

Award - Pest Control Services

The Department of Public Works selected low bidder meeting specifications, American Pest Control Services of Troy, MI to provide two-year requirements of Pest Control Services with the option to renew for an additional two additional years as per the specifications and scope of work in accordance to RFP-COT 21-32 and as per the unit prices contained in the bid tabulation opened June 3, 2021.

PURCHASE ORDER

No. 2025-00000017
 DATE: 11/25/2024
 PAGE: 1 of 1
 FOB DESTINATION

Ship To
 CITY OF TROY
 Building Operations
 4695 ROCHESTER ROAD
 TROY, MI 48085

Bill To
 CITY OF TROY
 Building Operations
 4693 ROCHESTER ROAD
 TROY, MI 48085

EXPIRATION DATE
 06/30/2025
COUNCIL RESOLUTION
 <\$10K
INSTRUCTIONS
 Return to Department

VENDOR NO. 176082

CHANGE ORDER

Vendor
 AMERICAN PEST CONTROL, INC
 1012 ELMSFORD
 TROY, MI 48083

QUANTITY	UNIT	DESCRIPTION	STATUS	UNIT COST	TOTAL COST
8	Months	Parks Garage - Monthly Pest Control Services	New Item	28.0000	\$224.00
12	Each	City Hall - Monthly Pest Control Services	Open	28.0000	\$336.00
12	Each	Police - Monthly Pest Control Services	Open	28.0000	\$336.00
12	Each	District Court - Monthly Pest Control Services	Open	28.0000	\$336.00
12	Each	Library - Monthly Pest Control Services	Open	28.0000	\$336.00
12	Each	Library - Monthly Bed Bug K-9 Services	Open	28.0000	\$336.00
12	Months	Transit Center - Monthly Pest Control Services	Open	18.0000	\$216.00
12	Months	Community Ctr - Monthly Pest Control Services	Open	28.0000	\$336.00
12	Each	Nature Center - Pest Control Services	Open	28.0000	\$336.00
12	Each	DPW Monthly Pest Control Services	Open	28.0000	\$336.00
6	Each	Aquatic Center - 6 Monthly Pest Control Services	Open	28.0000	\$168.00
6	Each	Fire Stations (6) One time service internal/external	Open	77.0000	\$462.00
1	Each	Fire/Police Training Center - One time service internal/external	Open	77.0000	\$77.00
2	Each	Library - Spring/Fall Exterior Treatments	Open	125.0000	\$250.00
1	Each	City Hall - Exterior Treatment (Aug-Sep) for Overwintering Pests	Completed	125.0000	\$125.00
1	Each	DPW - Exterior Treatment - (Aug-Sep) Overwintering pests	Completed	125.0000	\$125.00
12	Each	Parks Garage - Monthly Pest Control Services	Completed	28.0000	\$336.00
12	Each	Fire/Police Training Center - Monthly Pest Control Services	Open	28.0000	\$336.00
12	Each	Fire Station 1 - Monthly Pest Control Services	Open	10.0000	\$120.00
12	Each	Fire Station 2 - Monthly Pest Control Services	Open	10.0000	\$120.00
12	Each	Fire Station 3 - Monthly Pest Control Services	Open	10.0000	\$120.00
12	Each	Fire Station 4 - Monthly Pest Control Services	Open	10.0000	\$120.00
12	Each	Fire Station 5 - Monthly Pest Control Services	Open	10.0000	\$120.00
12	Each	Fire Station 6 - Monthly Pest Control Services	Open	10.0000	\$120.00

Entered By: Laura Campbell

\$5,727.00

Special Instructions:

AWARD DATE: 7/21/2021. Renewal Option- TWO-YEAR Renewed Contract for Pest Control Services as per Bid Specifications RFP-COT 21-32. This PO is for YEAR FOUR of a potential FOUR YEAR Contract and contract expires 6.30.2025. CERTIFICATE OF INSURANCE and ENDORSEMENT SHALL BE ON FILE FOR DURATION OF 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.



Environmental Solutions Since 1900
Extermination, Fumigation, Wetlands and Horticultural Consultants

1012 ELMSFORD • TROY, MI 48083
1-800-404-3033
PHONE: 248-585-2600
FAX: 248-583-0548

3395 DUNCAN RD • PUNTA GORDA, FL 33950
1-800-404-3033
PHONE: 941-613-9196
FAX: 941-575-8114

www.americanlawnandtreearborist.com



April 13, 2023

To Whom It May Concern:

As our two year contract with the City of Troy is coming to an end we would like to inform you that we will be happy to renew for another two years (July 1, 2023- June 30, 2025). We believe that a good relationship has been forged with the city and would like to continue that. The cost will remain the same as it is now.

We look forward to hearing from you.

Regards,

Robin Bachmann
Owner of American Pest Control
1012 Elmsford
Troy, MI 48083
248/585/2600
info@organicpestcontrolinmichigan.com

"THE ORGANIC PEOPLE"
Our biggest job is protecting the environment

PURCHASE ORDER

No. 2024-00000008

DATE: 07/11/2023

PAGE: 1 of 1

FOB DESTINATION

Ship To

CITY OF TROY
Building Operations
500 W BIG BEAVER RD
TROY, MI 48084

Bill To

CITY OF TROY
Building Operations
4693 ROCHESTER ROAD
TROY, MI 48085

VENDOR NO. 176082

Vendor

AMERICAN PEST CONTROL, INC
1012 ELMSFORD
TROY, MI 48083

EXPIRATION DATE

06/30/2024

COUNCIL RESOLUTION

<\$10K

INSTRUCTIONS

Return to Department

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
12	Each	City Hall - Monthly Pest Control Services	28.0000	\$336.00
12	Each	Police - Monthly Pest Control Services	28.0000	\$336.00
12	Each	District Court - Monthly Pest Control Services	28.0000	\$336.00
12	Each	Library - Monthly Pest Control Services	28.0000	\$336.00
12	Each	Library - Monthly Bed Bug K-9 Services	28.0000	\$336.00
12	Months	Transit Center - Monthly Pest Control Services	18.0000	\$216.00
12	Months	Community Ctr - Monthly Pest Control Services	28.0000	\$336.00
12	Each	Nature Center - Pest Control Services	28.0000	\$336.00
12	Each	DPW Monthly Pest Control Services	28.0000	\$336.00
6	Each	Aquatic Center - 6 Monthly Pest Control Services	28.0000	\$168.00
6	Each	Fire Stations (6) One time service internal/external	77.0000	\$462.00
1	Each	Fire/Police Training Center - One time service internal/external	77.0000	\$77.00
2	Each	Library - Spring/Fall Exterior Treatments	125.0000	\$250.00
1	Each	City Hall - Exterior Treatment (Aug-Sep) for Overwintering Pests	125.0000	\$125.00
1	Each	DPW - Exterior Treatment - (Aug-Sep) Overwintering pests	125.0000	\$125.00
12	Each	Parks Garage - Monthly Pest Control Services	28.0000	\$336.00
12	Each	Fire/Police Training Center - Monthly Pest Control Services	28.0000	\$336.00
12	Each	Fire Station 1 - Monthly Pest Control Services	10.0000	\$120.00
12	Each	Fire Station 2 - Monthly Pest Control Services	10.0000	\$120.00
12	Each	Fire Station 3 - Monthly Pest Control Services	10.0000	\$120.00
12	Each	Fire Station 4 - Monthly Pest Control Services	10.0000	\$120.00
12	Each	Fire Station 5 - Monthly Pest Control Services	10.0000	\$120.00
12	Each	Fire Station 6 - Monthly Pest Control Services	10.0000	\$120.00

Entered By: Emily Frontera

\$5,503.00

Special Instructions:

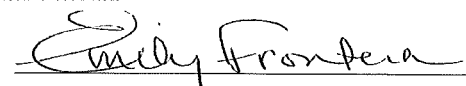
AWARD DATE: 7/21/2021. Renewal Option- TWO-YEAR Renewed Contract for Pest Control Services as per Bid Specifications RFP-COT 21-32. This PO is for YEAR THREE of a potential FOUR YEAR Contract and contract expires 6.30.2024. CERTIFICATE OF INSURANCE and ENDORSEMENT SHALL BE ON FILE FOR DURATION OF CONTRACT.

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.



PURCHASE ORDER

No. 2023-0000072

DATE: 07/22/2022

PAGE: 1 of 1

FOB DESTINATION

Ship To
CITY OF TROY
Building Operations
500 W BIG BEAVER RD
TROY, MI 48084

Bill To
CITY OF TROY
Building Operations
4693 ROCHESTER ROAD
TROY, MI 48085

COUNCIL RESOLUTION
<\$10K

INSTRUCTIONS

Return to Department

EXPIRE = 06/30/23

VENDOR NO. 176082

Vendor
AMERICAN PEST CONTROL, INC
1012 ELMSFORD
TROY, MI 48083

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
12	Months	City Hall - Monthly Pest Control Services	28.0000	\$336.00
12	Months	Police - Monthly Pest Control Services	28.0000	\$336.00
12	Months	District Court - Monthly Pest Control Services	28.0000	\$336.00
12	Months	Library - Monthly Pest Control Services	28.0000	\$336.00
12	Months	Library - Monthly Bed Bug K-9 Services	28.0000	\$336.00
12	Months	Transit Center - Monthly Pest Control Services	18.0000	\$216.00
12	Months	Community Ctr - Monthly Pest Control Services	28.0000	\$336.00
12	Months	Nature Center - Pest Control Services	28.0000	\$336.00
12	Months	DPW Monthly Pest Control Services	28.0000	\$336.00
6	Months	Aquatic Center - 6 Monthly Pest Control Services	28.0000	\$168.00
6	Each	Fire Stations (6) One time service internal/external	77.0000	\$462.00
1	Each	Fire/Police Training Center - One time service internal/external	77.0000	\$77.00
2	Each	Library - Spring/Fall Exterior Treatments	125.0000	\$250.00
1	Each	City Hall - Exterior Treatment (Aug-Sep) for Overwintering Pests	125.0000	\$125.00
1	Each	DPW - Exterior Treatment - (Aug-Sep) Overwintering pests	125.0000	\$125.00
12	Months	Parks Garage - Monthly Pest Control Services	28.0000	\$336.00
12	Months	Fire/Police Training Center - Monthly Pest Control Services	28.0000	\$336.00
12	Months	Fire Station 1 - Monthly Pest Control Services	10.0000	\$120.00
12	Months	Fire Station 2 - Monthly Pest Control Services	10.0000	\$120.00
12	Months	Fire Station 3 - Monthly Pest Control Services	10.0000	\$120.00
12	Months	Fire Station 4 - Monthly Pest Control Services	10.0000	\$120.00
12	Each	Fire Station 5 - Monthly Pest Control Services	10.0000	\$120.00
12	Months	Fire Station 6 - Monthly Pest Control Services	10.0000	\$120.00

Entered By: Andrew Chambliss

\$5,503.00

Special Instructions:

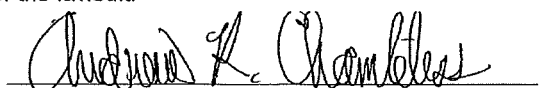
AWARD DATE: 7/21/2021. CERTIFICATE OF INSURANCE and ENDORSEMENT SHALL BE ON FILE FOR DURATION OF CONTRACT. TWO-YEAR Contract for Pest Control Services with an option to renew for TWO additional years. This PO is for YEAR TWO of a potential FOUR YEAR Contract.

TERMS & CONDITIONS

1. Purchases of Municipalities are exempt from State Sales and Federal Excise Taxes.
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I HEREBY CERTIFY THAT THIS ORDER IS PROPERLY AUTHORIZED AND APPROVED.



BLANKET ORDER

Ship To
 CITY OF TROY
 Building Operations
 500 W BIG BEAVER RD
 TROY, MI 48084

Bill To
 CITY OF TROY
 Building Operations
 4693 ROCHESTER ROAD
 TROY, MI 48085

No. 2023-00000074
 DATE: 07/22/2022
 PAGE: 1 of 1
 FOB DESTINATION

COUNCIL RESOLUTION
 <\$10K

VENDOR NO. 176082

Vendor
 AMERICAN PEST CONTROL, INC
 1012 ELMSFORD
 TROY, MI 48083

QUANTITIES ARE ESTIMATED AND WILL BE ORDERED AS NEEDED

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Lump Sum	Additional Pest Control Services as needed Jul-22 thru Jun-23	3,000.0000	\$3,000.00

Entered By: Andrew Chambliss

\$3,000.00

Special Instructions:

AWARD DATE: 7/21/2021. CERTIFICATE OF INSURANCE and ENDORSEMENT SHALL BE ON FILE FOR DURATION OF CONTRACT. TWO-YEAR Contract for Pest Control Services with an option to renew for TWO additional years. This PO is for YEAR TWO of a potential FOUR YEAR Contract.

TERMS & CONDITIONS

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



PURCHASE ORDER

No. 2022-00000060

DATE: 07/22/2021

PAGE: 1 of 1

FOB DESTINATION

Ship To
 CITY OF TROY
 Building Operations
 500 W BIG BEAVER RD
 TROY, MI 48084

Bill To
 CITY OF TROY
 Building Operations
 4693 ROCHESTER ROAD
 TROY, MI 48085

EXPIRATION DATE

06/30/2022

COUNCIL RESOLUTION

<\$10K

INSTRUCTIONS

Return to Department

VENDOR NO. 176082

Vendor
 AMERICAN PEST CONTROL, INC
 1012 ELMSFORD
 TROY, MI 48083

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
12	Months	City Hall - Monthly Pest Control Services	28.0000	\$336.00
12	Months	Police - Monthly Pest Control Services	28.0000	\$336.00
12	Months	District Court - Monthly Pest Control Services	28.0000	\$336.00
12	Months	Library - Monthly Pest Control Services	28.0000	\$336.00
12	Months	Library - Monthly Bed Bug K-9 Services	28.0000	\$336.00
12	Months	Transit Center - Monthly Pest Control Services	18.0000	\$216.00
12	Months	Community Ctr - Monthly Pest Control Services	28.0000	\$336.00
12	Months	Nature Center - Pest Control Services	28.0000	\$336.00
12	Months	DPW Monthly Pest Control Services	28.0000	\$336.00
6	Months	Aquatic Center - 6 Monthly Pest Control Services	28.0000	\$168.00
6	Each	Fire Stations (6) One time service internal/external	77.0000	\$462.00
1	Each	Fire/Police Training Center - One time service internal/external	77.0000	\$77.00
2	Each	Library - Spring/Fall Exterior Treatments	125.0000	\$250.00
1	Each	City Hall - Exterior Treatment (Aug-Sep) for Overwintering Pests	125.0000	\$125.00
1	Each	DPW - Exterior Treatment - (Aug-Sep) Overwintering pests	125.0000	\$125.00
12	Months	Parks Garage - Monthly Pest Control Services	28.0000	\$336.00
12	Months	Fire/Police Training Center - Monthly Pest Control Services	28.0000	\$336.00
12	Months	Fire Station 1 - Monthly Pest Control Services	10.0000	\$120.00
12	Months	Fire Station 2 - Monthly Pest Control Services	10.0000	\$120.00
12	Months	Fire Station 3 - Monthly Pest Control Services	10.0000	\$120.00
12	Months	Fire Station 4 - Monthly Pest Control Services	10.0000	\$120.00
12	Each	Fire Station 5 - Monthly Pest Control Services	10.0000	\$120.00
12	Months	Fire Station 6 - Monthly Pest Control Services	10.0000	\$120.00
20	Each	Wasp Removal	75.0000	\$1,500.00
1	Lump Sum	Additional Pest Control Services as needed	2,900.0000	\$2,900.00

Entered By: Emily Frontera

\$9,903.00

Special Instructions:

CERTIFICATE OF INSURANCE and ENDORSEMENT SHALL BE ON FILE FOR DURATION OF CONTRACT. TWO-YEAR Contract for Pest Control Services with an option to renew for TWO additional years as per all Specifications and Scope of Work in accordance with RFP-COT 21-32. This PO is for YEAR ONE of a potential FOUR YEAR Contract.

TERMS & CONDITIONS

1. Purchases of Municipalities are exempt from State Sales and Federal Excise Taxes.
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I HEREBY CERTIFY THAT THIS ORDER IS PROPERLY AUTHORIZED AND APPROVED.

Emily Frontera

CITY OF TROY
 BID TABULATION
 PEST CONTROL SERVICES

Vendor Name:	American Pest Control	Rose Pest Control
City:	Troy, MI	Troy, MI

PROPOSAL: provide Two (2) Year Requirements of Pest Control Services with One (1) Two-Year Renewal Option

Item #	Description	Troy, MI Location	Frequency	Fixed Cost per visit	Annual Cost	Fixed Cost per visit	Annual Cost
1	City Hall - Pest Control Services	500 W Big Beaver Road	Monthly	\$28.00	\$336.00	\$41.00	\$492.00
2	City Hall - Exterior Treatment for overwintering pests (Aug/Sep)	500 W Big Beaver Road	Annual	\$125.00	\$125.00	\$175.00	\$175.00
3	Police - Pest Control Services	500 W Big Beaver Road	Monthly	\$28.00	\$336.00	\$41.00	\$492.00
4	Library - Pest Control Services	510 W Big Beaver Road	Monthly	\$28.00	\$336.00	\$41.00	\$492.00
5	Library -Canine Bedbug Services	510 W Big Beaver Road	Monthly	\$28.00	\$336.00	\$225.00	\$2,700.00
6	Library- Spring and Fall Exterior Treatment	510 W Big Beaver Road	Semi-Annual	\$125.00	\$250.00	\$338.00	\$676.00
7	District Court - Pest Control Services	520 W Big Beaver Road	Monthly	\$28.00	\$336.00	\$41.00	\$492.00
8	Transit Center - Pest Control Services	1201 Doyle Drive	Monthly	\$18.00	\$216.00	\$41.00	\$492.00
9	Fire Station #1 - Pest Control Services - Exterior	1019 E Big Beaver	Spring Annual	\$77.00	\$77.00	\$138.00	\$138.00
10	Fire Station #2 - Pest Control Services - Exterior	5600 Livernois	Spring Annual	\$77.00	\$77.00	\$138.00	\$138.00
11	Fire Station #3 - Pest Control Services - Exterior	2400 W Big Beaver	Spring Annual	\$77.00	\$77.00	\$138.00	\$138.00
12	Fire Station #4 - Pest Control Services - Exterior	2117 E Maple	Spring Annual	\$77.00	\$77.00	\$138.00	\$138.00
13	Fire Station #5 - Pest Control Services - Exterior	6399 John R	Spring Annual	\$77.00	\$77.00	\$138.00	\$138.00
14	Fire Station #6 - Pest Control Services - Exterior	5901 Coolidge	Spring Annual	\$77.00	\$77.00	\$138.00	\$138.00
15	Fire/Police Training Center - Exterior	4850 John R Road	Spring Annual	\$77.00	\$77.00	\$138.00	\$138.00
16	Fire/Police Training Center - Pest Control Services	4850 John R Road	Monthly	\$28.00	\$336.00	\$43.00	\$516.00
17	Community Ctr - Pest Control Services	3179 Livernois Road	Monthly	\$28.00	\$336.00	\$43.00	\$516.00
18	Aquatic Center - Pest Control Services - April-Sept	3425 Civic Center Drive	(6) Monthly	\$28.00	\$168.00	\$41.00	\$246.00
19	Nature Center - Pest Control Services	6685 Coolidge Highway	Monthly	\$28.00	\$336.00	\$41.00	\$492.00
20	Department of Public Works - Pest Control Services	4693 Rochester Road	Monthly	\$28.00	\$336.00	\$43.00	\$516.00
21	Department of Public Works - Exterior Treatment for overwintering pests (Aug/Sep)	4693 Rochester Road	Annual	\$125.00	\$125.00	\$175.00	\$175.00
22	Parks Garage - Pest Control Services	4693 Rochester Road	Monthly	\$28.00	\$336.00	\$43.00	\$516.00
23	SUBTOTAL OF ITEMS 1 - 22				\$4,783.00		\$9,954.00

CITY OF TROY
 BID TABULATION
 PEST CONTROL SERVICES

				Vendor Name:			
				American Pest Control		Rose Pest Control	
Item #	Description	Troy, MI Location	Frequency	Fixed Cost per visit	Annual Cost	Fixed Cost per visit	Annual Cost
24	Miscellaneous Bee/Wasp/Hornet removal - Right of Way as requested	City of Troy Locations to be determined	20	\$75.00	\$1,500.00	\$63.00	\$1,260.00
25	City of Troy locations - Miscellaneous Pest Control Services as needed basis	City of Troy locations to be determined	Price Per Hour	\$75.00		\$126.00	
26	SUBTOTAL OF ITEMS 24 - 25			\$1,500.00		\$1,260.00	

OPTIONAL SERVICES

27	Fire Station #1 - Pest Control Services	1019 E Big Beaver	Monthly	\$10.00	\$120.00	\$41.00	\$492.00
28	Fire Station #2 - Pest Control Services	5600 Livernois	Monthly	\$10.00	\$120.00	\$41.00	\$492.00
29	Fire Station #3 - Pest Control Services	2400 W Big Beaver	Monthly	\$10.00	\$120.00	\$41.00	\$492.00
30	Fire Station #4 - Pest Control Services	2117 E Maple	Monthly	\$10.00	\$120.00	\$41.00	\$492.00
31	Fire Station #5 - Pest Control Services	6399 John R	Monthly	\$10.00	\$120.00	\$41.00	\$492.00
32	Fire Station #6 - Pest Control Services	5901 Coolidge	Monthly	\$10.00	\$120.00	\$41.00	\$492.00
33	SUBTOTAL OF ITEMS 27 -33			\$720.00		\$2,952.00	
34	TOTAL OF ALL ITEMS (SUM OF 23, 26 and 33)			\$7,003.00		\$14,166.00	

SITE INSPECTION DONE:	Y OR N	NOT SPECIFIED	Y
PROVIDED PESTICIDE LICENSE	Y OR N	Y	Y
COMPLETED VENDOR QUESTIONNAIRE:	Y OR N	Y	Y
YEARS IN BUSINESS:		61 Years	222 Years
REFERENCES PROVIDED:	Y OR N	Y	Y
EMERGENCY BUSINESS PHONE #:		248-585-2600 or 850-776-1423	248-680-0111
SIGNED VENDOR INFORMATION FORM:	Y OR N	Y	Y
CAN MEET INSURANCE REQUIRMENTS:	Y OR N	Y	Y
PAYMENT TERMS:		Net 30	Net 30
EXCEPTIONS:	Y OR N	N	N
ACKNOWLEDGEMENT:	Y OR N	Y	Y
FORMS:	Y OR N	Y	Y

Attest:
 (*Bid Opening conducted via a Go-To Meeting)
 Dennis Trantham
 Kristine Kallek
 Heather Chomiak
 Jackie Ahlstrom

Emily Frontera
 Purchasing Manager



**CITY OF TROY
PRICE PROPOSAL - PEST CONTROL SERVICES**

RFP-COT 21-32
Page 3 of 18

The purpose of this Request for Proposal is to contract for **PEST CONTROL SERVICES**. The successful company will provide **Two (2) Year Requirements of Pest Control Services with One (1) Two-Year Renewal Option** in accordance with the specifications that are attached hereto and are to be considered an integral part of the proposal at the following prices:

COMPANY NAME: American Pest Control

Item #	Description	Troy, MI Location	Frequency	Fixed Cost per visit
1.	City Hall - Pest Control Services	500 W Big Beaver Road	Monthly	28.00
2.	City Hall - Exterior Treatment for overwintering pests (Aug-Sep)	500 W Big Beaver Road	Annual	125.00
3.	Police - Pest Control Services	500 W Big Beaver Road	Monthly	28.00
4.	Library - Pest Control Services	510 W Big Beaver Road	Monthly	28.00
5.	Library -Canine Bedbug Services	510 W Big Beaver Road	Monthly	28.00
6.	Library- Spring and Fall Exterior Treatment	510 W Big Beaver Road	Semi-Annual	125.00
7.	District Court - Pest Control Services	520 W Big Beaver Road	Monthly	28.00
8.	Transit Center - Pest Control Services	1201 Doyle Drive	Monthly	18.00
9.	Fire Station #1 - Pest Control Services - Exterior	1019 E Big Beaver	Spring Annual	77.00
10.	Fire Station #2 - Pest Control Services - Exterior	5600 Livernois	Spring Annual	77.00
11.	Fire Station #3 - Pest Control Services - Exterior	2400 W Big Beaver	Spring Annual	77.00
12.	Fire Station #4 - Pest Control Services - Exterior	2117 E Maple	Spring Annual	77.00
13.	Fire Station #5 - Pest Control Services - Exterior	6399 John R	Spring Annual	77.00
14.	Fire Station #6 - Pest Control Services - Exterior	5901 Coolidge	Spring Annual	77.00
15.	Fire/Police Training Center - Exterior	4850 John R Road	Spring Annual	77.00
16.	Fire/Police Training Center - Pest Control Services	4850 John R Road	Monthly	28.00
17.	Community Ctr - Pest Control Services	3179 Livernois Road	Monthly	28.00

Item #	Description	Troy, MI Location	Frequency	Fixed Cost per visit
18.	Aquatic Center - Pest Control Services - April-September	3425 Civic Center Drive	(6) Monthly	28.00
19.	Nature Center - Pest Control Services	6685 Coolidge Highway	Monthly	28.00
20.	Department of Public Works - Pest Control Services	4693 Rochester Road	Monthly	28.00
21.	Department of Public Works - Exterior Treatment for overwintering pests (Aug/Sep)	4693 Rochester Road	Annual	125.00
22.	Parks Garage - Pest Control Services	4695 Rochester Road	Monthly	28.00
23.	SUBTOTAL OF ITEMS 1 THROUGH 22			1240.00
24.	Miscellaneous Bee/Wasp/Hornet removal - Right of Way as requested	City of Troy Locations to be determined	20	75.00
25.	City of Troy locations - Miscellaneous Pest Control Services as needed basis	City of Troy locations to be determined	Price Per Hour	75.00
26.	SUBTOTAL OF ITEMS 24 AND 25			150.00
	OPTIONAL SERVICES			
27.	Fire Station #1 - Pest Control Services	1019 E Big Beaver	Monthly	10.00
28.	Fire Station #2 - Pest Control Services	5600 Livernois	Monthly	10.00
29.	Fire Station #3 - Pest Control Services	2400 W Big Beaver	Monthly	10.00
30.	Fire Station #4 - Pest Control Services	2117 E Maple	Monthly	10.00
31.	Fire Station #5 - Pest Control Services	6399 John R	Monthly	10.00
32.	Fire Station #6 - Pest Control Services	5901 Coolidge	Monthly	10.00
33.	SUBTOTAL OF ITEMS 27 THROUGH 33			60.00
34.	TOTAL OF ALL ITEMS (SUM OF 23, 26 and 21)			1515.00

NOTE: The City of Troy reserves the right to add or delete any item deemed necessary at the City's option.

UNIT PRICES:

Unit prices prevail. The City of Troy will correct mathematical errors discovered in your proposal submission.

COMPANY NAME: American Pest Control, Inc.



VENDOR INFORMATION

It is understood that all proposed prices shall remain in effect for at least ninety (90) days from the date of the proposal opening to allow for the award and that, if chosen, the successful vendor prices will remain firm for a period of not less than one (1) year.

The proposer affirms that he/she is duly authorized to execute this proposal, that this company, corporation, firm partnership or individual has not prepared this proposal in collusion with any other proposer and that the contents of this proposal as to prices, terms or conditions have not been communicated by the undersigned, nor by any employee or agent, to any competitor, and will not be, prior to the award and the proposer has full authority to execute any resulting contract awarded as a result of, or on basis of the proposal.

The submission of a proposal hereunder shall be considered evidence that the proposer is satisfied with respect to the conditions to be encountered and the character, quantity and quality of the work to be performed.

COMPANY NAME: American Pest Control, Inc.

ADDRESS: 1012 Elmsford Dr.

CITY: Troy STATE: MI ZIP: 48083

TELEPHONE: 248.585.2600 FAX: 248.583.0548

AUTHORIZED REPRESENTATIVE'S NAME: Robinlee A. Bachmann

SIGNATURE:  TITLE: Business Manager

EMAIL: info@organicpestcontrolinmichigan.com DATE: 5.21.2021



INSURANCE REQUIREMENTS

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.

COMPANY NAME: American Pest Control, Inc.

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: American Pest Control, Inc.

SIGNATURE PAGE

PRICES

Price shall remain firm through proposal award except the successful bidder whose prices shall remain firm through successful completion of all specified requirements for this project. The contract period shall commence on July 1, 2021 and continue for Two (2) Years until June 30, 2023. The contract may be extended by one – Two-Year option to renew the contract under the same terms and conditions based upon mutual consent of both parties within 90 days of contract termination. A request by City staff to determine a successful bidder's interest in renewing a contract in no way obligates the City.

The City can accept a change in pricing at the beginning of the first option year and each year thereafter to be the lesser of 2% or the difference in the Consumer Price Index between the current year (as close to 12 months as possible) and previous year as calculated on the CPI Inflation Calculator available on the Bureau of Labor Statistics website www.bls.gov/cpi/home.htm. The CPI Inflation Calculator uses the average Consumer Price Index for a given year. This data represents changes in prices of all goods and services purchased for consumption by urban households. For the current year, the latest month index value is used.

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 offer and is in receipt of all addendum as issued.

TAX ID: 38-1625752

COMPANY American Pest Control, Inc.

ADDRESS 1012 Elmsford Dr. CITY Troy STATE MI ZIP 48083

TELEPHONE NUMBER (248) 585-2600 FAX NUMBER (248) 583-0548

REPRESENTATIVE'S NAME Robinlee A. Bachmann

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE:  (Print)


PAYMENT TERMS: net 30 EMAIL: info@organicpestcontrolinmichigan.com

COMPLETION: **AS SPECIFIED** CHECK #: _____

EXCEPTIONS:

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

ACKNOWLEDGEMENT: I, Robinlee Bachmann, certify that I have read the **Instructions to Bidders** (3 Pages) and that the proposal documents contained herein were obtained directly from the City's Purchasing Department or MITN website, <http://www.bidnetdirect.com/mitn> and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: 

IMPORTANT: All City of Troy purchases require a **SAFETY DATA SHEET**, where applicable, in compliance with the MIOSHA "Right to Know" Law.

NOTE: The City of Troy, at their discretion, may require the bidder(s) to supply a Financial Report from an Impartial Financial Credit Reporting Service before award of contract.

U.S. FUNDS: PRICES QUOTED SHALL BE IN U.S. CURRENCY.



Request for Proposal
 Pest Control Services
 Page 12 of 18

VENDOR QUESTIONNAIRE

Please give the following information regarding your proposal:

Company Name: American Pest Control, Inc.

Address: 1012 Elmstord Dr.

City: Troy State: MI Zip: 48083

Telephone Number: 248-585-2600 Fax Number: 248-583-0548

Email Address: info@organicpestcontrolinmichigan.com

Company Established: 1960 State: Michigan Years in Business: 61

Type of Organization: (Circle One)

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

How many years has your firm been providing pest control services: 61

Full-Time Employees: 9 Part-Time Employees: 2

Provide information relative to the experience and financial capability of your company to carry out the terms of this contract.

Gross sales 2018 \$506056.00 2019 \$508614.00 2020 \$510890.00

How many clients does your company currently service with the type of services described?
 Provide a list.

Commercial/Residential about 750
See professional references Attached



Request for Proposal
Pest Control Services – Vendor Questionnaire (continued)
Page 13 of 18

Provide a list of client references (minimum of 5). Include business name, contact person, address, and phone number (include municipal related clients).

See attached

Based on your current resources, are you available to begin work by July 1, 2021?

Yes or No

Contractor/Vendor must be currently registered with the State of Michigan, Department of Agriculture as a Pesticide Application Business licensed to do business in Michigan.

License number 63000 Issue date 4-22-2021 Expiration 12-31-2021

Have you provided the required copy of the above licensure?

Yes or No

The Contractor must have attended a Michigan Department of Agriculture approved IPM Training Program which is required before making a pesticide application in public buildings.

Yes or No

Provide emergency procedures for accidental discharge of chemicals.

See attached

Describe in detail your approach to servicing all City of Troy locations.

Full inspection of each location before application to determine the best solution to each problem. Treat issues in accordance with EPA + MDARD requirements -



Bid Proposal
 Pest Control Services – Vendor Questionnaire (continued)
 Page 14 of 18

Provide emergency business telephone number: 248-585-2600 or 850-776-1423

Acknowledge that full treatment pest control services will be provided.

Yes X or No .

State any exceptions, substitutions or deviations from the City specifications along with reason for same below: Will you be utilizing any subcontractors?

Yes No X

If yes, list subcontractors and service provided, define rates and additional costs:

Have you included a signed Hold Harmless Agreement?

Yes X No

Can you meet the attached City's Insurance requirements?

Yes X No

Define services that are outside of the scope of the full treatment pest control services and any such services would require separate quotations for other City owned buildings. List your hourly rates, define hours of the day and days of the week, trip charges, etc.

Bed bugs, fleas

24/7 \$75.00 per hour

no trip charge

Additional comments not addressed above:



Legal Status of Bidder:

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

A corporation duly organized and doing business under the laws of the State of Michigan for whom Robin Bachmann, bearing the office title of Business Manager, whose signature is affixed to this proposal, is duly authorized to execute contracts.

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

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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AN INDIVIDUAL, WHOSE SIGNATURE IS AFFIXED TO THE PROPOSAL:

Robin Bachmann Business Manager



**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.

American Pest Control, Inc.
Name of Agency/Company/Firm (Please Print)

Robinlee A. Bachmann, Business Manager
Name and title of authorized representative (Please Print)

Robinlee A. Bachmann
Signature of authorized representative

5-25-2021
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	American Pest Control, Inc.
Street Address	1012 Elmsford Dr.
City	Troy, MI
State, Zip	Michigan 48083
Corporate I.D. Number/State	148354
Taxpayer I.D. #	38-1625752

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: Robinlee A. Bachmann

Printed Name of Vendor's Authorized Agent: Robinlee A. Bachmann

Witness Signature: David Clark

Printed Name of Witness: David Clark



CITY OF TROY
OAKLAND COUNTY, MICHIGAN
NON-COLLUSION AFFIDAVIT

TO WHOM IT MAY CONCERN:

Robin Bachmann, being duly sworn deposed, says that he/she
(Print Full Name)

is Business Manager. 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.

SIGNATURE OF PERSON SUBMITTING BID

NOTARY'S SIGNATURE

Subscribed and sworn to before me this 24 day of MAY, 2021 in and for Macomb
County.

My commission expires:

07-29-24

DURAID JAMOUA
NOTARY PUBLIC - MICHIGAN
MACOMB COUNTY
MY COMMISSION EXPIRES 07/29/2024
ACTING IN Oakland COUNTY



Proposer's Sworn and Notarized Familial Disclosure
(to be provided by the Proposer)

The undersigned, the owner or authorized officer of American Pest Control, Inc. (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 American Pest Control, Inc. and any member of the City of Troy City Council or City of Troy management.

List any Familial Relationships: none

American Pest Control, Inc.
BIDDER: Robin Bachmann
By: Robin Bachmann
Its: Business Manager

STATE OF MICHIGAN)
)ss.

COUNTY OF Macomb)

This instrument was acknowledged before me on the 24 day of MAY, 2021,

by [Signature]

DURAID JAMOUA
NOTARY PUBLIC - MICHIGAN
MACOMB COUNTY
MY COMMISSION EXPIRES 07/26/2024
ACTING IN Dakota COUNTY



AMERPES-01

MKOHLER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/24/2021

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).

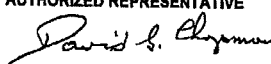
PRODUCER David Chapman Agency, Inc. P.O. Box 30109 Lansing, MI 48909	CONTACT NAME: Marci Kohler PHONE (A/C, No, Ext): (517) 319-8239 FAX (A/C, No): (517) 321-9443 E-MAIL ADDRESS: mkohler@davidchapmanagency.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : Cincinnati Specialty Underwriters</td> <td>13037</td> </tr> <tr> <td>INSURER B : Cincinnati Casualty Company</td> <td>28665</td> </tr> <tr> <td>INSURER C : Accident Fund Insurance Company of America</td> <td>10166</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Cincinnati Specialty Underwriters	13037	INSURER B : Cincinnati Casualty Company	28665	INSURER C : Accident Fund Insurance Company of America	10166	INSURER D :		INSURER E :		INSURER F :
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INSURED American Pest Control Inc American Tree Arborist 1012 Elmsford Drive Troy, MI 48083														

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CSU 0124003	11/14/2020	11/14/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ENP 0513287	11/14/2020	11/14/2021	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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV8015176	11/16/2020	11/16/2021	<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 City of Troy 500 W. Big Beaver Road Troy, MI 48084	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

PL-079 (07/03)

Michigan Department of Agriculture & Rural Development
Pesticide and Plant Pest Management Division
Pesticide Application Business License

Issued To:

AMERICAN PEST CONTROL, INC.

1012 ELMSFORD

TROY, MI 48083-

Category(ies): 3A, 3B, 7A, 7B

Mailing Address:

AMERICAN PEST CONTROL, INC.

1012 ELMSFORD

TROY, MI 48083-

License No: 630000

Issue Date: 04/22/2021

Expiration: 12/31/2021

PAB
GARY MCDOWELL

This license is issued in accordance with the provisions of Act 451, Part 83, PA of 1994, as amended & is only valid for the establishment, address, and categories listed above. Categories with an (*) are RESTRICTED (see back). This license is not transferable.

Director of Agriculture
& Rural Development

Tax ID
Number

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above
American Pest Control & American Lawn & Tree Arborist

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

4 Exemption codes apply only to certain entities, not individuals; see instructions on page 3:
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1012 Elmsted

6 City, state, and ZIP code
Troy MT 48063

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or
Employer identification number

3	8	-	1	6	2	5	7	6	2
---	---	---	---	---	---	---	---	---	---

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person *[Signature]* Date *5-25-21*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct for you are waiting for a number to be issued.
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



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1-800-404-3033
PHONE: 941-613-9196
FAX: 941-575-8114

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PROFESSIONAL REFERENCES

Michigan Humane Society
David Miller – 734-721-4098 Since 2002
mail@michiganhumane.org
General crawling, flies, rodents
Annual dollars - \$5,640.00

Shar Macomb (four locations)
Daryl Stokes – 586-531-4837 Since 2012
dstokes@sharinc.org
General crawling, flies, bedbugs and rodents
Annual dollars - \$3,408.00

Hamtramck Public Schools
Richard Wawrzynski – 313-892-2648 Since 2019
rwawrzynski@hamtramckschools.org
General Crawling, flies, roaches, bedbugs and rodents
Annual dollars - \$10,652.00

City of Warren
Craig Treppa – 586-574-4636 Since 2020
ctreppa@cityofwarren.org
General Crawling, ants, roaches, midges, flies, bedbugs and rodents
Annual dollars - \$8,700.00

Cranbrook Educational Community
Kevin Mill – 248-645-7707 Since 2001
kmill@cranbrook.edu
Organic mosquito control, critter control and rodent control. Tree care including inoculations, foliar drenches, deep root fertilization and root surgeries when necessary.
Annual dollars - \$24,383

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Our biggest job is protecting the environment

If a spill occurs:

- Clean up spills immediately to protect yourself and others in the area.
- **Do not put yourself at unnecessary risk**; wear the appropriate personal protective equipment (PPE) whenever handling pesticides.
- Some product labels provide specific guidelines on how to handle a spill, so prepare yourself to handle a spill before it takes place.

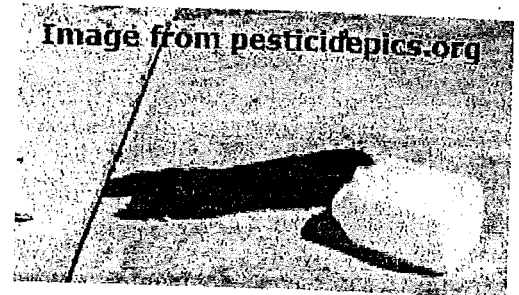
The following items should be on location and easily accessible in the event of a spill: protective eyewear; rubber gloves; rubber or plastic foot coverings; dry absorbent material, such as cat litter, soil, newspapers, or paper towels.

Always keep the product emergency phone numbers and local emergency phone numbers programmed into your cell phone or written down near the phone and large enough to read in the event of impaired vision.

If a pesticide spill occurs, remember the three C's: **Control, Contain, and Clean Up.**

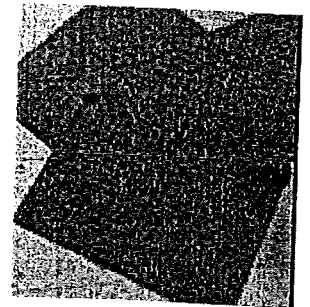
Control the Spill

- Always put on protective equipment before handling a pesticide spill.
- Stop the spill or leak immediately. If a container, bag, sprayer, or spreader turns over, return it to an upright position. If a small container is leaking, place the container directly into a larger chemical resistant container to stop further release.
- Isolate the spill and prevent unprotected people, children, and animals from entering the area. If you or someone else is in danger, call 911.



Contain the Spill

- Do everything possible to prevent the spill from spreading and to contain the material in as small an area as possible.
- For liquid spills you may be able to create a dike of soil, sod, or an absorbent material to contain liquid spills. Quickly cover liquid spills with an absorbent material, such as cat litter, newspaper, or paper towels. Keep adding the absorbent until all the liquid is soaked up.
- Contain dry pesticides, such as dusts, powders, or granules, by lightly misting with water or covering with a sheet of plastic. Be careful not to over moisten and cause clumping or release of the pesticide action.



Clean Up the Spill Immediately

Never wash spilled pesticides away with a hose, and never wash pesticides down storm or sewer drains. Always prevent pesticides from entering any body of water or pathway that may lead to a body of water.

- Once liquid spills have been absorbed, sweep up or collect the contaminated absorbent materials, and seal them in a heavy-duty plastic bag for disposal.
- Sweep up dry pesticide spills for reuse. It may be applied to a labeled-use site, or stored for future use if the pesticide has not become wet or contaminated with soil or other debris. Otherwise, collect the dry spill in a heavy-duty plastic bag for disposal.
- Dispose of pesticide contaminated materials in the garbage outdoors, not in the home.
- Use diluted bleach or detergent to clean the contaminated area.
- Read the pesticide label and see "Pesticide and Container Disposal" for information on disposing of any excess pesticides.
- Clean all equipment thoroughly.
- Wash your hands, forearms, face, neck and any other parts that may have been exposed, with soap and water. Shower if necessary.

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Established in 1897, Incorporated in 1960, American Pest Control has been serving the Metro Detroit area for over 100 years. We're family-owned and operated and have established ourselves as the premier provider of pest control services in Michigan. "Honor the earth and its inhabitants" is our motto that we take to our heart. All our employees have to accept and sign our motto and mission statement prior to employment. We mean every word of it.

The President and Technical Director of American Pest Control, William Pickhardt (also known as "Doc"), is a recognized expert in pest control. Other than the pest control services, **American Pest Control** also owns American Lawn and Tree Arborist, which provides natural and organic lawn and tree care to residential as well as commercial properties.

Membership & Affiliations

- National Forensic Association
- National Pest Control Association
- Tree Care Industry
- American College of Forensic Examiners
- Michigan Pest Control Association
- Michigan Lawn Care Association
- Michigan Nursery and Landscape Association
- Michigan Department of Agriculture Certification #C 007770057
- Turfgrass Pest Management Certification
- Ornamental Pest Management Certification
- Right of Way Pest Management Certification
- General Pest Management Certification

Honors and Organic Lawn & Tree Care Consulting

- Member of Michigan Department of Agriculture Wood Destroying Organism Committee
- National Arborists Educational Committee
- Consultant for Illinois Dept. of Conservation
- Consultant for City of Centerline, Michigan
- Consultant for the City of St. Clair Shores, Michigan
- Consultant for the City of Bellville, Michigan

Lawn & Tree Care License

- State of Michigan License #159029, 159208

Organic and Environmental Research

"THE ORGANIC PEOPLE"

Our biggest contribution

- Experimental studies with 3 new chemistries (1427, 1428 and 1429) for the control of emerald ash borer (*Agrilus planipennis*) in Troy, Michigan in conjunction with Maujet Corporation, Dr. David Roberts, Michigan State University and Dr. Terry Tatter of University of Massachusetts. Present
- Experiments studying the efficacy of using food energy inhibitors as a substitute for conventional rodenticides to control commensal rodents. Delmar Products, 1997 – Present
- Efficacy studies for Emerald Ash Borer, Bayer Corporation, Michigan State University, Dr. David L. Roberts, Canton, Michigan, Warren, Michigan, Troy, Michigan and the Cranbrook Institute in conjunction with Arborjet Corporation, Boston Mass. 2002 – Present
- Efficacy comparison test using Mauget injection systems Arbor Systems injection (Wedgle) Kline soil injection and H.D. Hudson injection system with Imidacloprid to control royal palm bug (*Xylastodora luteolus*) in royal palms (*Roystonea elata*). Coral Gables, Florida 1997
- Efficacy tests with BAY NTN 33893 (experimental label) using Wedgle Injection System to control Zimmerman pine moth (*Dioryctria Zimmermani*). Bayer Corporation, ArborSystems, Inc. 1997
- Efficacy test using Wedgle System with Tetraconazole 125SL (experimental label) and Lynx 250EW to control Dutch elm disease (*Ceratocystis ulmi*) Omaha, Nebraska ArborSystems, LLC 1997
- Efficacy test with Imidacloprid to control honey locust plant bug (*Diaphnocoris chlorionis*) and leafhopper (*Marcropsis fumipennis*) on honey locust (*Gleditsia triacanthos*) 1996
- Equipment modifications for Phyton Injection System to reduce tree damage. Source Technology Biologicals, Inc. 1992-1995 Pressure, gravity feed and syringe injections with Phyton-27 to control *Phytophthora* in citrus. Source Technology, 1993-1994
- Ultra Low Volume application, nozzles and dosage. 1963-1964, Michigan State University, Professor Angus Howitt



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 FAX: (941) 575-8114



ACCOUNT TYPE		
<input type="checkbox"/> REGULAR	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> INDOOR
<input type="checkbox"/> 1-TIME	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> OUTDOOR
FREQUENCY		
<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> 6 MONTHS	<input type="checkbox"/> 3 MONTHS
<input type="checkbox"/> MONTHLY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> WEEKLY
ACCOUNT NO.		ROUTE NO.

INSPECTION <input type="checkbox"/>		TREATMENT <input type="checkbox"/>	
TARGET PESTS(S)	SITE TREATED	APPLICATION METHOD	NOTES
CHEMICALS USED		APPLICATION RATE	AMOUNT
DESCRIPTION			
TECH	DATE		
OWNER SIGNATURE			

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FAX (941) 575-8114



**AMERICAN PEST CONTROL COURTESY INSPECTION
SANITATION, PEST AND OBSERVATION REPORT**

Customer _____
Address _____
City /Zip _____

Tech _____

Date _____

- Location free of dead insects? (Roaches/ants, etc.) Yes / No _____
- Location free of dead rodents/droppings? Yes / No _____
- Dining/serving area clean? Yes / No _____
- Food prep/Kitchen or cooking area clean? Yes / No _____
- Dishwashing area clean? Yes / No _____
- Storage areas clean and free of spills? Yes / No _____
- Stored products 1foot from walls? Warehouse 2 feet? Yes / No _____
- Mops clean and hung up to dry? Yes / No _____
- Janitor closet and sink clean/free of debris? Yes / No _____
- Restrooms/Employee break room clean? Yes / No _____
- Do all floor drains have covers and are they clean? Yes / No _____
- Interior of building free of holes and harborages? Yes / No _____
- Doors rodent proof/windows and doors screened? Yes / No _____
- Exterior of building clean/free of holes and harborages? Yes / No _____
- Dumpster area clean and top closed? Yes / No _____
- Has manager reviewed this report? Yes / No _____
- Other areas _____ Yes / No _____
- Location free of infestations? Yes / No _____

Location of infestation
Ants _____
Roaches _____
Mice _____
Rats _____
Other _____

Date of Scheduled service _____

Signature: Technician _____

Signature: Manager _____

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Justin Smith

38105 DuCharme Clinton Township MI 1-586-843-5271 Mrjusmith1987@gmail.com

OBJECTIVE

To utilize the knowledge and skills that I have acquired throughout my education and previous employment to bring my personal best to the customer and the company.

EMPLOYMENT:

Pest Control Technician

2019-current

American pest control

Pest technician

2017 -2019

Employed by **Abell** pest control

- Demonstrate the use of great customer service skills to develop trust with my customers and acquired clientele.
- Enter customers homes to educate the clients on the products that we use.
- Exterminate pests inside and outside of the home including rodent control while maintaining the safety of my customers and their homes by following EPA guidelines.

2013 - 2017

Employed by **Terminix**

- Demonstrate the use of great customer service skills to develop trust with my customers and acquired clientele.
- Enter customers homes to educate the clients on the products that we use.
- Exterminate pests inside and outside of the home including rodent control while maintaining the safety of my customers and their homes by following EPA guidelines.

EDUCATION:

Fraser High School 2005

- High School Diploma obtained

Macomb Community College 2006-2009

Associate's degree General Studys with a Minor in Culinary Arts.

LICENCES:Chauffeur's License Obtained: 2012 Pest Control License Obtained: 2014 DOT card

Professional References

Aimee Herty

Account manager

American Business Consulting

1-248-825-5893

aherty@abcbusinessgroup.com

Consultant

Jessie Witman

Pest Control Technician

Terminix

1-586-872-5037

widmanjr@yahoo.com

Colleague

Andrew Clarkson

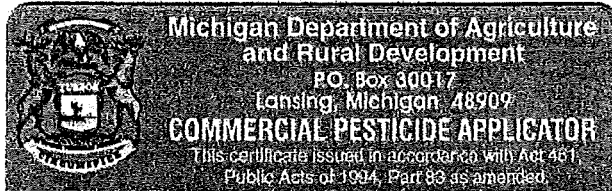
Pest Control Technician

Proof Pest Control

1-586-842-9443

aclarkson91@gmail.com

Colleague



Michigan Department of Agriculture
and Rural Development

P.O. Box 30017
Lansing, Michigan 48909

COMMERCIAL PESTICIDE APPLICATOR

This certificate issued in accordance with Act 461
Public Acts of 1994, Part 80 as amended.

JUSTIN SMITH

Categories: 7A

C007160542
Certification
Number

12/31/2022
Expires

RESUME

RICK L. BACHMANN

INTERNATIONAL EXTERMINATORS

Buffalo, New York - 1977 – 2000

Exterminator – Treat residential and commercial properties for general crawling, flying/stinging, wood destroying organisms and rodents in accordance with New York State Department of Agriculture and EPA standards.

AMERICAN PEST CONTROL, INC.

Troy, Michigan – 2001 to present

Exterminator and General Manager – Manage the day to day operations of our fleet, ensure equipment is clean and in proper working condition, check daily logs each day for completeness, instructor for compliance and product safety and work environment rules pursuant to the MDARD and EPA standards. Treat residential and commercial properties for general crawling, flying/stinging, wood destroying organisms and rodents in accordance with MDARD and EPA standards.



Michigan Department of Agriculture
and Rural Development

P.O. Box 30017
Lansing, Michigan 48909

COMMERCIAL PESTICIDE APPLICATOR

This certificate issued in accordance with Act 461,
Public Acts of 1994, Part 83 as amended.

RICK L BACHMANN

Categories: 7A 7B

C004190678
Certification
Number

12/31/2022

Expires

INTEGRATED PEST MANAGEMENT PROGRAM

**DESIGNED
FOR**

AMERICAN PEST CONTROL

**REGULATION
636 & 637 Rule
Label is the law**

**Instructor
RICK BACHMANN**

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INTRODUCTION

Integrated Pest Management (IPM) is a pest management system that utilizes all suitable techniques in a total pest management system with the intent of preventing pests from reaching unacceptable levels or to reduce an existing population to an acceptable level. An emphasis is placed on manipulation of the pest environment to the point that it will not support a pest population.

Michigan Law, Public Act 451 and Regulation 637 require that certain conditions must be met prior to making a pesticide application (other than sanitizers, germicides, disinfectants, or anti-microbial agents) in schools, public buildings or health care facilities. These conditions include:

1. The pesticide applicator must have attended an approved IPM program.
2. There must be an IPM plan in place for the building.

This IPM plan is intended to reduce the incidence of pest infestation while also reducing the need for chemical pesticide applications. It is also intended to satisfy the requirement for having an IPM plan in place for the building. NOTE: In a situation where there are multiple buildings, the plan will include a site description and evaluation for EACH building.

KEY TERMS

Certified Applicator: A person authorized to use and supervise the use of a restricted use pesticide. You must receive a passing score on one or more certification exams administered by the Michigan Department of Agriculture to become a certified applicator.

Commercial Applicator: A person who is not a private agricultural applicator (i.e., growing a crop for an agricultural purpose) and who meets one of the following conditions:

- Who is required to be a registered technician or certified applicator under this part. (See note below).
- Who uses or supervises the use of restricted use pesticides.
- Who holds themselves out to the public as being in the business of applying pesticides.

NOTE: PA 451, section 8314 requires a person to be a certified applicator to apply any pesticide (other than a sanitizer, disinfectant, bactericide or general-use ready-to-use product), other than for a private agricultural purpose in the course of their employment.

Registered Technician: A classification of applicators authorized to apply general-use pesticides for a commercial or private purpose as a scheduled and required work assignment.

General Use Pesticide: A pesticide that may be purchased by an individual who is not required to be a certified applicator. A pesticide product that is NOT general-use is a restricted-use product.

Pest: An unwanted insect, rodent, nematode, fungus, weed, or other form of terrestrial or aquatic plant or animal life, or virus, bacteria or other micro-organism.

Pesticide: A substance or mixture of substances intended for preventing, destroying, repelling, or mitigating pests or intended for use as a plant regulator, defoliant, or desiccant. Note that products such as Weed and Feed, Roundup, or Raid are pesticides.

Ready-To-Use Pesticide: A pesticide which is applied directly from its original container consistent with label directions, such as an aerosol insecticide or rodent bait box, which does not require mixing or loading prior to application.

ADMINISTRATION

Communication-Sighting Log:

Proper implementation of an IPM program requires careful administration. It is important for the building manager and administrative staff to communicate with the pesticide applicator(s) to ensure full implementation of the IPM program. To meet this goal, a Pest Sighting Log and record keeping data will be used as part of the communication process. The building manager will ensure that pest sightings are recorded in the log.

Applicator Credentials:

A person who applies a pesticide (other than a sanitizer, germicide, disinfectant or anti-microbial agent) in schools, public buildings or health care facilities MUST have attended an approved IPM training session.

Pesticide applicators that conduct applications for hire (i.e., an outside contractor) must be licensed and certified. However, staff members who have attended an approved IPM training session may use a general-use ready-to-use product without being certified. Note that staff members who use a pesticide product that is NOT ready-to-use must be certified. This includes items such as granular weed and feed or any product that must be mixed prior to use.

A staff member of this facility who has attended an approved IPM training session can apply a general-use ready-to-use pesticide. However, whenever possible, pesticide applications should be conducted by the person responsible for pest control in this facility.

Pesticide Applications:

Pesticide applications for non-emergency situations shall be conducted by an applicator that has attended an approved IPM training program and shall be made in accordance with this IPM plan. Applications must be made in accordance with the pesticide labeling. The applicator shall use personal protective equipment that is appropriate relative to the potential exposure. Minimum personal protective equipment for applications using products that are not ready-to-use includes long pants, protective footwear, gloves that are impervious to the pesticide being applied and long sleeve clothing. Short-sleeve clothing may be worn if wash water or waterless soap is immediately available and the pesticide label does not prohibit it.

Pesticide Application Records:

Records shall be maintained on forms provided by the building manager. Records shall contain:

1. Site address and the location of the areas or room(s) where pesticides are applied.
2. The date of service.
3. The target pest(s).
4. An inspection report, including the number of pests found or reported (this information may be found in the sighting log), and the conditions conducive to pest infestation.
5. Pest management recommendations made by the applicator, such as structural or habitat modification.
6. Structural or habitat modifications or other measures that were initiated as part of the IPM program.
7. The name, concentration and quantity of pesticide(s) used.
8. The name of the applicator.
9. The method and rate of application.

Pesticide Use In and Around Schools:

The section contains information regarding parental notification and applications of insecticides, fungicides and herbicides made in and around school property.

I. Notification

Within 30 days of the beginning of each school year, the primary administrator for the school district or his/her designee, shall provide written notification to parents (or guardians) of children attending the school of their right to be informed before any pesticide application is made to the school property. The notice shall be on a form containing statements that pesticides may periodically be applied to school property and that parents (or guardians) have a right to request prior notification of such pesticide applications. The form will also state that in the case of an emergency, pesticides may be applied without prior notice, but that those parents who request notification will be notified of the emergency application after it occurs.

Prior notification shall contain the following information:

1. The approximate location of the application.
2. The scheduled day or date of application.

Prior notification shall be provided to those parents who request the notification by one of the following means:

1. Written notice mailed not less than three days before the application.
2. Written notice sent home with the child.
3. During months when school is not in regular session, a message notification system such as voice mail may be used that parents can access at least one day before the application. If this method is used, parents must be advised of the phone number where the information may be obtained.

II. Use of Insecticides, Fungicides and Herbicides.

1. Liquid spray or aerosol insecticide applications shall not be made in a room of a school building unless the room will remain unoccupied for at least four hours UNLESS the product label requires a longer re-entry period.
2. Liquid spray pesticides used for turf or ornamental applications may not be made on school grounds within 100 feet of occupied classrooms during normal school class hours or when persons are using the treatment area.
3. The pesticide applicator shall notify the school's building manager of any re-entry periods that are required by the product label.

IPM Program Evaluation:

The program shall be evaluated on a continual basis to determine the program's effectiveness and the need for program modification.

Posting:

When making an application of pesticides, other than a general-use ready-to-use pesticide, a commercial applicator shall place the appropriate signs or markers at the primary point or points of entry.

Indoor Insecticide Applications:

The primary point or points of entry must be posted. If multiple rooms or common areas such as a cafeteria are treated the main entry areas to the facility should be posted. Posting shall remain posted at least 48 hours after the most recent application of insecticide. Posting signs will be in compliance with Regulation 637, Rule 11(4). Signs shall be at least 2-1/2 inches square and shall depict a house surrounded by a cloud. The date shall be placed on the sign. See the rule for additional details on sign requirements.

Ornamental or Turf Applications:

The primary point or points of entry must be posted. Postings will be in compliance with Regulation 637, Rule 11(2). Signs shall be at least 4" high by 5" wide and shall depict a picture of an adult and child walking a dog on a leash. The illustration shall depict, using a diagonal line across the circle, that this action is prohibited. See the rule for additional details on sign requirements.

PEST MANAGEMENT STRATEGY AND PEST BIOLOGY

Strategy:

IPM involves use of available methods or strategies to control pests including sanitation, exclusion, reservoir reduction, harborage reduction and population reduction. These terms are defined below:

1. Sanitation refers to a reduction of the food and water resources that are attractive to pests. By minimizing the resource of food and water available to the pests, we can greatly reduce the number of pests without the application of pesticides.
2. Exclusion refers to the use of caulk, mortar, screens or similar materials that can reduce or eliminate the entry of pests into the building.
3. Reservoir reduction refers to techniques such as removing a pest attraction feature such as a dumpster or mowing a weed field that provides harborage to mice.
4. Harborage reduction refers to elimination of habitat that provides a home (or harborage) to pests. For example, cleaning old equipment from a storage room will reduce harborage for mice.
5. Population reduction refers to means of control such as mechanical traps, use of repellants, or use of toxicants to drive away or kill pests. Chemical or biological pesticides may be utilized to reduce pest populations.

When considering what methods to utilize for pest control, the building manager shall consider the impact of human health and the environment.

Pest Biology Information:

The method used for control shall take into consideration the relationship between pest biology and pest management methods, giving due consideration to the impact on human health and the environment. When chemical controls are necessary, this program will attempt to use products that are the least toxic to human health and the environment, while remaining effective in control of the target pest(s).

Some common pests and pest control measures are described below. It is important to identify the pest prior to implementing controls.

Pavement Ants:

Ants commonly invade buildings through cracks in cement slab floors and exterior walls. Exclusion through sealing of the cracks is an effective means of control. Exterior perimeter treatments may also provide effective control. If ants still invade the building, baits are an effective means of control.

Bed Bugs

Bed bugs are fast becoming the most important public health pest. They are not known to spread disease but cause mental and physical anguish wherever they occur.

German Cockroaches:

Roaches can carry germs and disease. They prefer areas of high humidity and nearby food. They prefer harborage where they can fit closely. Sanitation and reduction of harborage are important in reducing the incidence of roach infestation. Glue boards may be used to detect the presence of roaches. Where roaches are found, baits can be an effective means of control. Crack and crevice or void treatments may also be used.

Mice:

Mice may enter buildings to seek shelter. Exclusion and reservoir reduction are effective means of control. Keep weedy fields mowed. Move dumpsters away from the building. Clean the area of any debris that offers harborage. Use exclusion methods such as screens, caulk and door sweeps. To eliminate mice present in the building, it is preferable to use mechanical methods, such as traps or glue boards. Baits can be an effective tool, but should be used only with extreme caution and should **NEVER** be used in areas accessible to children or pets.

Head Lice:

Head lice do not survive for more than a few hours when away from a host. Due to the biology of lice, insecticide treatments to the school are **NOT** effective and should **NOT** be done. Instead, parents should be informed about the pest biology and given instruction for effective control measures on hosts (children) and garments such as hats that may be shared between students.

Flies and Gnats:

There are many types of flies and gnats. Proper identification is important to determine the best type of pest control. Proper sanitation can provide effective control for most flies and gnats. Garbage containers should be closed and kept an appropriate distance from the buildings. Insecticides may be appropriate for reducing large populations of adult flies, but sanitation is the preferred means of control.

Other Pests:

Occasional invaders such as yellow jackets, hornets, and carpenter ants may present a problem. In all cases, the relationship between the pest biology and effective control measures must be considered.

SITE EVALUATION

Each building should be identified. Each building has areas identified in writing and/or a site map. The site evaluation includes recommended types of inspection and monitoring schedules.

Kitchens, Break Rooms, Cafeteria, Common Areas:

Visual inspection with a particular emphasis on cockroach and rodent infestations. Look for droppings, gnawing, harborage or unsanitary conditions. Monitoring devices such as glue boards may be used. Recommendation is to monitor on a regular basis.

Classrooms and Hallways:

Visual inspection. Recommendation is to monitor on a regular basis.

Boiler Room, Maintenance Area:

Visual inspection. Monitor for rodents with glue boards or traps. Monitor on a regular basis.

Exterior Areas:

Monitor periodically. Look for entry points into the building. Look for areas that can serve as a reservoir for pests such as weedy areas or accumulations of debris.

SCOPE OF SERVICE

At American Pest Control we begin with a complete inspection of all common areas inside buildings. Inspection of all outside common areas, dumpster, shrubs around the building and service doors. All back halls will be inspected and serviced as well. If the inspection indicates a pest problem and treatment is needed, treatments will be made using Integrated Pest Management (IPM) guidelines and procedures to provide a pest free and healthy environment.

1. All services start with an inspection.
2. Monitors will be used to identify and track pests.
3. Materials that will be used:

Aerosols	Baits	Dust
Glue boards (with permission)		Sprays



AMERPES-01

MKOHLER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/28/2021

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 David Chapman Agency, Inc. P.O. Box 30109 Lansing, MI 48909	CONTACT NAME: Marci Kohler	
	PHONE (A/C, No, Ext): (517) 319-8239 FAX (A/C, No): (517) 321-9443	
	E-MAIL ADDRESS: mkohler@davidchapmanagency.com	
INSURED American Pest Control Inc American Tree Arborist 1012 Elmsford Drive Troy, MI 48083	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Cincinnati Specialty Underwriters	13037
	INSURER B : Cincinnati Casualty Company	28665
	INSURER C : Accident Fund Insurance Company of America	10166
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL 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			CSU 0124003	11/14/2020	11/14/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ENP 0513287	11/14/2020	11/14/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV8015176	11/16/2020	11/16/2021	<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

City of Troy 500 W. Big Beaver Road 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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
City of Troy 500 W Big Beaver Rd Troy, MI 48084	Any location in the coverage territory
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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

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

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

However:

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

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

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

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

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

If coverage provided to the additional insured is required by a contract or agreement, the most

we will pay on behalf of the additional insured is the amount of insurance:

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

whichever is less.

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

EARLIER NOTICE OF CANCELLATION OR NONRENEWAL BY US TO A DESIGNATED ENTITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS COVERAGE PART

SCHEDULE

Designated Entity:
City of Troy

Mailing Address:
500 W Big Beaver Rd
Troy
MI
48084

Cancellation Notification - Number of Days: 30

The following notice of cancellation condition is added only for the person or organization designated in the Schedule above.

If we cancel or nonrenew this policy for any statutorily permitted reason other than nonpayment of premium we will mail notice to the person or organization shown in the Schedule above. We will mail such notice at least the number of days shown in the Schedule before the effective date of the cancellation or nonrenewal.

If we cancel this policy for nonpayment of premium, we will mail notice to the person or organization shown in the schedule above. We will mail such notice for nonpayment of premium at least 10 days before the effective date of cancellation.

When notice is mailed, proof of mailing to the mailing address shown in the Schedule will be sufficient proof of notice.

In no event will coverage extend beyond the actual expiration, termination or cancellation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

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

Primary And Noncontributory Insurance

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

- (1) The additional insured is a Named Insured under such other insurance; and

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

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

Endorsement Effective: 07-23-2021	Policy Number: EBA 051 32 87
Named Insured: AMERICAN PEST CONTROL INC	
Countersigned by:	

(Authorized Representative)

The person or organization named in the following schedule is an "insured" to the extent of their liability for the conduct of another "insured" as provided in **SECTION II - LIABILITY COVERAGE, A. Coverage, 1. Who is an Insured, Paragraph c.**

Schedule

Additional Insured

CITY OF TROY

Address:

500 W BIG BEAVER RD
TROY, MI 48084-5254