

## CITY COUNCIL MINUTES

January 23, 2023

### Standard Purchasing Resolution 2: Sole Bidder Meeting Specifications – Water Slide Renovation at the Troy Family Aquatic Center

Resolution #2023-01-018-J-4b

Moved by Abraham

Seconded by Hamilton

RESOLVED, That the Troy City Council hereby **AWARDS** a contract to furnish all equipment, material, and labor to renovate and resurface the interior and exterior of the water slide flumes at the Troy Family Aquatic Center as per bid specifications, to sole bidder meeting specifications, *Dale Cooper LLC dba Safe Slide Restoration of Farmington, MI*, for an estimated total cost of \$86,365.00 and a 10% contingency for a not to exceed total amount of \$95,001.50 at prices contained in the bid tabulation dated January 5, 2023; a copy of which shall be **ATTACHED** to the original Minutes of this meeting.

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

Yes: Hodorek, Baker, Abraham, Brooks, Chamberlain-Creanga, Hamilton

No: None

Absent: Erickson Gault

**MOTION CARRIED**

# PURCHASE ORDER

No. 2023-00000835

DATE: 02/01/2023

PAGE: 1 of 1

FOB DESTINATION

Ship To

CITY OF TROY  
Aquatic Center  
3425 CIVIC CENTER DRIVE  
TROY, MI 48084

Bill To

CITY OF TROY  
Aquatic Center  
3179 LIVERNOIS  
TROY, MI 48083

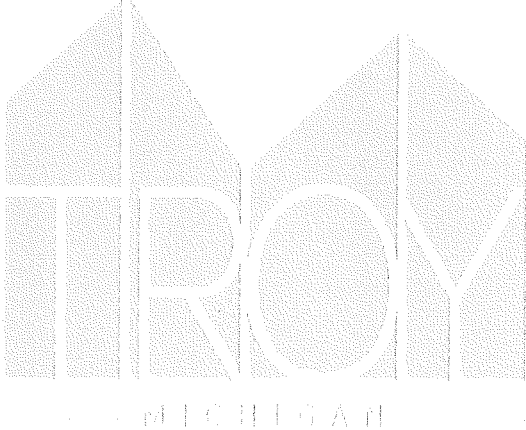
COUNCIL RESOLUTION

2023-01-018-J-4b

VENDOR NO. 177202

Vendor

DALE COOPER LLC  
P O BOX 102  
FARMINGTON, MO 63640

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Each	Slide Renovation - Interior and Exterior	86,365.0000	\$86,365.00
				

Entered By: Emily Frontera

\$86,365.00

## Special Instructions:

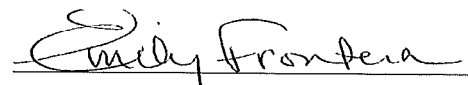
CITY COUNCIL AWARD DATE: 1/23/2023. Contract for Interior and Exterior Slide Restoration in accordance with the specifications and completion date of ITB-COT 22-44. CERTIFICATE OF INSURANCE and ENDORSEMENTS and BONDS shall be on file through contract completion.

## 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: 01/05/2023  
Date Reviewed: 01/05/2023

CITY OF TROY  
BID TABULATION  
SLIDE RENOVATION

ITB-COT 22-44  
Page 1 of 1

VENDOR NAME:	Dale Cooper LLC DBA Safe Slide Restoration
CITY:	Farmington, MO
CHECK AMOUNT:	\$6,500.00
CHECK #:	817311

**PROPOSAL: Waterslide Renovation at the Troy Family Aquatic Center**

<b>SLIDE #1:</b> Furnish all labor, materials, and equipment to have the <b>Tube Waterslide</b> fiberglass repaired, caulked, cleaned, descaled, and apply the three coat SlideRenu system or approved alternative that includes primer, Colorshield, and Chlorashield on the interior and exterior of the waterslide.	<b>\$46,925.00</b>
<b>SLIDE #2:</b> Furnish all labor, materials, and equipment to have the <b>Body Waterslide</b> repaired, caulked, cleaned, descaled, and apply the three coat SlideRenu system or approved alternative that includes primer, Colorshield, and Chlorashield on the interior and exterior of the waterslide.	<b>\$28,264.00</b>
<b>SLIDE #3:</b> Furnish all labor, materials, and equipment to have the <b>Kiddie Waterslide</b> repaired, caulked, cleaned, descaled, and apply the three coat SlideRenu system or approved alternative that includes primer, Colorshield, and Chlorashield on the interior only of the waterslide.	<b>\$11,176.00</b>
<b>GRAND TOTAL SLIDES 1, 2 AND 3:</b>	<b>\$86,365.00</b>

<b>SCHEDULE OF VALUES PROVIDED:</b>	Y or N	Y
<b>CONTACT INFORMATION:</b>	Hours of Operation:	8 AM - 7 PM
	24 Hr. Phone Number:	989-954-6235
<b>SITE INSPECTION:</b>	Y or N	N
<b>CAN MEET COMPLETION DATE:</b>	Y or N	Y
<b>REFERENCES:</b>	Y or N	Y
<b>CAN MEET INSURANCE:</b>	Y or N	Y
<b>PAYMENT TERMS:</b>	Y or N	Net 30
<b>WARRANTY:</b>	Y or N	* 5 yr on paint for adhesion – Fiberglass * 5 yr on structural fiberglass repair not to delaminate * 5 yr on gel coat <b>with yearly maintenance plan</b> (otherwise 2 yr warranty)
<b>EXCEPTIONS:</b>		None
<b>ACKNOWLEDGEMENT:</b>	Y or N	Y
<b>ORGANIZATIONAL QUESTIONNAIRE PROVIDED:</b>	Y or N	Y
<b>FORMS:</b>	Y or N	2 Incomplete: Legal Status of Bidder; Familial Disclosure

Attest:

(\*Bid Opening conducted via a Zoom Meeting)

Brian Goul  
Morgan Thrasher  
Andrew Chambliss  
Beth Zaccardelli

Emily Frontera  
Purchasing Manager



**CITY OF TROY  
BID PROPOSAL**

ITB-COT 22-44

Page 1 of 8

The undersigned proposes to **FURNISH ALL EQUIPMENT, MATERIAL AND LABOR TO REPAIR, CAULK AND REFINISH THE INTERIOR AND EXTERIOR OF THE BODY AND TUBE WATERSLIDES, AND INTERIOR ONLY OF THE KIDDIE WATERSLIDE AT THE TROY FAMILY AQUATIC CENTER. THIS PROCESS INCLUDES CLEANING, DESCALING AND APPLYING THREE COAT SLIDERENU SYSTEM (PRIMER, COLORSHIELD, AND CHLORASHIELD) OR APPROVED ALTERNATIVE** in accordance with the attached specifications, which are to be considered an integral part of this proposal, at the following prices:

COMPANY NAME: Dale Cooper LLC DBA Safe Slide Restoration

**The document contains the following sections:**

Instructions to Bidders (3 pages)	Public Act 57 (2 pages)
Bid Proposal (8 pages)	Forms (9 forms)
Schedule of Values (1 page)	Bonds (4 pages)
Vendor Questionnaire (2 pages)	Sample Insurance Certificate (1 page)
Specifications (3 pages)	Statement of No Bid (1 page)

**PROPOSAL: Waterslide Renovation at the Troy Family Aquatic Center**

**SLIDE #1:** Furnish all labor, materials, and equipment to have the **Tube Waterslide** fiberglass repaired, caulked, cleaned, descaled, and apply the three coat SlideRenu system or approved alternative that includes primer, Colorshield, and Chlorashield on the interior and exterior of the waterslide.

**COMPLETE FOR THE SUM OF: \$ 46,925.00**

**SLIDE #2:** Furnish all labor, materials, and equipment to have the **Body Waterslide** repaired, caulked, cleaned, descaled, and apply the three coat SlideRenu system or approved alternative that includes primer, Colorshield, and Chlorashield on the interior and exterior of the waterslide.

**COMPLETE FOR THE SUM OF: \$ 28,264.00**

**SLIDE #3:** Furnish all labor, materials, and equipment to have the **Kiddie Waterslide** repaired, caulked, cleaned, descaled, and apply the three coat SlideRenu system or approved alternative that includes primer, Colorshield, and Chlorashield on the interior only of the waterslide.

**COMPLETE FOR THE SUM OF: \$ 11,176.00**

**SCHEDULE OF VALUES:** The City of Troy may be required to add or delete work due to unforeseen circumstances. Therefore, a unit price schedule shall be attached to your bid document at the time of submission which indicates unit prices for all items to be used during the course of the project.

**A SCHEDULE OF VALUES FORM IS ATTACHED AND MUST BE COMPLETED AND RETURNED WITH THE BID AT THE TIME OF SUBMISSION. SCHEDULE FORM is ATTACHED** ☒ **Yes** ☐ **No**

**NOTE:** All items of work noted in the specifications that are not specifically noted in the proposal shall be considered as included in the contract and shall be constructed at no extra cost to the City of Troy.

**ADDITIONAL INFORMATION:** For additional information or questions concerning this project please contact: **Morgan Thrasher, Recreation Supervisor at (248) 524-3587.**

**CONTACT INFORMATION:**

Hours of Operation: 8 AM - 7 PM 24 Hr Phone No: 989-954-6235

**SITE INSPECTION:**

All bidders should examine the site to determine the amount of work to be done in accordance with the specifications. If a bidder does not make a site inspection, that bidder, accepts full responsibility and risk for any errors or omissions in his/her bid proposal. Contact **Morgan Thrasher at (248) 524-3587** to schedule an appointment between the hours of 8:00 am - 4:00 pm, Monday through Friday.

- ( ) Our company visited the site on \_\_\_\_\_.
- (✓) Our company did not visit the site. \_\_\_\_\_

**PERMITS:**

All work performed must meet City and State Code. The Contractor shall obtain all applicable and required permits and arrange for inspections. All fees for said City of Troy permits will be waived. State permits to be part of Contractors fee.

**MICHIGAN CONSTRUCTION LIEN ACT:**

The bidder agrees that, if awarded the Contract(s) he/she will abide by all requirements of the Michigan Construction Lien Act (P.A. 1980, No. 497) as amended and effective March 1, 1982, and to provide full and complete Sworn Statements on Owner-approved forms.

**PUBLIC ACT 57:** The contractor shall abide by all requirements provided in Public Act 57 (Copy attached).

**COMPLETION DATE:**

The Contractor may move supplies and materials to the work site after April 1, 2023 and work shall commence and be completed by **May 15, 2023**. The City of Troy is the only party to this contract that may authorize amendment to this schedule.

- (✓) Our Company can meet this delivery / installation schedule
- ( ) Our company cannot meet this delivery / installation schedule but offers: \_\_\_\_\_

**AWARD:**

The evaluation and award of this bid shall be a combination of factors, including but not limited to: cost, professional competence, references, 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 for each proposal; to combine proposals if deemed in the City's best interest to do so; 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 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.

**COMPANY NAME:** Dale Cooper LLC DBA Safe Slide Restoration

**BIDDER QUALIFICATIONS:**

The contractor shall have demonstrated experience in working on a minimum of 3 similar sized projects in Michigan within the last 5 years. The Contractor must be licensed and registered to perform work in Michigan as necessary to comply with all local, state and federal requirements for electrical and mechanical work.

**PURCHASE ORDER:** After the Troy City Council has approved the award, the City of Troy Purchasing Department will send an award letter to the successful bidder(s). The successful bidder(s) once notified, will be required to submit the specified bonds. A purchase order will be issued in approximately one-week and released, once acceptable bonds and insurance are received. A purchase order issued in conjunction with the Contract Form (provided in the Forms Section) from the City of Troy will create a bilateral contract between the parties, and the successful bidder(s) shall commit to perform the contract in accordance with specifications.

**CONTRACT FORMS:** Bidders should complete and sign the Legal Status of Bidder, Non-Collusion Affidavit, Certification regarding Debarment, the Certification regarding "Iran Linked Business" and the Familial Disclosure Forms and return with your bid proposal.

**CONTRACT TERMINATION:** The City of Troy shall reserve the right to terminate the contract upon written notice due to poor performance. The City of Troy designated representative will be solely responsible for determining acceptable performance levels. His/her decision will be deemed in the City of Troy's best interest and will be final. The City of Troy reserves the right to re-award the contract to the next low bidder or re-bid the contract.

**TERMINATION FOR CONVENIENCE:** The City may cancel the contract for its convenience, in whole or in part, by giving the contractor written notice 30 days prior to the date of cancellation. If the City chooses to cancel this contract in part, the charges payable under this contract shall be equitably adjusted to reflect those services that are cancelled.

**BID DEPOSIT: CERTIFIED/CASHIER'S CHECK OR MONEY ORDER**

Each bid proposal must be accompanied by a Certified or Cashier's Check, or Money Order in the amount of **\$6500.00** as security for acceptance of the Contract. **BID BONDS ARE NOT ACCEPTABLE. A pdf version of this Certified/Cashier's Check or Money Order must be included with your Electronic Bid Submission Response.** The original check of the successful bidder must be submitted prior to recommendation for award of bid.

The bid check will be returned to the successful bidder upon submission of the specified, acceptable Performance, Labor and Materials Payment Bonds, and an executed two-year Maintenance Bonds in accordance with specifications.

**BID DEPOSIT AND FORFEITURE:** The bid deposit of the lowest bidder shall be forfeited if, after bid opening, a change in 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.

**DOWNPAYMENTS AND PREPAYMENTS:** Any proposal submitted which requires a down payment or prepayment for equipment and material prior to delivery and acceptance, as being in conformance with specifications will not be considered for award.

COMPANY NAME: Dale Cooper LLC DBA Safe Slide Restoration

**REFERENCES:**

Please submit a list of FIVE CUSTOMERS who have had similar work performed by your company in the last five (5) years in the State of Michigan. Include the name of the company, the address, phone number, contact person, and email:

**COMPANY:** Zehnder's Splash Village  
**ADDRESS:** 730 S. Main St. Frankenmuth, MI 48734  
**PHONE:** 989-225-5232 **CONTACT:** Dan Scharff  
**EMAIL:** dan.scharff@zehnders.com

**COMPANY:** David D. Hunting Branch YMCA  
**ADDRESS:** 475 Lake Michigan Dr. NW Grand Rapids MI 49504  
**PHONE:** 616-214-9014 **CONTACT:** Dave Beugnot  
**EMAIL:** dbeugnot@grymca.org

**COMPANY:** Michigan's Adventure  
**ADDRESS:** 4750 Whitehall Rd. Muskegon MI 49445  
**PHONE:** 231-769-2212 **CONTACT:** Dan Miller  
**EMAIL:** dan.miller@miadventure.com

**COMPANY:** Great Wolf Lodge  
**ADDRESS:** 3575 N U.S. Highway 31 S Traverse City MI 49684  
**PHONE:** 231-492-5261 **CONTACT:** Greg Potter  
**EMAIL:** \_\_\_\_\_

**COMPANY:** Red Oaks Water Park  
**ADDRESS:** 1455 E. 13 Mile Rd, Madison Heights, MI 48071  
**PHONE:** 248-858-0916 **CONTACT:** Ryan Danescu  
**EMAIL:** danescur@oakgov.com

**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, addition, or deduction.

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.

**COMPANY NAME:** Dale Cooper LLC DBA Safe Slide Restoration

**DELIVERY:** All materials are to be F.O.B. delivered freight paid, to City of Troy Family Aquatic Center, 3179 Livernois, Troy, MI 48083 - Please call **Morgan Thrasher, Recreation Supervisor at (248) 524-3587** prior to delivery of any materials to the installation site.

**CONTRACT DOCUMENT:** After the Troy City Council has approved the award; the successful bidder will be required to sign the Contract Form (provided in the Contract Documents Section) prior to commencing with the project. The purchase order issued in conjunction with the Contract Form 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.

**DESIGNATED CITY REPRESENTATIVE:** Morgan Thrasher, Recreation Supervisor is the designated City Representative for this project.

**BOND SUBMITTAL:** Subsequently, upon notice of award to the successful bidder, the Contractor shall qualify for, sign, and deliver to the City of Troy an executed Performance Bond, an executed Labor and Materials Payment Bond, and an executed one-year Maintenance Bond secured by a surety company, acceptable to the City of Troy by being licensed to do business in Michigan, and be included on the U. S. Treasury Department Surety List and/or have a rating of A (-) or better by A. M. Best, and/or Standard and Poor, on standard AIA forms, each in the amount of one hundred percent (100%) of the contract sum. Attorneys-in-fact who sign such bonds must attach a certified copy of their Power of Attorney when the bonds are submitted.

**SUBCONTRACTORS:**

The undersigned agrees to submit a list of proposed subcontractors, if applicable, for approval by the 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.

**COMPANY NAME:** Dale Cooper LLC DBA Safe Slide Restoration



**INSURANCE:**

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.

**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 48064

**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: Dale Cooper LLC DBA Safe Slide Restoration

### SIGNATURE PAGE

**PRICES:**

Prices quoted shall remain firm for 60 days or bid award, whichever comes first, except the successful bidder whose prices shall remain firm through project completion and final acceptance in accordance with specifications.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: \_\_\_\_\_

*D. King*

**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 addendum as issued.

TAX ID#: 38-3560740

COMPANY NAME: Dale Cooper LLC DBA Safe Slide Restoration

ADDRESS: P.O. Box 102 CITY: Farmington STATE: MO ZIP: 63640

PHONE: (989) 954-6235 FAX NUMBER: ( )

REPRESENTATIVE'S NAME: Dalton King

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: \_\_\_\_\_

(Print)

*D. King*

PAYMENT TERMS: Net 30 WARRANTY: See attached form

BID CHECK NUMBER: \_\_\_\_\_ COMPLETION DATE: 01.04.2023

E-MAIL: dalton@safeslides.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 offer.

**ACKNOWLEDGEMENT:**

I, Dalton King, certify that I have read the **Instructions to Bidders** (3 Pages) and that the bid proposal documents contained herein were obtained directly from the City's Purchasing Department or MITN website, [www.bidnetdirect.com/city-of-troy-mi](http://www.bidnetdirect.com/city-of-troy-mi) and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: \_\_\_\_\_

*D. King*

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.

IMPORTANT: All City of Troy purchases require a **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 prices are to be quoted in U. S. Currency.



## SCHEDULE OF VALUES

Your company **MUST** complete this form.

Supply List	Unit Cost
Ashland Premium Gel coat	\$ 140/gallon
PPG PSX 700	\$ 200/gallon
	\$
	\$

**Note:** Individual equipment prices and labor costs to install those items are requested if the quantity changes during project implementation.

ADDITIONAL MATERIALS:	UNIT PRICE
all materials will have a 10% markup from original invoice	\$ TBD
	\$
	\$
LABOR:	
This is charged as a per man per hour cost	\$ \$120/hr
	\$
	\$
EQUIPMENT:	
Any rental equipment is a pass through cost with no additional markup	\$ TBD
	\$

**Note:** If more space is required, attach additional sheets if needed but use the format established above.

Please include prices for additional services necessary, if additional work results from a change to the Scope of Work.

COMPANY NAME: Dale Cooper LLC DBA Safe Slide Restoration



## ORGANIZATIONAL QUESTIONNAIRE

DATE: 01.04.2023  
Month/Date/Year

FIRM NAME: Dale Cooper LLC DBA Safe Slide Restoration

ESTABLISHED: September 13th 19   / 2012 STATE: Missouri

TYPE OF FIRM: (Circle One)

- a. Individual
- b. Partnership
- c. Corporation
- d. Joint Venture
- e. Other LLC

If applicable:

FORMER ORGANIZATIONAL NAME(S)

N/A

NOTE: If additional space is needed throughout the questionnaire, please attach additional sheets numbered appropriately for identification.

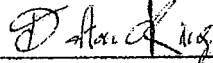
1. How many years of experience do you have in doing Slide Renovation work?  
12 YEARS
2. Our Company has completed 306 Slide Renovation projects in the last year.
3. How many employees does your firm employ that can do the type of work specified? 50
4. Describe your firm's background and its business structure. Describe capabilities specific to the scope of work within this RFP. Include copies of each license, issued by the State of Michigan to perform plan review and inspection services.  
As a slide restoration company, we have been in operation for 10 years and we have  
completed over 1000 projects. Our technicians are ACMA, OSHA, and CCT certified.  
We have over 25 years of experience working with fiberglass and gel coat.
5. If applicable, list all proposed subcontractors to be used in the performance of this contract and the work to be performed by each. Include a complete list and references of all subcontractors and sub-subcontracts.  
N/A

6. List Tradesmen who would be assigned to this project:
- a. Please provide years of experience, areas of expertise, and/or list any additional training classes taken to increase expertise in this field for the people listed in this section who will be assigned to project.

TITLE	NAME	TRADE	EXPERIENCE / YEARS
Project Manager	Steven Stringham	ACMA, OSHA 30, CCT	4 years
Project Manager	Martin Padilla	ACMA, OSHA 30, CCT	7 years
Project Manager	Tommy Francis	ACMA, OSHA 30, CCT	5 years
Project Manager	Clayton Conway	ACMA, OSHA 30, CCT	3 years

**THE FOREGOING QUESTIONNAIRE IS A TRUE STATEMENT OF FACTS:**

Signature of Authorized Firm Representative:



Representative's Name: Dalton King

(print)

Firm Name: Dale Cooper LLC DBA Safe Slide Restoration

Address: P.O. Box 102 Farmington MO 63640

Phone Number: 989-954-6235

Fax Number: NA

E-mail: dalton@safeslides.com

Date: 01.04.2023



CITY OF TROY  
OAKLAND COUNTY, MICHIGAN  
NON-COLLUSION AFFIDAVIT

TO WHOM IT MAY CONCERN:

Dalton King, being duly sworn deposed, says that he/she

(Print Full Name)

is Regional Customer Representative 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.

Dalton King

SIGNATURE OF PERSON SUBMITTING BID

Emma Rae Lewis

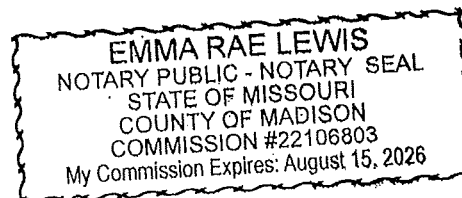
NOTARY'S SIGNATURE

Subscribed and sworn to before me this day of 4, 2023  
January

In and for Madison County,

My commission expires:

08/15/2026





## 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.**

Dale Cooper LLC DBA Safe Slide Restoration

Name of Agency/Company/Firm (Please Print)

Dalton King

Name and title of authorized representative (Please Print)

Dalton King

01.04.2023

Signature of authorized representative

Date

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





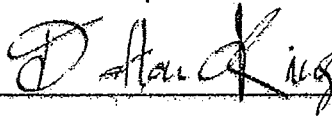
**VENDOR CERTIFICATION  
THAT IT IS NOT AN  
"IRAN LINKED BUSINESS"**

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.

<b>Vendor</b>	
Legal Name	Dale Cooper LLC DBA Safe Slide Restoration
Street Address	1008 Red Bud Lane
City	Farmington
State, Zip	Missouri 63640
Corporate I.D. Number/State	07-943-8726
Taxpayer I.D. #	21660654


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:



Printed Name of Vendor's Authorized Agent: Dalton King

Witness Signature: Joshua Lones

Printed Name of Witness: 

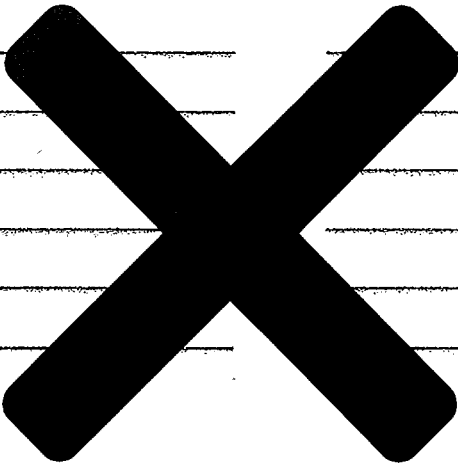


## **Legal Status of Bidder:**


**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 Missouri  
for whom Dale Cooper, bearing the office title of Owner,  
whose signature is affixed to this proposal, is duly authorized to execute contracts.

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

A large, bold black 'X' is drawn over the lines for the partnership section, indicating that this option is not to be used.

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

A small, bold black 'X' is drawn over the lines for the individual section, indicating that this option is not to be used.



**Proposer's Sworn and Notarized Familial Disclosure**

*(to be provided by the Proposer)*

The undersigned, the owner or authorized officer of Dale Cooper LLC DBA Safe Slide Restoration (the "Proposer"), pursuant to the familial disclosure requirement provided in the Request for Proposal, hereby represent and warrant, except as provided below, that no familial relationships exist between the owner(s) or any employees of City of Troy

\_\_\_\_\_ and any member of the City of Troy City Council or City of Troy management.

**List any Familial Relationships:**

BIDDER: Dalton King

By: Dalton King

Its: Regional customer Representative

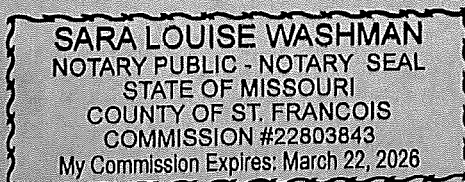
MISSOURI  
STATE OF MICHIGAN

)ss.

COUNTY OF ST FRANCOIS

This instrument was acknowledged before me on the 5<sup>th</sup> day of January, 2022, by 2023

Sara Louise Washman





DRAFT

City of Troy  
Oakland County, Michigan  
Contract Form

ARTICLES OF AGREEMENT, made and entered into this January day of 4th  
2023 by and between Dale Cooper LLC DBA Safe  
Slide Restoration of Farmington, Missouri  
(Name) (City and State)  
herein after called the Contractor and the City of Troy, Troy, Michigan hereinafter called the Owner,

WITNESSETH, that the Contractor and the Owner for the considerations hereinafter named, agree as follows:

1. That all Contract Documents, as defined in "General Conditions" in the Specifications, hereto attached or herein referred to shall be and are hereby made a part of the agreement and contract.
2. The Contractor shall furnish all labor, materials, and equipment necessary and perform all of the work as set forth in his Proposal in strict accordance with the drawings, specifications, and other documents which have been made a part of this contract in the manner, time, and place as therein set forth.
3. In consideration whereof, the Owner agrees to pay to the Contractor the amounts provided in the attached Proposal, being the product of the unit prices therein set forth, multiplied by the number of units actually constructed, all in the time and manner as set forth in the Contract Documents.
4. IN WITNESS whereof said parties have hereunto set their hands and seals, the day and year first above written.

WITNESS:

1. \_\_\_\_\_  
(Contractor)
2. \_\_\_\_\_  
(Title)

APPROVED: BY: \_\_\_\_\_  
(Mayor)

\_\_\_\_\_  
City Manager or Designee

CITY OF TROY  
\_\_\_\_\_  
(Owner)

RESOLUTION NUMBER: \_\_\_\_\_

APPROVED AS TO FORM AND LEGALITY:

BY: \_\_\_\_\_

\_\_\_\_\_  
City Attorney

ATTEST: \_\_\_\_\_  
(City Clerk)



City of Troy  
Oakland County, Michigan  
Contractor's Affidavit

TO WHOM IT MAY CONCERN:

The undersigned, being duly sworn, deposes and says the following:

That he or she is \_\_\_\_\_ of the \_\_\_\_\_  
(Title) (Construction Company)

The contractor for **DPW Axle Scale Replacement** - This work is located within the City of Troy and is owned by the City of Troy, Oakland County, Michigan;

That the total amount of the Contract, including extras, is \$ \_\_\_\_\_ on which he has received payment of \$ \_\_\_\_\_ prior to this payment;

That all waivers are true, correct, and genuine, and delivered unconditionally and that there is no claim, either legal or equitable, to defeat the validity of said waivers:

That the following are names of all parties who have furnished material or labor, or both, for said work, and all parties having contracts or subcontracts for specific portions of said work or for material entering into the construction thereof, and the amount due or to become due to each, and that the items mentioned include all labor and materials required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
TOTAL LABOR & MATERIALS TO COMPLETE:					

That there are no other contracts for said work outstanding, and that there is nothing due to become due to any person for materials, labor, or other work of any kind done or to be done upon, or in connection with, said work other than above stated.

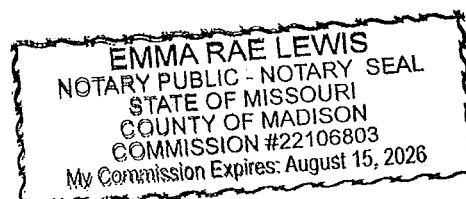
*[Signature]*  
SIGNATURE

Dalton King  
PRINT NAME & TITLE

01-09-2023  
DATE

*Emma Rae Lewis*  
NOTARY'S SIGNATURE

Subscribed and sworn to before me this day of 4, January, 2023.





**City of Troy  
Oakland County, Michigan  
Contractor's Declaration**

I hereby declare that I have not, during the period \_\_\_\_\_ to \_\_\_\_\_, A.D. 20\_\_\_\_ Performed any work, furnished any material, sustained any loss, damage or delay for any reason, including soil conditions encountered or created or otherwise done anything for which I shall ask, demand, sue for, or claim compensation from \_\_\_\_\_ executed between myself and the City, and in the Change Orders for work issued by the City in writing as provided thereunder, except as I hereby make claim for additional compensation and/or extension of time, as set forth on the itemized statement attached hereto.

There \_\_\_\_\_ an itemized statement attached.  
Is / is not

Date: \_\_\_\_\_

Contractor: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_



**City of Troy**  
**OAKLAND COUNTY, MICHIGAN**  
**Final Waiver of Lien**

FILE NUMBER: \_\_\_\_\_ LOAN NUMBER: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

Whereas, the undersigned has been employed by: \_\_\_\_\_  
(Construction Company)

To furnish \_\_\_\_\_ for the premises known as \_\_\_\_\_

Which are owned by the City of Troy, Oakland County, and Michigan.

The undersigned, for and in consideration of, the sum of \$ \_\_\_\_\_ and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim or right of lien under the statutes of the State of Michigan relating to mechanic's liens on the above described premises and improvements thereon, and on the moneys or other considerations due or to become due from the owner, on account of labor or services, material, fixtures or apparatus heretofore furnished or which may be furnished at any time hereafter by the undersigned for the above described premises.

Given under \_\_\_\_\_ hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Seal \_\_\_\_\_

Note: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, and title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used. Partner should sign and designate himself as partner.

# Safe Slide Restoration

"Restoring confidence in your slide."

Dale Cooper LLC DBA Safe Slide Restoration

P.O. Box 186, Fredericktown, MO 63645

989.954.6235 or 855.639.7543

[www.safeslides.com](http://www.safeslides.com)

Thank you for giving us this opportunity to provide you a proposal for your project. When considering which company will be restoring your facility, please take into consideration the **processes**, **products** and **people** involved. We believe these 3 key differentiators set Safe Slide Restoration apart within our industry. Safe Slides Restoration's **processes** are documented, our **products** are superior, and our **people** are NACOM certified. Safe Slide Restoration is a service company, we do not sell products. As such our opinion is unbiased regarding the products available, and we believe in using the best materials we can find to complete your project.

We believe these 3 key differentiators are what set us apart within our industry.

1. **Process (Proven)** – All our procedures are documented which allows Safe Slide to stay efficient and consistent. We have the highest safety standards, starting with using the proper PPE.
2. **Products (Superior)** – We use industry proven products and choose them based on performance, not price. We use 3M marine grade vinyl ester filler with a high-grade vinyl ester resin. Our paint is a 2-part Poly-Siloxane, we use a poly-ether caulk (3M 4000) which is all superior to the industry standards.
3. **People (Better Training)** – Our project managers are certified composite technicians by ACMA. Every technician is OSHA 10 certified. We have implemented a NACOM training program which leverages training in NACE, ACMA, CCT, OSHA, MVP Applicator, Fall Protection, Confined Space Training, and much more to make sure we have the most certified technicians.

If you have any questions for our team as you are working through the bid process, please feel free to give me a call.

Sincerely,  
Tony Perry  
Vice President of Customer Relations  
[tony@safeslides.com](mailto:tony@safeslides.com)



Note: This information is highly sensitive. It is to help educate our customers, and is not to be shared.

**Company Qualifications:**

Safe Slide Restoration is the only company certified in fiberglass composites by the American Composite Manufactures Association (ACMA). Safe Slide Restoration's dedication to using high quality products with a high standard of workmanship allows us to offer some of the industry's longest warranties. We have over 15 – years of experience working with fiberglass and gel coat.

- 2 – year warranty on gel coat
- 5 – year warranty on structural repairs not to delaminate
- 5 – year warranty on paint for adhesion
  
- Certified in epoxy resin lamination by Gougeon Brothers of Michigan

**Gougeon Brothers of Michigan**

P.O. Box 908 Bay City, MI 48707 – 0908  
P: 866.937.8797 / P: 989.684.7286

- Certified in gel coat matching, gel coat application, and non-slip application by Mini Craft of Florida

**Mini Craft of Florida**

900 Industrial Dr. Wildwood, Florida 34785  
P: 352.748.5267

- 5 senior members of our company have completed their CCT by ACMA

**American Composite Manufactures Association**

3033 Wilson Boulevard, Suite 420 Arlington, Virginia 22201  
P: 703.525.0511

- We are OSHA 10 certified.
  
- Safe Slide is dedicated to safety. We offer CPR and First Aid training to all our technicians.

01/15/2015

## WORK SHOP COMPLETION CONFIRMATION

Safe Slide Restoration, has successfully completed the following Hands on Workshops. Certification that is Accredited with Sumter County College. Safe Slide Restoration now stands along with some other well known Companies and Government Branches, like the Navy, Coast Guard, and even some 3M representatives in the Marine Industrial Finishing Departments. Application with only the highest quality products in the Industry.

Work shop II Gel Coat color matching, mixing, spraying, and application for restoration, and refinishing 2013-2015. Certificate. Location Mini-Craft of Florida Inc.

Work shop III Fiberglass mold making. 2014-2015. Location Mini-Craft of Florida Inc.

Work Shop VII Non-Skid and Flex Mold application 2014. Location Disney Typhoon Lagoon. Certificate.

Instructor of all Work Shops: Paul LaCharite

# Safe Slide Restoration

"Restoring confidence in your slide."®

Dale Cooper LLC DBA Safe Slide Restoration  
P.O. Box 102, Farmington, MO 63640  
855.639.7543  
[www.safeslides.com](http://www.safeslides.com)

January 4, 2023

**Troy Family Aquatic Center** / Attn: Andrew Chambliss  
3425 Civic Center Dr, Troy, MI 48084  
248-619-7609 / [Andrew.Chambliss@troymi.gov](mailto:Andrew.Chambliss@troymi.gov)

Hello Andrew,

The following is a proposal for the restoration of your water slides. This proposal is based on the information that was sent to Safe Slide Restoration. Our company is certified in fiberglass composites by the American Composite Manufacturer's Association (ACMA). We have over **20-years** of experience working with fiberglass and gel coat.

## We Have The Industry's Best Warranties

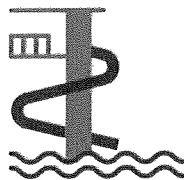
- There is a **5 - year warranty** on paint for adhesion – Fiberglass
- There is a **5 - year warranty** on structural fiberglass repair not to delaminate.
- There is a **5 - year warranty** on gel coat. With yearly maintenance plan

### Certified Inspections



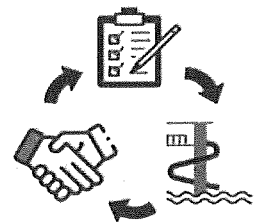
- Audio and Visual Documentation
- Present Solutions
- Non-Destructive Testing (NDT)

### Consistent Restoration



- Scheduling/Pre-Con Meeting
- NACOM Certified Project Managers
- Over 250 Projects Each Year

### Protected Partnership



- Post Project Customer Service
- Annual Protection Plans
- Best Warranties in the Industry

## Guarantees

- All Project Managers are ACMA Certified
- Gel Coat Thickness Meets OEM Standards
- Meeting Deadlines
- Responsive

**Slide Description:**

**Open Flume Tube Slide – White**

**Work Description: Interior**

**Gel Coat - Interior:**

- Repair all minor fiberglass repairs in ride path\* (minor repair does not require laminating)
- All repairs will be done with vinyl-ester resin
- Prepare interior ride path for Gel Coat
- Add textured surface to start tub if needed
- Refinish interior ride path of slide with Gel Coat
- Gel Coat will be applied to a thickness of 20 - 24 mils.
- Premium Gel Coat will be used
- Recaulk all seams (recaulking is not a guarantee to stop leaking seams) \*\*
- Seams will be sealed with premium caulk
- Base white gelcoat will be used unless otherwise specified

**Work Description: Exterior**

**Paint - Exterior:**

- Wash exterior of slide with internally formulated cleaner
- Prime-coat bare areas as needed
- Paint exterior with Poly - Siloxane Paint
- Paint RAL color: \_\_\_\_\_

INIT: \_\_\_\_\_

Interior Project Amount: ..... \$33,145.00

Exterior Project Amount: ..... \$13,780.00

**Slide Description:**

**Open Flume Tube Slide – White**

**Work Description: Interior**

**Gel Coat - Interior:**

- Repair all minor fiberglass repairs in ride path\* (minor repair does not require laminating)
- All repairs will be done with vinyl-ester resin
- Prepare interior ride path for Gel Coat
- Add textured surface to start tub if needed
- Refinish interior ride path of slide with Gel Coat
- Gel Coat will be applied to a thickness of 20 - 24 mils.
- Premium Gel Coat will be used
- Recaulk all seams (recaulking is not a guarantee to stop leaking seams) \*\*
- Seams will be sealed with premium caulk
- Base white gelcoat will be used unless otherwise specified

**Work Description: Exterior**

**Paint - Exterior:**

- Wash exterior of slide with internally formulated cleaner
- Prime-coat bare areas as needed
- Paint exterior with Poly - Siloxane Paint
- Paint RAL color: \_\_\_\_\_

INIT: \_\_\_\_\_

Interior Project Amount: ..... \$19,247.00

Exterior Project Amount: ..... \$9,017.00

**Slide Description:**

**Kiddie Slide**

**Work Description: Interior**

**Gel Coat - Interior:**

- Repair all minor fiberglass repairs in ride path\* (minor repair does not require laminating)
- All repairs will be done with vinyl-ester resin
- Prepare interior ride path for Gel Coat
- Add textured surface to start tub if needed
- Refinish interior ride path of slide with Gel Coat
- Gel Coat will be applied to a thickness of 20 - 24 mils.
- Premium Gel Coat will be used
- Recaulk all seams (recaulking is not a guarantee to stop leaking seams) \*\*
- Seams will be sealed with premium caulk
- Base white gelcoat will be used unless otherwise specified

Interior Project Amount: ..... \$11,176.00

**Note: This Proposal/Contract expires in 30 days from the date on the first page of this document.**

We at Safe Slide Restoration are committed to quality and customer satisfaction. We are an international company that provides services to the largest water parks and cruise lines in the world. We look forward to putting our expertise to work for you. Please feel free to call my cell at 989-954-6235 or our office at 855-639-7543 if you have any questions or comments.

Thank you for your consideration, we appreciate your time!

Sincerely,  
Joshua Lones  
Senior Director of Customer Service  
[joshua@safeslides.com](mailto:joshua@safeslides.com)



**Safe Slide**  
**NACOM**

*Specialty Coatings and Maintenance Services.*

*NACOM is a unique Safe Slide measurable that combines multiple certifications into one score to identify the overall expertise of an individual or team.*



## Terms & Conditions

**\*Fiberglass repair is defined as any damage that is an obvious threat to the guests, (i.e. a chip or gouge with a sharp edge). This is not to be confused with cosmetic repair, (i.e. a spider crack with no flaking or raised edge). This does not include any major repairs that require fiberglass cloth and resin lamination.**

**\*\* Because of the restrictions of our caulk being able to adhere to joints without the proper amount of surface area, we require that the seams are 3/16" wide to caulk them (If seams are too tight, the caulk will not adhere properly).**

### **Customer Expectations**

Safe Slide Restoration reserves the right to have adequate access to the project area in order to complete the project as efficiently as Safe Slide Restoration deems necessary. This may require, but is not limited to: working 12 hours per day and seven days per week. The facility is responsible for providing access to an adequate water source (5 gallons per minute), electrical power (multiple circuits will be needed), and restroom facilities for the duration of the job. In the event that the project involves any chip repairs or gel coat application, Safe Slide's technicians are capable of in-field color matching the existing Gel Coat. (This is not to be confused with the manufacturer's exact color matching). Our customers have the right to request a draw down, but requests must be made 28 days before the Safe Slide crew arrives on-site. Recaulking seams does not apply if the seam has been previously permanently fiberglassed. We strive towards the very best finish that can be achieved; however, some pinholes may be present. This Agreement shall be construed and governed by the laws of the State of Missouri. The parties agree that in the event any action is brought to enforce any terms of this Agreement or for damages for breach of the Agreement, the venue for such cause of action shall be Madison County, Missouri Circuit Court.

### **Customer Responsibilities**

Safe Slide will provide draw down color options if requested 28 days prior to project start date. In the event that leaking seams are being addressed by Safe Slide Restoration, the customer is responsible for identifying and labeling seams on the interior and exterior of the slide (we recommend using a permanent marker in the ride path to label seams). The customer is responsible for identifying areas where lift is unable to operate. If a lift is required, Safe Slide is not responsible for any broken concrete, landscaping, etc. Safe Slide may require the removal of fencing to allow lift access to the water slide area if there isn't access through a gate opening. The customer is responsible for providing waste removal. The customer is required to provide access to restrooms to the Safe Slide crew for the duration of the project. A walk through of finished work and subsequent sign-off is required before Safe Slide's crew leaves the job site. Missing the post project walk through is equivalent to an approved sign off by the customer. Safe Slide Restoration will not be responsible for unscheduled return work in the case that the customer misses scheduled post project walk-through and subsequent sign-off. We recommend 20 test rides on your slide(s), with different body sizes and builds, if possible, before the season begins. We highly recommend daily dry inspections and a single test ride before daily operation.

### **Possible Additional Charges**

If there are any previous interior or exterior coatings not specified in the above work scope, there will be an additional charge for interior or exterior failed coatings. The pricing above does not include the cost of state taxes, licenses, or permits if required. Slides may require a second coat of paint to achieve the desired finish. In the event that a second coat of paint is required, there will be an additional charge of 50% of the original paint price. A 2-3-point Tie-off system on top portion of closed flume slide may be needed if a lift is inaccessible. A cost of \$90 per panel will be assessed and tie offs will stay in place for customer use. An additional daily fee may be assessed if the project site is compromised due to negligence of customer or persons under the customer's control of said project site. If the customer does not show up and needs to postpone the post job walk through, there will be an additional charge for the delay. This will be determined by how long Safe Slide must stay on site in order to get the walk-through and sign-off which is required before our staff leaves the site. **The cost of a lift and/or scaffolding is not included in the above pricing.** If a lift and/or scaffolding is required, it will be the responsibility of the park to provide. **Due to the effects of rising materials and transportation costs, all prices are subject to change in accordance with these increases. We will continue our commitment to use quality products with your project, as always. Our team is working diligently to secure fair pricing in an ever-evolving market to curb any potential price increases. Thank you in advance for your continued partnership.**

## Warranty Information

### **5 – year paint Workmanship warranty:**

Our 5 – year workmanship warranty covers any delamination that occurs of the coating applied. This warranty **does not** cover fading, claims from extreme acts of nature, improper washing procedures, vandalism, improper maintenance with application of aggressive chemicals. This warranty may become void if peeling occurs due to poor adhesion from the previous original or recoated substrate occurs.

### **5 – year structural repair workmanship warranty:**

Our 5-year workmanship warranty covers delamination of fiberglass from original substrate. This warranty **does not** cover claims from extreme acts of nature, vandalism, or repair that overlaps a repair completed by a previous contractor.

### **5 – year gel coat workmanship warranty:**

Our 5 - year workmanship warranty is only valid if the facility chooses to participate in a yearly maintenance program with Safe Slide Restoration. If not, a standard 2 – year workmanship warranty will apply. Gel coat warranty covers delamination of applied gel coat only. This warranty **does not** cover damage from osmotic blistering, damage or deterioration of cosmetic surface finishes, including corrosion, cracking, chipping, crazing, discoloration, fading, oxidation of gel coat, or wet coring/substrates. This warranty does not cover substrates previously coated after the manufacturer's original coating, unless post-manufacturer coating is completely removed by Safe Slide prior to the application of the new coating. This warranty also does not cover any repairs that have been completed by a previous contractor.

**Safe Slide Restoration does not offer any warranty for caulking of seams.**

## Confidentiality Agreement

The information in this document is confidential to the person to whom it is addressed and should not be disclosed to any other person. It may not be reproduced in whole, or in part, nor may any of the information contained therein be disclosed without the prior written consent of the directors of Safe Slide Restoration.





500 West Big Beaver  
Troy, MI 48084  
troymi.gov

## CITY COUNCIL AGENDA ITEM

Date: January 17, 2023

To: Mark F. Miller, City Manager

From: Robert J. Bruner, Assistant City Manager  
Rob Maleszyk, Chief Financial Officer  
Dee Ann Irby, Controller  
Kurt Bovensiepe, Public Works Director  
Dennis Trantham, Facilities and Grounds Operations Manager  
Brian Goul, Recreation Director  
Emily Frontera, Purchasing Manager

Subject: Standard Purchasing Resolution 2 – Sole Bidder Meeting Specifications – Water Slide Renovation at the Troy Family Aquatic Center

### History

- The Aquatic Center was constructed in 1992 and is approaching 31 years old.
- The water slides interior and exterior of the flumes were last resurfaced in 2013 and require reconditioning to ensure the safety of the facility users.
- Water slide flumes resurfacing will be completed in conjunction with the painting of the slide supports.
- The water slide flumes require routine maintenance to be in compliance with the State of Michigan. During the 2022 season the excessive issues with the fiberglass coating was noted by the inspector as needing to be remedied prior to the opening of the 2023 season.

### Purchasing

On January 5, 2023, bids were received as required by City Charter and Code to furnish all equipment, material, and labor to renovate and resurface the interior and exterior of the water slide flumes at the Troy Family Aquatic Center. The bid was posted on the MITN Purchasing Group website; [www.bidnetdirect.com//city-of-troy-mi](http://www.bidnetdirect.com//city-of-troy-mi). Two hundred twenty-four (224) vendors were notified via the MITN website. One (1) bid response was received. Below is a detail summary of potential vendors:

<b>Companies notified via MITN</b>	<b>224</b>
Troy Companies notified via MITN	9
Troy Companies - Active email Notification	8
Troy Companies - Active Free	1
<b>Companies that viewed the bid</b>	<b>17</b>
Troy Companies that viewed the bid	0

**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.

Dale Cooper LLC dba Safe Slide Restoration of Farmington, MO was the sole bidder meeting specifications and is being recommended for the Water Slide Renovation project. Safe Slide Restoration has been in operation for 10 years with certified technicians with over 25 years of experience in fiberglass and gel coat.



500 West Big Beaver  
Troy, MI 48084  
troymi.gov

## **CITY COUNCIL AGENDA ITEM**

### **Financial**

Funds for this project are budgeted and available in the Troy Family Aquatic Center General Equipment Capital Fund under Project Number 2023C0089. Expenditures will be charged to Account Number 587.789.7978.010.

### **Recommendation**

City Management recommends awarding a contract to furnish all equipment, material, and labor to renovate and resurface the interior and exterior waterslide flumes at the Troy Family Aquatic Center to the sole bidder meeting specifications, *Dale Cooper LLC dba Safe Slide Restoration of Farmington, MO* at prices contained in the bid tabulation opened January 5, 2023 for an estimated total cost of \$86,365.00 with a 10% contingency for a not to exceed total amount of \$95,001.50.

Opening Date: 01/05/2023  
Date Reviewed: 01/05/2023

CITY OF TROY  
BID TABULATION  
SLIDE RENOVATION

ITB-COT 22-44  
Page 1 of 1

VENDOR NAME:	Dale Cooper LLC DBA Safe Slide Restoration
CITY:	Farmington, MO
CHECK AMOUNT:	\$6,500.00
CHECK #:	817311

**PROPOSAL: Waterslide Renovation at the Troy Family Aquatic Center**

<b>SLIDE #1:</b> Furnish all labor, materials, and equipment to have the <b>Tube Waterslide</b> fiberglass repaired, caulked, cleaned, descaled, and apply the three coat SlideRenu system or approved alternative that includes primer, Colorshield, and Chlorashield on the interior and exterior of the waterslide.	<b>\$46,925.00</b>
<b>SLIDE #2:</b> Furnish all labor, materials, and equipment to have the <b>Body Waterslide</b> repaired, caulked, cleaned, descaled, and apply the three coat SlideRenu system or approved alternative that includes primer, Colorshield, and Chlorashield on the interior and exterior of the waterslide.	<b>\$28,264.00</b>
<b>SLIDE #3:</b> Furnish all labor, materials, and equipment to have the <b>Kiddie Waterslide</b> repaired, caulked, cleaned, descaled, and apply the three coat SlideRenu system or approved alternative that includes primer, Colorshield, and Chlorashield on the interior only of the waterslide.	<b>\$11,176.00</b>
<b>GRAND TOTAL SLIDES 1, 2 AND 3:</b>	<b>\$86,365.00</b>
<b>SCHEDULE OF VALUES PROVIDED:</b>	Y or N
<b>CONTACT INFORMATION:</b>	Hours of Operation:
	24 Hr. Phone Number:
<b>SITE INSPECTION:</b>	Y or N
<b>CAN MEET COMPLETION DATE:</b>	Y or N
<b>REFERENCES:</b>	Y or N
<b>CAN MEET INSURANCE:</b>	Y or N
<b>PAYMENT TERMS:</b>	Y or N
<b>WARRANTY:</b>	Y or N
<b>EXCEPTIONS:</b>	Y or N
<b>ACKNOWLEDGEMENT:</b>	Y or N
<b>ORGANIZATIONAL QUESTIONNAIRE PROVIDED:</b>	Y or N
<b>FORMS:</b>	Y or N

Attest:  
(\*Bid Opening conducted via a Zoom Meeting)  
Brian Goul  
Morgan Thrasher  
Andrew Chambliss  
Beth Zaccardelli

Emily Frontera  
Purchasing Manager



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/09/2023

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	<b>Golden Rule Insurance Associates</b> <b>2519 E Jackson Blvd</b> <b>Jackson, MO 63755</b>	CONTACT NAME: <b>Amber Strong</b> PHONE (A/C, No, Ext): <b>(573)866-2699</b> FAX (A/C, No): <b>(573)298-6009</b> E-MAIL ADDRESS: <b>amberstrong@goldenruleia.com</b>
INSURED	<b>Dale Cooper LLC/ Safe Slide</b> <b>Dale Cooper</b> <b>PO Box 102</b> <b>Farmington, MO 63640-0102</b>	INSURER(S) AFFORDING COVERAGE INSURER A: <b>American Interstate Insurance Company</b> NAIC # <b>24759</b> INSURER B: <b>Allstate Ins Co</b> <b>19232</b> INSURER C: <b>MJ Kelly</b> <b>524210</b> INSURER D: <b>AMCO Insurance Company</b> <b>23779</b> INSURER E: INSURER F:

## COVERAGES

CERTIFICATE NUMBER: 00001420-4335300

REVISION NUMBER: 17

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 <input checked="" type="checkbox"/> Blanket Additional In <input checked="" type="checkbox"/> Blanket Waiver of S GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			0100072252-2	08/29/2022	08/29/2023	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>Excluded</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			648870580	11/01/2022	11/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED RETENTION \$			0100147460-0	08/29/2022	08/29/2023	EACH OCCURRENCE \$ <b>2,000,000</b> AGGREGATE \$ <b>2,000,000</b>
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 <input checked="" type="checkbox"/> Y	N/A	AVWCTX2931632021	09/28/2022	09/28/2023	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
D	Rented/Leased Equip			ACP CIM 7255295326	11/01/2022	11/01/2023	\$500 Deductible <b>216,000</b>

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


Additional Insured- See Endorsement

Primary &amp; Non-Contributory- See Endorsement

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,

(continued on ACORD 101 Additional Remarks Schedule)

CERTIFICATE HOLDER	CANCELLATION
<b>City of Troy, Michigan</b> <b>City of Troy Purchasing Department</b> <b>500 West Big Beaver</b> <b>Troy, MI 48084</b>	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  (ARS)

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AGENCY CUSTOMER ID: 00001420

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of \_\_\_\_\_

AGENCY <b>Golden Rule Insurance Associates</b>		NAMED INSURED <b>Dale Cooper LLC/ Safe Slide Dale Cooper</b>	
POLICY NUMBER <b>N/A</b>		EFFECTIVE DATE:	
CARRIER <b>Multiple Carriers</b>	NAIC CODE		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

(continued from Description of Operations)  
Reduction, and/or Material Change shall be mailed to:

City of Troy

Purchasing Manager

500 West Big Beaver, Troy, MI 48084

Project Name: Slide Renovation Project Number: 2023C0089

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT**

Coverage provided under this policy is modified by the attachment of this endorsement. If there is any conflict in coverage provisions between this form and any state specific endorsement also attached to this policy, the provision(s) of the state specific form shall apply.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Endorsement Effective: 01-09-2023	Countersigned By:  (Authorized Representative)
Named Insured: DALE COOPER LLC	

### **SCHEDULE**

<b>Name of Person(s) or Organization(s):</b> CITY OF TROY 500 W BIG BEAVER RD TROY, MI USA 480845254
If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.

**SECTION IV – BUSINESS AUTO CONDITIONS, B. General Conditions, 5. Other Insurance is modified by this endorsement**, only as it applies to any coverage provided to the person or organization designated in the schedule of this endorsement and only to the extent that such person or organization qualifies as an “insured” under this policy.

If the named insured has entered into an agreement with the person or organization designated in the Schedule of this endorsement, which requires that the insurance available to them under this policy be applied on a primary and non-contributory basis, the following provision applies:

Any coverage provided under this policy to the person or organization designated in the Schedule of this endorsement is primary, and we will not seek contribution from any other Automobile Liability insurance otherwise available to the designated person or organization.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT**

<i>Attached To and Forming Part of Policy</i> 0100072252-4	<i>Effective Date of Endorsement</i> 08/29/2022 12:01AM at the Named Insured address shown on the Declarations	<i>Named Insured</i> Dale Cooper LLC
<i>Additional Premium:</i> \$0	<i>Return Premium:</i> \$0	

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE  
ENVIRONMENTAL CONTRACTING AND PROFESSIONAL SERVICES LIABILITY COVERAGE  
PRODUCTS POLLUTION LIABILITY COVERAGE  
PREMISES ENVIRONMENTAL LIABILITY INSURANCE COVERAGE  
ENVIRONMENTAL COMBINED LIABILITY POLICY - ALL COVERAGE PARTS

The insurance provided to Additional Insureds shall be excess with respect to any other valid and collectible insurance available to the Additional Insured unless the written contract specifically requires that this insurance apply on a primary and non-contributory basis, in which case this insurance shall be primary and non-contributory.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

# CERTIFICATE OF INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

<b>Certificate Holder:</b> CITY OF TROY 500 W BIG BEAVER RD TROY, MI USA 480845254	<b>Named Insured:</b> DALE COOPER LLC PO BOX 102 FARMINGTON MO 63640-0102
---	--

Automobile Liability			
<b>Insurer Name:</b> Allstate Insurance Company			
<b>Policy Number:</b> 648870580			
<input type="checkbox"/> 1 -- Any Auto	<input type="checkbox"/> 2 -- Owned Autos Only	<input type="checkbox"/> 3 -- Owned Priv. Pass. Autos Only	
<input type="checkbox"/> 4 -- Owned Autos Other Than Priv. Pass. Autos Only	<input type="checkbox"/> 5 -- Owned Autos Subject to No Fault	X	<input type="checkbox"/> 6 -- Owned Autos Subject to a Compulsory UM Law
X <input type="checkbox"/> 7 -- Specifically Described Autos	X <input type="checkbox"/> 8 -- Hired Autos Only	<input type="checkbox"/> 9 -- Nonowned Autos Only	
<b>Policy Effective Date :</b> 11-01-2022		<b>Policy Expiration Date:</b> 11-01-2023	
<b>Limits of Insurance:</b>	\$1,000,000	Combined Single Limit (each accident)	
	BI Per Person	BI Per Accident	PD Per Accident
<b>Description of Operations/Locations/Vehicles/Endorsements/Special Provisions</b>			
<b>Interested Party Type:</b> Additional Insured - Municipality			
THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER. IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.			

<b>Producer:</b> GOLDEN RULE ASSOCIATES LLC	
<b>Authorized Representative:</b>	
<b>Date:</b> 01-09-23	

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POLICY NUMBER: 648870580

COMMERCIAL AUTO  
CA 20 48 10 13

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM  
BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** DALE COOPER LLC

**Endorsement Effective Date:** 01-09-2023

### **SCHEDULE**

**Name Of Person(s) Or Organization(s):**

CITY OF TROY  
500 W BIG BEAVER RD  
TROY, MI USA 480845254

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

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

# CERTIFICATE OF INSURANCE

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<b>Certificate Holder:</b> CITY OF TROY 500 W BIG BEAVER RD TROY, MI USA 480845254	<b>Named Insured:</b> DALE COOPER LLC PO BOX 102 FARMINGTON MO 63640-0102
---	--

Automobile Liability			
<b>Insurer Name:</b> Allstate Insurance Company			
<b>Policy Number:</b> 648870580			
	1 -- Any Auto		2 - Owned Autos Only
	4 -- Owned Autos Other Than Priv. Pass. Autos Only		5 - Owned Autos Subject to No Fault
X	7 -- Specifically Described Autos	X	8 - Hired Autos Only
			3 - Owned Priv. Pass. Autos Only
		X	6 - Owned Autos Subject to a Compulsory UM Law
			9 - Nonowned Autos Only
<b>Policy Effective Date :</b> 11-01-2022		<b>Policy Expiration Date:</b> 11-01-2023	
	\$1,000,000	Combined Single Limit (each accident)	
<b>Limits of Insurance:</b>	BI Per Person	BI Per Accident	PD Per Accident
Description of Operations/Locations/Vehicles/Endorsements/Special Provisions			
<b>Interested Party Type:</b> Additional Insured - Municipality			
THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER. IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.			

<b>Producer:</b> GOLDEN RULE ASSOCIATES LLC	
<b>Authorized Representative:</b>	
<b>Date:</b> 01-09-23	



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## PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT

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This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Endorsement Effective: 01-09-2023	Countersigned By:  (Authorized Representative)
Named Insured: DALE COOPER LLC	

### SCHEDULE

<b>Name of Person(s) or Organization(s):</b> CITY OF TROY 500 W BIG BEAVER RD TROY, MI USA 480845254
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**SECTION IV – BUSINESS AUTO CONDITIONS, B. General Conditions, 5. Other Insurance is modified by this endorsement**, only as it applies to any coverage provided to the person or organization designated in the schedule of this endorsement and only to the extent that such person or organization qualifies as an “insured” under this policy.

If the named insured has entered into an agreement with the person or organization designated in the Schedule of this endorsement, which requires that the insurance available to them under this policy be applied on a primary and non-contributory basis, the following provision applies:

Any coverage provided under this policy to the person or organization designated in the Schedule of this endorsement is primary, and we will not seek contribution from any other Automobile Liability insurance otherwise available to the designated person or organization.

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POLICY NUMBER: 648870580

COMMERCIAL AUTO  
CA 20 48 10 13

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BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

**Named Insured:** DALE COOPER LLC

**Endorsement Effective Date:** 01-09-2023

### **SCHEDULE**

**Name Of Person(s) Or Organization(s):**

CITY OF TROY  
500 W BIG BEAVER RD  
TROY, MI USA 480845254

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

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.



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<b>Certificate Holder:</b> CITY OF TROY 500 W BIG BEAVER RD TROY, MI USA 480845254	<b>Named Insured:</b> DALE COOPER LLC PO BOX 102 FARMINGTON MO 63640-0102
---	--

Automobile Liability					
<b>Insurer Name:</b> Allstate Insurance Company					
<b>Policy Number:</b> 648870580					
	1 -- Any Auto		2 - Owned Autos Only		3 - Owned Priv. Pass. Autos Only
	4 -- Owned Autos Other Than Priv. Pass. Autos Only		5 - Owned Autos Subject to No Fault	X	6 - Owned Autos Subject to a Compulsory UM Law
X	7 -- Specifically Described Autos	X	8 - Hired Autos Only		9 - Nonowned Autos Only
<b>Policy Effective Date :</b> 11-01-2022			<b>Policy Expiration Date:</b> 11-01-2023		
<b>Limits of Insurance:</b>	\$1,000,000	Combined Single Limit (each accident)			
	BI Per Person	BI Per Accident	PD Per Accident		
Description of Operations/Locations/Vehicles/Endorsements/Special Provisions					
<b>Interested Party Type:</b> Additional Insured - Municipality					
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<b>Producer:</b> GOLDEN RULE ASSOCIATES LLC	
<b>Authorized Representative:</b>	
<b>Date:</b> 01-09-23	



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POLICY NUMBER: 648870580

COMMERCIAL AUTO  
CA 20 48 10 13

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**Named Insured:** DALE COOPER LLC

**Endorsement Effective Date:** 01-09-2023

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**Name Of Person(s) Or Organization(s):**

CITY OF TROY  
500 W BIG BEAVER RD  
TROY, MI USA 480845254

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

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph **A.1.** of Section **II** – Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph **D.2.** of Section **I** – Covered Autos Coverages of the Auto Dealers Coverage Form.

