract to the low bidder meeting specifications; *Apollo Fire Equipment of Romeo, MI* to purchase replacement fire hose as specified and as needed; for an estimated total cost of \$120,000 over the next three (3) fiscal years at the unit prices as contained in the bid tabulation opened March 15, 2018, a copy of which shall be ATTACHED to the original Minutes of this meeting, the cost of which shall not exceed annual budgetary limitations; with the contract expiring June 30, 2020.

BE IT FURTHER RESOLVED, That the award is CONTINGENT upon the contractor's submission of properly executed bid and proposal documents, including insurance certificates and all other specified requirements.

PO #2018-00001173
 APOLLO FIRE EQUIPMENT
 FIRE HOSE REPLACEMENT PROGRAM

Vendor Name: Apollo Fire Equipment Co.
 Romeo, MI

PROPOSAL A: 5" LDH Supply Hose - All American Snap Tite Kryptonite in Blaze Orange with aluminum stortz connections. All hoses shall be stamped with "Troy FD" at both ends along with the date of manufacturing.

		2018	2019	2020
Item #	Size	Unit Price	Unit Price	Unit Price
1	5" x 25'	\$289.00	\$289.00	\$299.00
2	5" x 50'	\$393.50	\$393.50	\$405.50
3	5" x 100'	\$644.00	\$644.00	\$663.50

PROPOSAL B: All American PONN Conquest in both 1 3/4" and 2.5" shall have solid color choices to include red, orange, white, yellow, green and black (white with black stripe acceptable). All hoses shall be stamped with "Troy FD" on both ends along with the date of manufacturing. Couplings shall be aluminum. 1 3/4" couplings shall be national standard 1.5" 3 rocker. All 2.5" couplings shall be aluminum Detroit thread 3 rocker.

		2018	2019	2020
Item #	Size	Unit Price	Unit Price	Unit Price
4	1 3/4" x 100'	\$363.50	\$363.50	\$375.00
5	1 3/4" x 50'	\$205.50	\$205.50	\$212.00
6	2.5" x 100'	\$435.00	\$435.00	\$448.00
7	2.5" x 50'	\$252.00	\$252.00	\$260.00

PROPOSAL C: Cost for color coded couplings and/or arrows on couplings. (If available)

		2018	2019	2020
	Couplings	\$8.00	\$10.75	\$12.90
	Arrow Couplings			

Contact Information:	Dave Duddles
Hours of Operation:	8AM-430PM M-F
24 Hour Phone #:	810-877-5501
Product Lead Time:	30 Days
Insurance Met: Y or N	Y
Payment Terms:	Net 30 Days
Warranty:	Standard Manufacturers Warranty



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/14/2018

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 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 Blanchard Agency 22955 21 Mile Road P. O. Box 606 Mt. Clemens MI 48046-0606		CONTACT NAME: Regina Miller PHONE (A/C, No, Ext): (586) 598-7300 FAX (A/C, No): (586) 598-7308 E-MAIL ADDRESS: jmillier@blanchardagency.com	
INSURED Apollo Fire Equipment Co 12584 Lakeshore Dr Romeo MI 48065-4417		INSURER(S) AFFORDING COVERAGE INSURER A: Auto Owners Insurance Company NAIC # 18988 INSURER B: Frankenmuth Insurance 13986 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1811005919

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			04867901	9/12/2017	9/12/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						Premises/Operations \$
A	AUTOMOBILE LIABILITY			04867901	9/12/2017	9/12/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC. 6296487	9/12/2017	9/12/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A				E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER**CANCELLATION**

City of Troy 500 West Big Beaver Rd. Troy, MI 48084	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 David Meldrum/RM <i>David A. Meldrum</i>

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Auto-Owners Insurance Company

COMMERCIAL GENERAL LIABILITY
55202 (12-04)Z

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED EXCLUSION - PRODUCTS-COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization (Additional Insured):

CITY OF PORTAGE
CITY OF WARREN, CITY OF WARREN MUNICIPAL BUILDING AUTHORITY
WASHINGTON TOWNSHIP
MEIJER AND AFFILIATES
CITY OF BIRMINGHAM
CITY OF DETROIT PURCHASING DEPARTMENT
CITY OF ROCHESTER HILLS
CITY OF STERLING HEIGHTS

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A. Under SECTION I - COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions, the following exclusion is added:**

2. Exclusions

This insurance does not apply to:

The Additional Insured for the "products-completed operations hazard".

- B. Under SECTION II - WHO IS AN INSURED, the following is added:**

The person or organization shown in the above Schedule is an Additional Insured, but only with respect to liability arising out of "your work" for that insured by or for you.

- C. Under SECTION III - LIMITS OF INSURANCE, the following is added:**

The limits of liability for the Additional Insured are those specified in the written contract or agreement between the insured and the owner, lessee or contractor, not to exceed the limits provided in this policy. These limits are inclusive of and not in addition to the limits of insurance shown in the Declarations.

- D. Under SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance, the following is added:**

This insurance is primary for the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that person or organization by or for you. Other insurance available to the person or organization shown in the Schedule will apply as excess insurance and not contribute as primary insurance to the insurance provided by this endorsement.

11-0008-00
BLANCHARD AGENCY INC
PO BOX 606
MOUNT CLEMENS MI 48046-0606

Auto-Owners **INSURANCE**

LIFE • HOME • CAR • BUSINESS

P.O. BOX 30660 • LANSING, MICHIGAN 48909-8160

Auto-Owners Insurance Company

05-14-2018

APOLLO FIRE EQUIPMENT CO
12584 LAKESHORE DR
ROMEO MI 48065-4417

Remember, you can view your policy, pay your bill or change your paperless options any time online, at **www.auto-owners.com**. If you have not already enrolled your policy, you may do so using policy number **024611-04867901-17** and Personal ID Code (PID) **T2N 97V 5P3**.

Your agency's phone number is 586-598-7300.

RE: Policy 024611-04867901-17

Thank you for selecting Auto-Owners Insurance Group to serve your insurance needs! Feel free to contact your independent Auto-Owners agent with questions you may have.

Auto-Owners and its affiliate companies offer a variety of programs, each of which has its own eligibility requirements, coverages and rates. In addition, Auto-Owners also offers many billing options. Please take this opportunity to review your insurance needs with your Auto-Owners agent, and discuss which company, program, and billing option may be most appropriate for you.

Auto-Owners Insurance Company was formed in 1916. The Auto-Owners Insurance Group is comprised of five property and casualty companies and a life insurance company. Our A++ (Superior) rating by A.M. Best Company signifies that we have the financial strength to provide the insurance protection you need.

~ *Serving Our Policyholders and Agents Since 1916* ~

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY BLANCHARD AGENCY INC
11-0008-00 MKT TERR 021 586-598-7300

INSURED APOLLO FIRE EQUIPMENT CO

ADDRESS 12584 LAKESHORE DR
ROMEO MI 48065-4417

TAILORED PROTECTION POLICY DECLARATIONS

Change Endorsement Effective 04-24-2018

POLICY NUMBER 024611-04867901-17

Company Use 04-46-MI-0209

Agency
Bill

Policy Term

12:01 a.m.	12:01 a.m.
09-12-2017	to 09-12-2018

Description of Change

--COMMERCIAL GENERAL LIABILITY COVERAGE PART IS AMENDED AS FOLLOWS--
AMENDED ADDITIONAL INSURED 55202 EXCLUDING PRODUCTS COMPLETED OPS TO
INCLUDE:
CITY OF TROY

Transaction Number: 004

Endorsement Premium:

\$20.00
ADDITIONAL