# **CITY COUNCIL MINUTES**

# Standard Purchasing Resolution 2: Low Bidders Meeting Specifications - <mark>Vehicle</mark> Wash Services

# Resolution #2025-03-031-J-4e

RESOLVED, That Troy City Council hereby **AWARDS** two (2) year contracts with the option to renew for three (3) 1-year options to the low bidders meeting specifications and local preference requirements, *Pro Carwash, of Troy, MI,* for line item 1 and *BMW Kar Wash LLC dba Jax Kar Wash of Troy, MI,* for line items 1-4, to be purchased on as needed basis, at unit prices contained in the bid tabulation opened February 6, 2025, a copy of which shall be **ATTACHED** to the original Minutes of this meeting, with contracts expiring December 31, 2029.

# Company Items Estimated Total Cost

Proposal

Pro Carwash 1	\$24,200.00
---------------	-------------

Jax Kar Wash 1,2,3,4 \$79,056.00

Estimated Total Cost \$103,256.00

		P	URCHASE/	SERVIC	ECONTRACT	Γ <b>Α</b>	GE. TOTT
Ship To	City of Troy Police 500 W BIG TROY, MI	BEAVER RD	Bill To	City of Tr Police 500 W BI TROY, M	G BEAVER RD	No: Date: FOB DEST	2025-90000016 03/19/2025
Vendor	VENDOR N JAX KAR W 28845 TELE SOUTHFIE	ASH INC				Entered By:	Nellie Bert
CON	TRACT DES	CRIPTION					
Com	mence Date	Expiration Date	Renewal		Resolution #	Contract #	Amount
03/10	0/2025	12/31/2026	3 Times Annua	ally	2025-03-031-J-4e	2025-90000016	0.00
4 a J 1 2 3 2 4 F 7 1 1 1	AX KAR WAS AX KAR WAS AX KAR WAS AX Exterior A Car & Tr Car & Car Car & Car & Car Car & Car & Car Car & Car	atract for the wash basis per the unit H Wash ********** / Interior Wash ** ruck Detailing *** ruck Detailing *** ard across all Jax k le Rd. le Rd. k Rd. (Opening No ncil approval date:	prices listed belo ******* \$6.99   ***** \$250.00 Per **** \$250.00 Per ******* \$250.00 Car Wash Troy loc ov. 2025)	Per vehicle Per vehicle Vehicle Per vehicle Cations:			s on

**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.

5

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1 . 4

Emily Forntera Purchasing Manager

PAGE: 1 of 1

City of Troy

- Ship To Police
- 500 W BIG BEAVER RD
- TROY, MI 48084

#### **VENDOR NO.** 128972

Vendor **PRO CAR WASH** ATTN: ROBERT WALDRON

3785 ROCHESTER ROAD TROY, MI 48084

Bill	City of Troy Police
H	500 W BIG BE

500 W BIG BEAVER RD TROY, MI 48084

2025-90000017 No: 03/20/2025 Date:

FOB DESTINATION

Entered By: Nellie Bert

Commence Date	Expiration Date	Renewal	Resolution #	Contract #	Amount		
03/10/2025	12/31/2026	3 Times Annually	2025-03-031-J-4e	2025-90000017	0.00		
CAR WASH S	SERVICES						
	tract for the wash per the unit prices	ing of all assigned City Ve isted below:	chicles at Pro Carwash-T	roy, MI Locations on	an as		
PRO CAR WASH -							
Exterior Washes ONLY ************************************							
Pricing standa	rd across all Pro (	Car Wash Troy locations:		/			
	er Rd, Troy, MI 48 er Rd, Troy, MI 48						
	ncil approval date res December 31,	: March 10, 2025 2026 with Three(3) One(	1) Year Renewal Options				

**TERMS & CONDITIONS** 

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

pera 0 Emily Forntera

Purchasing Manager

### CITY OF TROY **BID TABULATION** VEHICLE WASH SERVICES REBID

		Ver	ndor Name:	Pro C	arwash	DetailXPerts		BMW Kar Wash LLC dba Jax Kar Wash		
City:					y, MI	Detroit, MI		Southfield, MI		
		TWO (2) YEAR REQUIREMENTS	S FOR CITY	VEHICLE W	ASH SERVICES	SREBID WITH	AN OPTION TO	D RENEW FOI	R THREE (3)	
ITEM	EST. QTY.	DESCRIPTION	SERVICE LEVEL	COST/UNIT	EXTENDED COST	COST/UNIT	EXTENDED COST	COST/UNIT	EXTENDED COST	
1.	4,400	Exterior Wash	А	\$5.50	\$24,200.00	\$0.00	\$0.00	\$6.99	\$30,756.00	
2.	400	Exterior Wash with Basic Interior Cleaning*	В	\$0.00	\$0.00	\$0.00	\$0.00	\$27.00	\$10,800.00	
3.	100	Car and Truck Detailing*	С	\$0.00	\$0.00	*\$125.00	\$12,500.00	\$250.00	\$25,000.00	
4.	50	Car and Truck Detailing*	D	\$0.00	\$0.00	*\$145.00	\$7,250.00	\$250.00	\$12,500.00	
5.	50	Car and Truck Detailing*	E	\$0.00	\$0.00	*\$195.00	\$9,750.00	\$0.00	\$0.00	
						* On-site deta	ail services only			
TOTAL COST:				\$24,2	200.00	\$29,	500.00	\$79,056.00		
		*includes services listed for Service Leve additional services stated in the spec								
	Facility Address:				3785 & 3688 Rochester Rd. Troy, MI 48083		Mobile Operation - we come to you		2835 W. Maple Road	
Contact person for site visit provided: Y or N			Y	Y		Y				
Hours of Operation: Y or N		7am - 7pm		6am - 9pm		9 - 5				
24 Hr. Contact Phone No. Y or N		248-778-5378		313-924-9779		248-3	53-4700			
		Billing Process Provided:	Y or N	I Y		Y		Y		
	Organiz	ation has more than one location:	Y or N	I Y		Y		Not Specified		
Pr	icing will	be standard across all locations:	Y or N	I Y		Y		Not Specified		
	-	References:	Y or N	I N		Y		Y		
		Insurance:	Y or N	N Y		Y		Y		
Price Increase beginning in 3rd award year:			3%		3%		0%			
Terms:		3 Years		Net 15		Net 30				
Exceptions:			As your current provider, we currently only offer exterior washing capabilies, but do have self service vacuums on premise that can be used by City employees for an additional \$1.00 for each 6 minute increment. We can work with the City on how that can be implemented.			one	None			
		Acknowledgement:	Y or N		Y		Y		Y	
		Forms:	Y or N		("Not Iran Linked ss" Form)		Y		N	

ATTEST: (\*Bid Opening conducted via a Zoom Meeting) Brian Varney \_\_\_\_\_ Nellie Bert Dina Gates

Emily Frontera **Purchasing Manager** 

ITB-COT 25-03 Page 1 of 1



# CITY OF TROY BID PROPOSAL

ITB-COT 24-30 Page 1 of 6

The undersigned proposes to furnish **TWO (2) YEAR REQUIREMENTS FOR CITY VEHICLE WASH SERVICES WITH AN OPTION TO RENEW FOR THREE (3) ONE (1) YEAR OPTIONS** in accordance with the specifications attached hereto and to be considered an integral part hereof, at the following prices:

COMPANY NAME: BMW Kow Wash LLC dba Jap Kar Wash

# PROPOSAL: TWO (2) YEAR REQUIREMENTS FOR CITY VEHICLE WASH SERVICES

		1	SERVICE		
ITEM	EST. QTY.	DESCRIPTION	LEVEL	<b>COST/UNIT</b>	EXTENDED COST
1.	4,400	Exterior wash	A	\$ 6.99	\$ 30,756
2.	400	Exterior wash with basic Interior cleaning*	В	\$ 27.00	\$10,500
3.	100	Car and Truck Detailing*	С	\$ <u>250</u> -	\$25,000
4.	50	Car and Truck Detailing*	D	\$ 250 -	\$ 12,500
5.	50	Car and Truck Detailing*	Е	\$	\$
				TOTAL COST:	1555 7905b

\*includes services listed for Service Level A AND the additional services stated in the specifications

All fees are to be included with unit cost.

#### **ESTIMATED QUANTITIES:**

Quantities stated are estimated and are based on the previous twenty-four (24) months. The City will not be penalized for requiring more or less than the stated quantities. The quantities stated will be used for award purposes only.

### **CONTACT INFORMATION:**

Hours of operation: 9-5 24 Hr. Contact Phone No. 248-353-4700

# ADDITIONAL INFORMATION:

For questions about the specifications, please contact **Brian Varney**, Fleet Operations Manager, at **(248) 524-3390** between the hours of 8:00AM to 4:30PM, Monday through Friday.

Bid Proposal Vehicle Wash Services Page 2 of 6

#### BILLING:

State how you will track/identify city employee vehicles. Also explain your invoicing process in relation to your tracking/identification process. Vendors may also attach a separate document to further explain.

Vehicles Plate Alumber. be sent month atement Will

#### **CONTRACT FORMS:**

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

#### **CONTRACT TERMINATION:**

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

#### **TERMINATION FOR CONVENIENCE:**

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

#### AWARD:

The City of Troy reserves the right to award items or combine items to make multiple awards; to award the items in whatever manner is deemed to be in the City's best interest. The City of Troy designated representative will take into consideration the distance from municipal locations to the car wash facility.

#### LOCAL PREFERENCE:

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

#### **PURCHASE ORDER:**

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

# DOWNPAYMENTS OR PREPAYMENTS:

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

COMPANY NAME:

Bid Proposal Vehicle Wash Services Page 3 of 6

#### LOCATION:

Location(s) must be within the City of Troy. If more than one location will be available/utilized, please attach and detail additional locations (and any possible future locations) and if pricing is not standard across all locations.

Organization has more than one location available for vehicle wash services	. ( ) Yes	( ) No
Pricing will be standard across all service locations	() Yes	( ) No

#### SITE VISIT:

The City of Troy Representative shall conduct a site visit to the vendor facilities to tour and inspect the company facilities and equipment that will be used to provide vehicle wash services to the City of Troy.

The City of Troy reserves the right to send a variety of vehicles through a normal wash cycle to determine if the bidder can meet the intent of the specifications. The test wash vehicles may be unmarked cars, passenger cars, pickups, SUV's and vans. The City will not exceed 10 sample washes and will be considered part of the evaluation process. Therefore, if a wash is deemed unacceptable and not in conformance with the specifications, the reason will be documented, and may be used to disqualify that bidder from further consideration. The City will not be charged for the test washes.

Contact person at your facility for site visit:

Name: Joseph Christunas Phone: 248-280-0490 (Print) Facility Address: 2835 W. Maple Road

#### REFERENCES

Please submit a list of THREE (3) CUSTOMERS who have recently had similar services provided by your company. Include the name of the company, the address, phone number, contact person, and email:

COMPANY: ADDRESS: PHONE: EMAIL:	State of Michigan - Vehicle + Travel Services 6451 Crowner Dr., Lansing, MI 48913 517-373-2552 CONTACT: Jamin Mathews DTMB-VTSCarwash & Michigan, Gov	
<b>COMPANY:</b> ADDRESS: PHONE: EMAIL:	Volkswagen Group of America 1950 Opportunity Way Suite 1500, Reston, VA 20190 703-5216-7450 CONTACT: Dustin Howes Dastin. Howes R. Y.W. Com	•
COMPANY: ADDRESS: PHONE: EMAIL: COMPANY NA	City of Royal Oak, Mi 45068 PO Box 64, Royal Oak, Mi 45068 <u>245-246-3225</u> CONTACT: <u>Eileen O'Shee</u> <u>Eileen OC romi.gov</u>	

COMPANY NAME: BMW Kar Wash LLC dba Jax Kar Wash

Bid Proposal Vehicle Wash Services Page 4 of 6

#### **INSURANCE:**

Insurance requirements shall be in accordance with the attached **SAMPLE INSURANCE CERTIFICATE** and **ENDORSEMENT**. The required Insurance Certificate and Endorsement must be submitted to the city within 5 days of the verbal/ electronic request after the bid award. The Insurance Certificate and Endorsement may be faxed to the Purchasing Department 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 <u>SHALL</u> 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: BMW Kar Wash LLC dba Japkar Wash

Bid Proposal Vehicle Wash Services Page 5 of 6

**<u>AUTOMOBILE LIABILITY</u>**, 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) additional business 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: BMW Kar Wash LLC dba Jax Kar Wash

Bid Proposal Vehicle Wash Services Page 6 of 6

### SIGNATURE PAGE

**PRICES:** Prices quoted shall remain firm for 60 days or bid award whichever comes first, except the successful bidder(s), whose prices shall remain firm for the entire contract period. The contract shall commence on the date of award and expire **December 31, 2026**, with the option to renew for three (3) one-year options through mutual consent, within 90 days of contract termination under the same terms and conditions. The City can accept an increase at the beginning of each renewal option year, please indicate below your percentage of increase per year over the prices listed in the bid proposal page 1 for the three (3) One (1) year extensions of this contract.

Prices listed herein will increase	% (not to exceed 3%) each year	beginning at the third year of award.
SIGNATURE OF AUTHORIZED COMPANY R	EPRESENTATIVE: Becks Jun	pe
		/

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

COMPANY BAW Kar Wash LLC dba Sax Kar Wash
ADDRESS 18845 Telegraph CITY Southfield STATE MI ZIP 48034
TELEPHONE NUMBER (248 353-4700 FAX NUMBER 248 353 -1511
REPRESENTATIVE'S NAME Becky Garriper
SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: Dealy Somer
TERMS Net 30 E-MAIL becky@jaxKarwach.net

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

#### ACKNOWLEDGEMENT:

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

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE:

**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.

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

U.S. FUNDS: All Prices quoted shall be in US Currency

G/Bid ITB-COT 24-30 Vehicle Wash Services.doc



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/2/2024

INSURED         BMWARWOT         Insurer A : Midwest Employers Casualty Company         23           INSURED         BMW KARWOT         Insurer A : Midwest Employers Casualty Company         36           BMW Kar Wash LLC         Insurer B : Navigators Specialty Insurance Company         36           Kar Wash Corporate Holdings, Inc. and Kar Wash Holdings, LLC         Insurer B : Navigators Specialty Insurance Company         28           Southfield MI 48034         Insurer E : Insurer D : Federal Insurance Company         20           Insurer E : Insurer : Insurer E : Insurer :	CER1 BELC	HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS ERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES ELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED EPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									
PEODUCER         Construction         Peoducer	If SIL	<b>IBROGATION IS WAIVED, subject</b>	to th	ne ter	rms and conditions of th	e polic	y, certain p	olicies may r	AL INSURED provisions require an endorsement.	or be A sta	endorsed. atement on
The Campbell Group 4806 Broadmoor Ave SE Kentwood Mi 49512         The Campbell Group 4806 Broadmoor Ave Se Mausers 2: Federal Insurance Company         238 2806 Broadmoor Ave Se Mausers 2: Federal Insurance Company         238 2806 Broadmoor Ave Se Mausers 2: Federal Insurance Company         238 2806 Broadmoor Ave Se Mausers 2: Federal Insurance Company         230 2806 Broadmoor Ave Se Mausers 2: Federal Insurance Company         238 2806 Broadmoor Ave Se Mausers 2: Federal Insurance Company         238 280 Broadmoor Ave Se Mausers 2: Federal Insurance Company </td <td>States of the second second</td> <td></td> <th>o the</th> <td>COTT</td> <td></td> <td>CONTAC</td> <td>Jessica Ba</td> <td></td> <td></td> <td></td> <td></td>	States of the second		o the	COTT		CONTAC	Jessica Ba				
4808 Broadmoor Ave SE Kentwood Mi 49512     Fability ADDREss: [barnaby@thecampbellgrp.com     ADDREss: [barnaby@thecampbellgrp.com       INSURED     SMWKARWoti     Misurera a: Navigators Specially Insurance Company     23       INSURED     SMWKARWoti     Insurera a: Navigators Specially Insurance Company     36       INSURED 28845 Telegraph Road     Southfield Mi 48034     Insurera a: Navigators Specially Insurance Company     22       COVERAGES     CERTIFICATE NUMBER: 382030200     REVISION NUMBERE     20       Insurera b: Tederal Insurance Company     22       Insurera b: Tederal Insurance Company	The C	ampbell Group						the second statement of the	FAX (A/C, No): 8	00-84	7-3129
INSURER(S) AFFORMONG COVERAGE     M.V.       INSURED     INSURER A: INdivest Employers Casually Company     23       INSURE B:     Insurer A: Indivest Employers Casually Company     23       INSURER C: The Cincinnati Casualty Company     28       Kar Wash Corporate Holdings, Inc. and Kar Wash Holdings, LLC     Insurer B: Insurance Company     28       Insurer B:     Insurer B: Insurance Company     28       Southfield MI 48034     Insurer B: Insurance Company     20       Insurer B:     Insur											
INSURED         INSURED         INSURED         INSURE A: Midwest Employers Casualty Company         23           INSURED         INSURE D: Enderal Insurance Company         36           Southfield MI 48034         Insures D: Federal Insurance Company         20           INSURES D: Enderal Insurance Company         20           Southfield MI 48034         Insures D: Federal Insurance Company         20           INSURES D: Enderal Insurance Company         20           INSURES D: INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PM         INSURES D: INSURED INSURES DI ENDICISES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE           EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LINITS SHOWN MAY HAVE BEEN REDUCED BY PAR DI CLAIMS.         INSUR MOD           C         X         COMMERCIAL GENERALLIABILITY         EPP0686872         6/13/2024         6/13/2024         6/13/2025         EACH OCCURRENCE         \$ 0000.000.000.000.000.000.000.000.000.0	Kentw	VOOD IVIT 49512				ADDRES					NAIC #
INSURED         INSURED EMM/KAR/Worl         INSURER B: Navigators Specialty Insurance Company         36           BMW Kar Wash LLC Kar Wash Corporate Holdings, Inc. and Kar Wash Holdings, LLC         Insurers C: The Clocinnati Casualty Company         28           28845 Telegraph Road         Southfield MI 48034         Insurers C: The Clocinnati Casualty Company         20           COVERAGES         CERTIFICATE NUMBER: 362030200         REVISION NUMBER: 1         Insurers C: The SURE D RAMED ABOVE FOR THE POLICY PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURACE AFFORDED BY THE POLICY SECORED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAD CLAMS.         EACH OCCURRENCE \$ 2,000,000           ITRE         TYPE OF INSURANCE         ADDLISUBER         POLICY EF (MMI0D/YYYY)         ILMITS           C         X         COMERCIA ERRENELLABULTY         EPP0686872         6/13/2024         6/13/2025         EACH OCCURRENCE \$ 3,000,000           PRECENT DAMAGE         X         OCCUR         INSURANCE         EPP0688872         6/13/2024         6/13/2025         EACH OCCURRENCE \$ 5,000,000           GENL AGGREGATE LIMIT APPLIEB PER: X         NOCOWNED AUTOS ONLY         X         INCOWNED AUTOS ONLY         X         INCOWNED AUTOS ONLY         X         6/13/2024         6/13/2025 <td< td=""><td></td><td></td><th></th><td></td><td></td><td>INSURE</td><td>A REAL PROPERTY OF THE REAL PR</td><td>and the second se</td><td></td><td></td><td>23612</td></td<>						INSURE	A REAL PROPERTY OF THE REAL PR	and the second se			23612
BMW Kar Wash LLC         INSURER C: The Cincinnati Casualty Company         28           Kar Wash Corporate Holdings, Inc. and Kar Wash Holdings, LLC         INSURER C: The Cincinnati Casualty Company         28           Southfield MI 48034         Insurers C: The Cincinnati Casualty Company         28           COVERAGES         CERTIFICATE NUMBER: 382030200         REVISION NUMBER:           THIS IST CERTIFY THAT THE POLICES OF INSURENCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PENDICATE MAY BE ISSUED OF ANY PERTAIN, THE INSURANCE LISTED BUT HAVE DESCRIBED HAREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMMS.         EACH OCCURRENCE S 2,000,000           C         X COMMERCIA GENERAL LABILITY         EPP0688872         8/13/2024         6/13/2025         EACH OCCURRENCE         \$ 2,000,000           WRM         CLAIMS-MADE         X OCCUR         EPP0688872         8/13/2024         6/13/2025         EACH OCCURRENCE         \$ 2,000,000           WRM         CLAIMS-MADE         X OCCUR         EPP0688872         8/13/2024         6/13/2025         EACH OCCURRENCE         \$ 2,000,000           WRM         AVY AUTO         EPP0688872         8/13/2024         6/13/2025         EACH OCCURRENCE         \$ 2,000,000           AVY AUTOS ONLY         X INTOS ONLY         X INTOS ONLY         EPP0688872         6/13/2024	INCUDED	2			BMWKARW-01						36056
Kar vessni Corporate Producting, Inc. and Kar vessni Produings, LLC       Insurance Company       20         Southfield MI 48034       Insurance Company       20         Southfield MI 48034       Insurance Company       20         COVERAGES       CERTIFICATE NUMBER: 352030200       REVISION NUMBER:         Thiels IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED ABOVE FOR THE POLICY DWHICH CERTIFICATE MAY BE ISSUED ON THE ROUMER F:       EVENDING ATEL:         C X commercial generation of Such Policies. Units SHOWN MAY HAVE BEEN REDUCED BY THE POLICY EFF.       POLICY EFF.       POLICY EFF.         C X commercial generation of Such Policies. Units SHOWN MAY HAVE BEEN REDUCED BY THE POLICY EFF.       POLICY EFF.       POLICY EFF.       POLICY EFF.         C X commercial generation of Such Policies. Units SHOWN MAY HAVE BEEN REDUCED BY THE POLICY EFF.       POLICY EFF.       POLICY EFF.       POLICY EFF.       POLICY EFF.         GENT AGGREGATE LIMIT APPLIES PER:       X coccur       EPP0688872       8/13/2024       6/13/2025       EACH OCCURRENCE       \$ 2,000,000         GENT AGGREGATE LIMIT APPLIES PER:       X loc       S	BMW	Kar Wash LLC									28665
Southfield MI 46034       INSURER F:       Insurer F:         COVERAGES       CERTIFICATE NUMBER: 362030200       REVISION NUMBER:         THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR TANY PERTAIN. THE INSURANCE AFFORDED BY THE POLICED ES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         UTPE OF INSURANCE       NDDISUNG       POLICY WIMER       POLICY (MIDDYYY)       LIMITS         C       X COMMERCIAL GENERAL LUBALITY       EPP0688872       6/13/2024       6/13/2025       EACH OCCURRENCE       \$ 2,000,000         MARGE TO RENTED       X IOQ.000       FREMESES (La cocurrenco)       \$ 100,000       PREMISES (La cocurrenco)       \$ 100,000         MED EXPLOYED       X IOC       INSD WOR       POLICY WIMER       6/13/2024       6/13/2025       EACH OCCURRENCE       \$ 2,000,000         GENERAL AGGREGATE LIMIT APPLIES PRE:       DOCUCY WIT       COMBRE CLAIMS-MARGE       \$ 100,000       PRODUCTS - COMPOP AGG       \$ 000,000         A WTOMONEL       SCHEDULED       AUTOS ONLY       X OCCUR       EPP0688872       6/13/2024       6/13/2024       6/13/2025       EACH OCCURRENCE       \$ 5,000,000 <t< td=""><td>Kar W</td><td>Vash Corporate Holdings, Inc. and</td><th>d Ka</th><td>r Wa</td><td>ish Holdings, LLC</td><td></td><td></td><td></td><td></td><td></td><td>20281</td></t<>	Kar W	Vash Corporate Holdings, Inc. and	d Ka	r Wa	ish Holdings, LLC						20281
INSURER F:       REVISION NUMBER:       COVERAGES       CERTIFICATE NUMBER: 362030200       THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSUREN NUTH RESPECT TO WHICH INDICATED. NOTWITHSTANDING ANY REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TE EXCLUSIONS AND CONTINIONS OF SUCH POLICIES. LIMITS SHOWIN MAY HAVE BEEN REDUCED BY PAID CLAMS.       CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFPORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONTINIONS OF SUCH POLICIES. LIMITS SHOWIN MAY HAVE BEEN REDUCED BY PAID CLAMS.       INTRE TYPE OF INSURANCE       C X COMMERCIAL GENERAL LIABILITY       C     X     COMMERCIAL GENERAL LIABILITY     EPP0888872     0/13/2024     8/13/2025     EACH OCCURRENCE     \$ 2,000,000       GENV AGGREGATE LIMIT APPLIES PER: X POLICY     X     COMMERCIAL GENERAL LIABILITY     EPP0888872     0/13/2024     8/13/2025     EACH OCCURRENCE     \$ 2,000,000       GENV AGGREGATE LIMIT APPLIES PER: X POLICY     X     LOC     FREDUCED AND     \$ 1,000,000       GENV AGGREGATE LIMIT APPLIES PER: X POLICY INTO SONLY     X     LOC     S     COMBINED SINGLE LIMIT     \$ 1,000,000       G AUTONOBILE LIABILITY X HIFED:     LOC     S     COMPON AGG     \$ 1,000,000       A WORKEMS COMPENDATION AUTOS ONLY     X     LEPP068887											
COVERAGES         CERTIFICATE NUMBER: 362030200         REVISION NUMBER:           THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.           INSUMPTIONS ON FULCED ANALY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         IMMITS           INSUMPTIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.         IMMITS           INSUMPTIONS OF SUCH POLICIES OF RENTED.         IMMITS           C X         COMMERCIAL GENERAL LIABILITY         EPP0686872         6/13/2024         6/13/2025         EACH OCCURRENCE         \$ 2,000,000           GERVL AGGREGATE LIMIT APPLIES PER: X         POLICY         POLICY         EPP0686872         6/13/2024         6/13/2025         GOMBINED SINGLE LIMIT \$ 1,000,000           X         AUTOMOBILE LLABILITY         SCHEDULED AUTOS ONLY         SCHEDU	ooun										
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY FOR THE POLICY END WHICH RESPECT TO WHICH RESPECT TO WHICH RESPECT TO ALL THE TE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID OLAMMS.         C       X       COMMERCIAL GENERAL LIABILITY       MADD LWBR       POLICY MUMBER       POLICY END POLICY EN	COVE	RAGES CER	TIFIC	CATE	ENUMBER: 362030200	1 1100112			<b>REVISION NUMBER:</b>		
C       X       COMMERCIAL GENERAL LIABILITY       EPP0686872       6/13/2024       6/13/2025       EACH OCCURRENCE       \$2,000,000         C       CLAIMS-MADE       X       OCCUR       \$100,000         GENTL AGGREGATE LIMIT APPLIES PER:       X       ODLICY       PRO       X       LOC         X       POLICY       PRO       X       LOC       S00,000         OTHER:       X       COMBINED SINGLE LIMIT APPLIES PER:       X       S00,000         X       POLICY       PRO       X       LOC       S         OTHER:       X       COMBINED SINGLE LIMIT       \$1,000,000         X       ANY AUTO       SCHEDULED       AUTOS ONLY       X       ANY AUTO         OWNED       AUTOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       X         AUTOS ONLY       X       RETENTION S 0       AUTOS ONLY       X       AUTOS ONLY       X         A       WORKER COMPRASATION       AUTOS ONLY       X       AUTOS NILY       X       S         DED       X       RETENTION S 0       A       X       S       S         A       WORKER COMPRESATION       N / A       JAXKA-D       1/1/2024       8/13/2024	THIS INDIC CERT EXCL	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE	PERT	INSUR REME AIN, CIES.	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	FOR OTHER I ES DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPEC	ALL T	WHICH THIS
C A COMMENDADUCTION OF DETINICT       THE CONTRACT ADDRESS (Eacourrence) \$ 100,000         Market TO REINTED       PREMISES (Eacourrence) \$ 100,000         GEN'L AGGREGATE LIMIT APPLIES PER:       X         X       POLICY       PRO         X       PRO       X         ANY AUTO       SCHEDULED       X         AUTOS ONLY       X       AUTOS ONLY         X       PROPERTY DAMAGE       S         C       UMBRELLA LIAB       X       OCCUR         X       EXCESS LAB       OCCUR       CLAIMS-MADE         A       WORKERS C			INSD	WVD	POLICY NUMBER						000
GEN'L AGGREGATE LIMIT APPLIES PER:       PCENSONAL & ADV INJURY       \$ 2,000,000         X       POLICY       JECT       X       LOC         OTHER:       C       AUTOMOBILE LIABILITY       SCHEDULED       \$ 1,000,000         X       ANY AUTO       SCHEDULED       SCHEDULED       \$ 1,000,000         WINED       AUTOS ONLY       X       AUTOS ONLY       X       BODILY INJURY (Per person)       \$         C       UMBRELLA LIAB       X       OCCUR       EPP0686872       6/13/2024       6/13/2025       EACH OCCURRENCE       \$ 1,000,000         X       AUTOS ONLY       X       AUTOS ONLY       X       AUTOS ONLY       \$ 1,000,000         X       EXCESS LIAB       CLAIMS-MADE       EPP0686872       6/13/2024       6/13/2025       EACH OCCURRENCE       \$ 5,000,000         X       EXCESS LIAB       CLAIMS-MADE       EPP0686872       6/13/2024       6/13/2024       6/13/2024       AGREGATE       \$ 5,000,000         A       WORKERS COMPENSATION AND EMPLOYERSY LIABILITY       N /A       JAXKA-D       1/1/2024       12/31/2024       X       STATUTE       EL EACH ACCIDENT       \$ 1,000,000         EL. DISEASE - EA EMPLOYERS       1,000,000       EL. DISEASE - EA EMPLOYEES \$ 1,000,000       EL. DISEASE	c X				EPP0686872		6/13/2024	6/13/2025	DAMAGE TO RENTED		
GENTLAGGREGATE LIMIT APPLIES PER:       S000,000         X       POLICY       JECT       X       Loc         OTHER:       C       OTHER:       COMBINED SINGLE LIMIT       \$ 1,000,000         X       ANY AUTO       SCHEDULED       SCHEDULED       \$ 1,000,000         X       ANY AUTO       SCHEDULED       SCHEDULED       SCHEDULED         AUTOS ONLY       XUTOS ONLY       XON-OWNED       SCHEDULED       SCHEDULED         AUTOS ONLY       XUTOS ONLY       XON-OWNED       SCHEDULED       SCHEDULED         X       HYED       AUTOS ONLY       XONOONNED       SCHEDULED         X       HYED       AUTOS ONLY       XUTOS ONLY       SCHEDULED         X       HYED       AUTOS ONLY       XONOONNED       SCHEDULED         X       EXCESS LIAB       CLAIMS-MADE       EPP0686872       6/13/2024       6/13/2025       EACH OCCURRENCE       \$ 5,000,000         X       EXCESS LIAB       CLAIMS-MADE       JAXKA-D       1/1/2024       12/31/2024       X       PER       S1,000,000         VORKERS COMPENSATION       N /A       JAXKA-D       1/1/2024       12/31/2024       X       STATUTE       DTH-         E.L. DISEASE - EA EMPLOYEES \$ 1,000,000									MED EXP (Any one person)	\$ 5,000	)
GENT AUGREGATE LIMIT APPLIES PER.         X       POLICY       JECT       X       LOC       PRODUCTS - COMP/OP AGG       \$3,000,000         OTHER:       AUTOMOBILE LIABILITY       LOC       \$       \$       \$         X       ANY AUTO       OWNED       SCHEDULED       AUTOS ONLY       \$       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       NON-OWNED       AUTOS ONLY       \$       BODILY INJURY (Per accident)       \$         X       HRED       AUTOS ONLY       X       OCCUR       EPP0686872       6/13/2024       6/13/2025       EACH OCCURRENCE       \$         X       EXCESS LIAB       CLAIMS-MADE       EPP0686872       6/13/2024       6/13/2025       EACH OCCURRENCE       \$       \$         DED       X       RETENTION \$_0       A       JAXKA-D       1/1/2024       1/1/2024       X       Y       Y       \$         A       WORKERS COMPENSATION       N / A       JAXKA-D       1/1/2024       1/1/2024       X       Y       Y       \$       1,000,000         OFFICER/MEMBERERE EXCLUDED?       MIAABER/EXCUTIVE       Y / N       N / A       JAXKA-D       1/1/2024       1/1/2024       X       Y									PERSONAL & ADV INJURY	\$ 2,000	,000
OTHER:       S         C       AUTOMOBILE LIABILITY       \$         X       ANY AUTO       BODILY INJURY (Per person)       \$         OWNED       AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per person)       \$         AUTOS ONLY       X       AUTOS ONLY       X       BODILY INJURY (Per person)       \$         C       UMBRELLA LIAB       X       OCCUR       EPP0686872       6/13/2024       6/13/2025       EACH OCCURRENCE       \$ 5,000,000         X       EXCESS LIAB       CLAIMS-MADE       EPP0686872       6/13/2024       6/13/2025       EACH OCCURRENCE       \$ 5,000,000         A       WORKERS COMPENSATION A       ANTY ROPRIETOR/PARTNENVEXECUTIVE Y // N       JAXKA-D       1/1/2024       12/31/2024       X       PER UNCIDENT       \$ 1,000,000         OFFICER/MEMBEREXCLUDED?       M/A       JAXKA-D       1/1/2024       12/31/2024       X       STATUTE ER       EL. EACH ACCIDENT       \$ 1,000,000         OFFICER/MEMBEREXCLUDED?       N / A       JAXKA-D       1/11/2024       12/31/2024	G	EN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000	0,000
OTHER:       S         C       AUTOMOBILE LIABILITY       \$         X       ANY AUTO       BODILY INJURY (Per person)       \$         OWNED       AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per person)       \$         AUTOS ONLY       AUTOS ONLY       AUTOS ONLY       BODILY INJURY (Per person)       \$         AUTOS ONLY       X       AUTOS ONLY       X       BODILY INJURY (Per person)       \$         C       UMBRELLA LIAB       X       OCCUR       EPP0686872       6/13/2024       6/13/2025       EACH OCCURRENCE       \$ 5,000,000         X       EXCESS LIAB       CLAIMS-MADE       EPP0686872       6/13/2024       6/13/2025       EACH OCCURRENCE       \$ 5,000,000         A       WORKERS COMPENSATION A       ANTY ROPRIETOR/PARTNENVEXECUTIVE Y // N       JAXKA-D       1/1/2024       12/31/2024       X       PER UNCIDENT       \$ 1,000,000         OFFICER/MEMBEREXCLUDED?       M/A       JAXKA-D       1/1/2024       12/31/2024       X       STATUTE ER       EL. EACH ACCIDENT       \$ 1,000,000         OFFICER/MEMBEREXCLUDED?       N / A       JAXKA-D       1/11/2024       12/31/2024	X	POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP AGG		0,000
C       AUTOMOBILE LIABILITY       EPP06866872       6/13/2024       6/13/2025       COMBINED SINGLE LIMIT       \$ 1,000,000         X       ANY AUTO       SCHEDULED       SCHEDULED       BODILY INJURY (Per person)       \$         AUTOS ONLY       MIRED       SCHEDULED       SCHEDULED       BODILY INJURY (Per person)       \$         X       HIRED       SCHEDULED       NON-OWNED       BODILY INJURY (Per person)       \$         X       HIRED       AUTOS ONLY       X       NON-OWNED       \$         AUTOS ONLY       X       NON-OWNED       AUTOS ONLY       \$         X       HIRED       AUTOS ONLY       X       NON-OWNED         AUTOS ONLY       X       NON-OWNED       \$       \$         AUTOS ONLY       X       OCCUR       EPP0686872       6/13/2024       6/13/2025       EACH OCCURRENCE       \$         V       EXCESS LIAB       CLAIMS-MADE       JAXKA-D       1/1/2024       12/31/2024       X       PER       OTH-         A       WORKERS COMPENSATION       JAXKA-D       1/1/2024       12/31/2024       X       PER       STATUTE       STATUTE       STATUTE       STATUTE       STATUTE       STATUTE       STATUTE       STATUTE       ST											
X       ANTAOTO       SCHEDULED         QWNED       AUTOS ONLY       X         BODILY INJURY (Per accident)         S       EEPP0686872         6/13/2024       6/13/2025         EACH OCCURRENCE       \$5,000,000         ARTETENTION \$ 0       AUTOS ONLY         AND EMPLOYERS' LIABILITY       JAXKA-D         ANYPROPRIETOR/PARTNER/EXECUTIVE       Y/N         OFFICER/MEMBER EXCLUDED?       N / A         If yes, describe under       DESCRIPTION OF OPERATIONS below         D       Excess Liability       7819-95-13         C       6/13/2024       6/13/2025         Gordagere       5,000,000         EPP0686872       6/13/2024       6/13/2025         Occubert       \$1,000,000         EL. DISEASE - PALICY LIMIT       \$1,000,000 <td>C AI</td> <td></td> <th>1</th> <td></td> <td>EPP0686872</td> <td></td> <td>6/13/2024</td> <td>6/13/2025</td> <td></td> <td>\$ 1,000</td> <td>0,000</td>	C AI		1		EPP0686872		6/13/2024	6/13/2025		\$ 1,000	0,000
AUTOS ONLY       X       AUTOS NON-OWNED AUTOS ONLY       X       AUTOS NON-OWNED AUTOS ONLY       PROPERTY DAMAGE (Per accident)       \$         C       UMBRELLA LIAB       X       OCCUR       EPP0686872       6/13/2024       6/13/2025       EACH OCCURRENCE       \$ 5,000,000         X       EXCESS LIAB       CLAIMS-MADE       EPP0686872       6/13/2024       6/13/2024       6/13/2024       AGGREGATE       \$ 5,000,000         A       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY       JAXKA-D       1/1/2024       1/1/2024       X       PER STATUTE       OTH- STATUTE       STATUTE       EFR         A       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY       N / A       JAXKA-D       1/1/2024       1/1/2024       X       PER STATUTE       OTH- STATUTE       EL. EACH ACCIDENT       \$ 1,000,000         If yes, describe under DESCRIPTION OF OPERATIONS below       N / A       R11/2024       6/13/2024 6/13/2024       6/13/2025       Occ/Aggre Per location limit       \$ 1,000,000         D       Excess Liability       7819-95-13 CORPO686872       6/13/2024 6/13/2024       6/13/2025       6/13/2025       Occ/Aggre Per location limit       5,000,000         C       Garagekeepers Legal Liability       EPP06868872       6/13/2024       6/13/2025       6/13/2025       Occ/Aggre Per loc	X	ANY AUTO							BODILY INJURY (Per person)	\$	
X       HIRED AUTOS ONLY       X       NON-OWNED AUTOS ONLY       X       NON-OWNED AUTOS ONLY       \$         C       UMBRELLA LIAB       X       OCCUR       \$       \$       \$         Z       EXCESS LIAB       CLAIMS-MADE       \$       AUTOS ONLY       AGGREGATE       \$5,000,000         A       EXCESS LIAB       CLAIMS-MADE       \$       \$       AGGREGATE       \$5,000,000         A       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY       JAXKA-D       1/1/2024       12/31/2024       X       STATUTE       ER         A       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY       N / A       JAXKA-D       1/1/2024       12/31/2024       X       STATUTE       ER         ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?       N / A       JAXKA-D       1/1/2024       12/31/2024       X       STATUTE       ER         If yes, describe under DESCRIPTION OF OPERATIONS below       N / A       A       F100,000       E.L. DISEASE - POLICY LIMIT       \$1,000,000         D       Excess Liability       7819-95-13       6/13/2024       6/13/2025       6/13/2025       Oc/Aggrege For Iobation limit       400,000         C       Garagekeepers Legal Liability       EPP06868872       6/13/2024       6/13/2025		OWNED SCHEDULED								\$	
Image: Constraint of the second se	X	HIRED Y NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
Construct Line A       X       Occurr       X       Occurr       Aggregate       Aggregate       Aggregate       \$5,000,000         X       EXCESS LIAB       CLAIMS-MADE										\$	
X       EXCESS LIAB       CLAIMS-MADE         DED       X       RETENTION \$ 0         A       WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?       Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below       JAXKA-D       1/1/2024       12/31/2024       X       PER STATUTE       OTH- ER         DED       X       N/A       JAXKA-D       1/1/2024       12/31/2024       X       STATUTE       ER         ANYPROPRIETOR/PARTNER/EXECUTIVE (Mandatory in NH)       N/A       JAXKA-D       1/1/2024       12/31/2024       X       STATUTE       EI. E.L. EACH ACCIDENT       \$ 1,000,000         D       Excess Liability       7819-95-13 COrdAggre       6/13/2024 6/13/2024       6/13/2025       OcrdAggre Per location limit 400,000       5,000,000	С	UMBRELLA LIAB X OCCUR			EPP0686872		6/13/2024	6/13/2025	EACH OCCURRENCE	\$ 5,000	0,000
DED         X         RETENTION \$ 0         \$           A         WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below         JAXKA-D         1/1/2024         12/31/2024         X         PER STATUTE         OTH- ER           DED         X         PER STATUTE         010,000         011,000,000         000,000           If yes, describe under DESCRIPTION OF OPERATIONS below         7819-95-13 EPP06868872         6/13/2024 6/13/2024         6/13/2025 6/13/2025         Ocr/Aggre Per location limit 400,000         5,000,000	X								AGGREGATE	\$ 5,000	0,000
A         WORKERS COMPENSATION AND EMPLOYERS' LIABILITY         OTH- ER           A         JAXKA-D         1/1/2024         12/31/2024         X         PER STATUTE         OTH- ER           AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below         JAXKA-D         1/1/2024         12/31/2024         X         PER STATUTE         OTH- ER           D         Excess Liability         7819-95-13 C Garagekeepers Legal Liability         6/13/2024 6/13/2024         6/13/2025 6/13/2025         6/13/2025 Or location limit         5,000,000 400,000			-							\$	
ANYPROPRIETOR/PARTNER/EXECUTIVE T/N N/A OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below D Excess Liability C Garagekeepers Legal Liability C		ORKERS COMPENSATION	1		JAXKA-D		1/1/2024	12/31/2024	X PER OTH- STATUTE ER		
If yes, describe under DESCRIPTION OF OPERATIONS below     7819-95-13     6/13/2024     6/13/2025     Occ/Aggre Per location limit     5,000,000       D     Excess Liability     EPP0686872     6/13/2024     6/13/2025     Occ/Aggre Per location limit     5,000,000	AN	NYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$ 1,000	0,000
DÉSCRIPTION OF OPERATIONS below         7819-95-13         6/13/2024         6/13/2025         Occ/Aggre         5,000,000           D         Excess Liability         7819-95-13         6/13/2024         6/13/2025         Occ/Aggre         5,000,000           C         Garagekeepers Legal Liability         EPP0686872         6/13/2024         6/13/2025         Occ/Aggre         400,000	OF (M	FFICER/MEMBEREXCLUDED?	NIA						E.L. DISEASE - EA EMPLOYEE	\$1,000	0,000
D         Excess Liability         7819-95-13         6/13/2024         6/13/2025         Occ/Aggre         5,000,000           C         Garagekeepers Legal Liability         EPP0686872         6/13/2024         6/13/2025         Per location limit         400,000	lify	ves, describe under							E.L. DISEASE - POLICY LIMIT		
CH22ESPZ0ASZHIC Z/28/2022 Z/28/2025	D E	xcess Liability							Occ/Aggre Per location limit Occ/Aggre	400,0	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Cyber Liability: #CANCYB00206-00 8/22/24-8/22/25 Aggregate Limit: \$2,000,000	Cyber	IPTION OF OPERATIONS / LOCATIONS / VEHIC r Liability: #CANCYB00206-00 8/22/2	24-8/2	ACOR 22/25	D 101, Additional Remarks Sched Aggregate Limit: \$2,000,0	ule, may b 00	e attached if mo	ore space is requi	red)		
CERTIFICATE HOLDER CANCELLATION	CERT	TIFICATE HOLDER				CAN	CELLATION	N			
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED B THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVER ACCORDANCE WITH THE POLICY PROVISIONS.		Verification of Insurance		d A		THE	E EXPIRATIO	ON DATE TH WITH THE POLI	EREOF, NOTICE WILL	ANCEL BE DE	LED BEFORE ELIVERED IN
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ACORD 25 (2016/03)

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March 10, 2025

Attn: Becky Garripee Jax Kar Wash Via email: becky@JaxKarWash.net

Hello Becky:

Please answer the questions below, list the addresses of Troy locations that will be included in the bid and sign.

#### LOCATION:

Location(s) must be within the City of Troy. If more than one location will be available/utilized, please attach and detail additional locations (and any possible future locations) and if pricing is not standard across all locations.

Organization has more than one location available for vehicle wash services.	(X) Yes	( ) No
Pricing will be standard across all service locations	(X Yes	( ) No

2835 W. Maple Road

1300 W. Maple Road

102 E. Long Lake Road (Opening November 2025)

Signed: Authorized Company Representative

Signed: Authorized Company Representative

Print Name: Becky barr Date: 3 - 10 - 15

Thank you, Brian Varney, Fleet Operations Manager

Return email to: Brian.Varney@troymi.gov



500 West Big Beaver Troy, MI 48084 troymi.gov

# **CITY COUNCIL AGENDA ITEM**

0

Date: March 5, 2025

To: Frank A. Nastasi, City Manager

- From: Robert J. Bruner, Deputy City Manager Kyle Vieth, Controller Kurt Bovensiep, Public Works Director Brian Varney, Fleet Operations Manager Emily Frontera, Purchasing Manager
- Subject: Standard Purchasing Resolution 2: Low Bidders Meeting Specifications Vehicle Wash Services

# History

- The City currently washes approximately 2,200 vehicles annually on an as needed basis.
- It is anticipated this award will allow employees to keep the assigned City vehicles clean, reflecting a positive image of the City to the general public and increase longevity of the vehicles.
- Vehicle wash contracts will provide vehicle exterior wash services, vacuums, detailing and supervision necessary to clean City vehicles.
- The major vehicle wash user departments are the Public Works, Fire and Police.

# **Purchasing**

- On February 6, 2025 a bid opening was conducted as required by the City Charter/Code for two (2) year requirements of vehicle wash services with an option to renew for three (3) additional 1-year options.
- The bid was posted on the MITN Purchasing Group website; www.bidnetdirect.com//city-of-troy-mi.
- One Hundred and fifty-five (155) vendors were notified via the MITN website. Three (3) bids were received. The summary of the vendor responses is detailed below.

Companies notified via MITN	155	<u>MITN</u> provides a resourceful online platform to streamline the procurement process, reduce costs, and make it easier and more
Troy Companies notified via MITN	4	<i>transparent for vendors to do business with the City of Troy.</i> Active MITN members with a current membership and paying annual dues
Troy Companies notified Active email Notification	4	receive automatic electronic notification which allows instant access to Bids, RFPS and Quote opportunities with the City.
Troy Companies - Active Free	0	Active MITN non-paying members are responsible to monitor and check the MITN website for opportunities to do business with the City. Inactive MITN
Companies that viewed the bid	18	member status can occur when a company does not need when account upon expiration. Inactive members cannot be notified of solicitations or access any
Troy Companies that viewed the bid	0	bid information.

• Upon review of the bid proposals, it was determined to be in the best interest of the City to award two (2) vendors meeting specifications to satisfy the City's need for multiple vehicle wash facilities and services located throughout the city in order to minimize travel time to serve all departments.



500 West Big Beaver Troy, MI 48084 troymi.gov

# **CITY COUNCIL AGENDA ITEM**

# Purchasing (continued)

Item		Est Qty	Price per vehicle	Est Total Cost		
	Carwash Exterior Wash	4,400	\$5.50	\$24,200.00 <b>\$24,200.00</b>		
Jax   1	Kar Wash Exterior Wash	4,400	\$6.99	\$30,756.00		
2.	Exterior / Interior Wash	400	\$27.00	\$10,800.00		
3. 4.	Car & Truck Detailing Car & Truck Detailing	100 50	\$250.00 \$250.00	\$25,000.00 \$12,500.00		
	Ç			\$79,056.00		
	Proposal Estimated Total Cost: \$103,256.00					

# **Financial**

Funds are budgeted and available in all divisions of Public Works, Fire & Police Department's Operating Budgets for the 2025 fiscal year and will be budgeted in outlying years.

# **Recommendation**

City Management recommends awarding two (2) year contracts with the option to renew for three (3) 1-year options to low bidders meeting specifications and local preference requirements, *Pro Carwash, of Troy, MI* for line item 1 and *BMW Kar Wash LLC dba Jax Kar Wash of Troy, MI* for line items 1-4. Vehicle washes are performed on as needed basis as per the unit prices listed in the attached bid tabulation opened February 6, 2025; contracts to expire December 31, 2029.

Company	Items	Estimated Total Cost
Proposal		
Pro Carwash	1	\$24,200.00
Jax Kar Wash	1,2,3,4	\$79,056.00
Estimated Total Cost		\$103,256.00

### CITY OF TROY **BID TABULATION** VEHICLE WASH SERVICES REBID

		Ver	ndor Name:	Pro Carwash		Pro Carwash DetailX			/ash LLC dba ar Wash
			City:				oit, MI		field, MI
		TWO (2) YEAR REQUIREMENTS	S FOR CITY	VEHICLE W	ASH SERVICES	SREBID WITH	AN OPTION TO	D RENEW FOI	R THREE (3)
ITEM	EST. QTY.	DESCRIPTION	SERVICE LEVEL	COST/UNIT	EXTENDED COST	COST/UNIT	EXTENDED COST	COST/UNIT	EXTENDED COST
1.	4,400	Exterior Wash	А	\$5.50	\$24,200.00	\$0.00	\$0.00	\$6.99	\$30,756.00
2.	400	Exterior Wash with Basic Interior Cleaning*	В	\$0.00	\$0.00	\$0.00	\$0.00	\$27.00	\$10,800.00
3.	100	Car and Truck Detailing*	С	\$0.00	\$0.00	*\$125.00	\$12,500.00	\$250.00	\$25,000.00
4.	50	Car and Truck Detailing*	D	\$0.00	\$0.00	*\$145.00	\$7,250.00	\$250.00	\$12,500.00
5.	50	Car and Truck Detailing*	E	\$0.00	\$0.00	*\$195.00	\$9,750.00	\$0.00	\$0.00
						* On-site deta	ail services only		
		TOTAL COST:		\$24,2	200.00	\$29,	500.00	\$79,0	056.00
		*includes services listed for Service Leve additional services stated in the spec							
		Facility Address:		3785 & 3688 Rochester Rd. Troy, MI 48083		Mobile Operation - we come to you		2835 W. Maple Road	
	Con	tact person for site visit provided:	Y or N		Y	Y		Y	
		Hours of Operation:	Y or N	7am	- 7pm	6am - 9pm		9 - 5	
		24 Hr. Contact Phone No.	Y or N	248-7	78-5378	313-924-9779		248-353-4700	
		Billing Process Provided:	Y or N		Y Y		Y		
	Organiz	ation has more than one location:	Y or N	Y		Y Y		Not Specified	
Pr	icing will	be standard across all locations:	Y or N	Y		Y		Not Specified	
	-	References:	Y or N	Ν		Y		Y	
		Insurance:	Y or N		Y Y		Y	Y	
Pr	ice Incre	ase beginning in 3rd award year:		3	3%	3%		0%	
		Terms:		3 Y	'ears	Net 15		Net 30	
		Exceptions:		As your current provider, we currently only offer exterior washing capabilies, but do have self service vacuums on premise that can be used by City employees for an additional \$1.00 for each 6 minute increment. We can work with the City on how that can be implemented.			one		one
		Acknowledgement:	Y or N		Y		Y		Y
		Forms:	Y or N		("Not Iran Linked ss" Form)		Y		N

ATTEST: (\*Bid Opening conducted via a Zoom Meeting) Brian Varney \_\_\_\_\_ Nellie Bert Dina Gates

Emily Frontera **Purchasing Manager** 

ITB-COT 25-03 Page 1 of 1



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 3/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER				CONTA NAME:		,			
Acrisure Great Lakes Partners Insurar	nce S	ervic	es		o, Ext): 616-54	1-1370	FAX (A/C, No):	800-84	7-3129
223 West Grand River Ave #1 Howell MI 48843				É-MAII		@acrisure.co		000 04	1 0120
				ADDRE	<b>-</b>	<u> </u>	RDING COVERAGE		NAIC #
				INCLIDE			Casualty Company		23612
INSURED			BMWKARW-01				Insurance Company		36056
BMW Kar Wash LLC dba Jax Kar Wa					U	cinnati Casua			28665
Kar Wash Corporate Holdings, Inc. an 28845 Telegraph Road	d Ka	r Wa	sh Holdings, LLC			Insurance Co			20281
Southfield MI 48034							inpany		20201
				INSURE					
COVERAGES CEF			NUMBER: 1773903514	INSURE	K F :		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES				/E BEE					
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	equif Pert Poli	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDE LIMITS SHOWN MAY HAVE	OF ANY	Y CONTRACT	OR OTHER I	DOCUMENT WITH RESPECT	ст то \	WHICH THIS
INSR LTR TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
C X COMMERCIAL GENERAL LIABILITY	Y		EPP0686872		6/13/2024	6/13/2025	EACH OCCURRENCE	\$2,000	,000
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,0	00
							MED EXP (Any one person)	\$ 5,000	
							PERSONAL & ADV INJURY	\$ 2,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 3,000	
X POLICY PRO- JECT X LOC							PRODUCTS - COMP/OP AGG	\$ 3,000	
OTHER:								\$	,000
	Y		EPP0686872		6/13/2024	6/13/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	,000
X ANY AUTO							BODILY INJURY (Per person)	\$	-
OWNED SCHEDULED							BODILY INJURY (Per accident)	\$	
X HIRED ONLY X NON-OWNED							PROPERTY DAMAGE	\$	
AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
C UMBRELLA LIAB X OCCUR	Y		EPP0686872		6/13/2024	6/13/2025		\$ 5.000	000
X EXCESS LIAB CLAIMS-MADE					0/10/2021	0,10,2020	EACH OCCURRENCE AGGREGATE	\$ 5,000	,
	-						AGGREGATE	\$ 3,000	,000
A WORKERS COMPENSATION			JAXKA-D		1/1/2025	12/31/2025	X PER OTH- STATUTE ER	ð	
AND EMPLOYERS' LIABILITY Y / N			0.04010		11 11 2020	12/01/2020		¢ 1 000	000
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A						E.L. EACH ACCIDENT	\$ 1,000	
If yes, describe under							E.L. DISEASE - EA EMPLOYEE		
DÉSCRIPTION OF OPERATIONS below D Excess Liability			7819-95-13		6/13/2024	6/13/2025	E.L. DISEASE - POLICY LIMIT Occ/Aggre	\$1,000 5,000	,
Garagekeepers Legal Liability B Pollution Liability			EPP0686872 CH25ESPZ0AS2HIC		6/13/2024 2/28/2025	6/13/2025 2/28/2028	Per location limit Occ/Aggre	400,0	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Cyber Liability: #CANCYB00206-00 8/22/24-8/22/25 Aggregate Limit: \$2,000,000 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. A 30-Day Notice of Cancellation applies.									
CERTIFICATE HOLDER				CANC	ELLATION				
City of Troy 500 W Big Beaver Troy MI 48084 USA			THE ACC		N DATE THI	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL E Y PROVISIONS.			
				4	mid the	niman			
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# COMMERCIAL GENERAL LIABILITY EXTENDED ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### A. Endorsement - Table of Contents:

#### Coverage:

### **Begins on Page:**

3. 4. 5. 6. 7. 8. 9.	Employee Benefit Liability Coverage       2         Unintentional Failure To Disclose Hazards       8         Damage To Premises Rented To You       8         Supplementary Payments       9         180 Day Coverage For Newly Formed Or Acquired Organizations       9         Waiver Of Subrogation       9         Automatic Additional Insured - Specified Relationships:       10         (a) Managers Or Lessors Of Premises       10         (b) Lessor Of Leased Equipment       10         (c) Vendors       6         (d) State Or Governmental Agency Or Subdivision Or Political Subdivision - Permits Or Authorizations Relating To Premises         (e) Mortgagee, Assignee Or Receiver       13         Property Damage To Borrowed Equipment       13         Employees As Insureds - Specified Health Care Services And Good Samaritan       13         Services       13	
10.	Broadened Notice Of Occurrence 14 Nonowned Aircraft 14	
	Bodily Injury Redefined 14	
13.	Expected Or Intended Injury Redefined	
14.	Former Employees As Insureds 14	

#### B. Limits Of Insurance:

The Commercial General Liability Limits of Insurance apply to the insurance provided by this endorsement, except as provided below:

#### 1. Employee Benefit Liability Coverage

Each Employee Limit:	\$1,	000,000
Aggregate Limit:	\$3,	000,000
Deductible Amount:	\$	1,000

# 3. Damage To Premises Rented To You

The lesser of:

- a. The Each Occurrence Limit shown in the Declarations; or
- **b.** \$500,000 unless otherwise stated \$

# 4. Supplementary Payments

- **a.** Bail Bonds: \$2,500
- **b.** Loss Of Earnings: \$ 500

### 8. Property Damage To Borrowed Equipment

Each Occurrence Limit: \$10,000 Deductible Amount: \$250

- C. Coverages
  - 1. Employee Benefit Liability Coverage
    - a. The following is added to Section I Coverages:

# EMPLOYEE BENEFIT LIABILITY COVERAGE

- (1) Insuring Agreement
  - (a) We will pay those sums that the insured becomes legally obligated to pay as damages caused by any act, error or omission of the insured, or of any other person for whose acts the insured is legally liable, to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend against any "suit" seeking damages to which this insurance does not apply. We may, at our discretion, investigate any report of an act, error or omission and settle any claim or "suit" that may result. But:
    - The amount we will pay for damages is limited as described in C. Coverages, 1. Employee Benefit Liability Coverage, c. Limits Of Insurance of this endorsement; and
    - 2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments.

(b) This insurance applies to damages only if the act, error or omission is negligently committed in the "administration" of your "employee benefit program"; and

- 1) Occurs during the policy period; or
- 2) Occurred prior to the "first effective date" of this endorsement provided:
  - a) You did not have knowledge of a claim or "suit" on or before the "first effective date" of this endorsement.

You will be deemed to have knowledge of a "suit" claim or when any insured listed under C. Coverages, 1. Employee Benefit Liability Coverage, b. Who Is An Insured, (1) of this endorsement or "employee" anv authorized by you to give or receive notice of a claim or "suit":

- Reports all, or any part, of the act, error or omission to us or any other insurer;
- ii) Receives a written or verbal demand or claim for damages because of the act, error or omission; and
- b) There is no other applicable insurance.
- (2) Exclusions

This insurance does not apply to:

(a) Bodily Injury, Property Damage Or Personal And Advertising Injury

"Bodily injury", "property damage" or "personal and advertising injury".

(b) Dishonest, Fraudulent, Criminal Or Malicious Act Damages arising out of any intentional, dishonest, fraudulent, criminal or malicious act, error or omission, committed by any insured, including the willful or reckless violation of any statute.

(c) Failure To Perform A Contract

> Damages arising out of failure of performance of contract by any insurer.

# (d) Insufficiency Of Funds

Damages arising out of an insufficiency of funds to meet any obligations under any plan included in the "employee benefit program".

(e) Inadequacy Of Performance Of Investment/Advice Given With Respect To Participation

Any claim based upon:

- 1) Failure of any investment to perform;
- Errors in providing information on past performance of investment vehicles; or
- 3) Advice given to any person with respect to that person's decision to participate or not to participate in any plan included in the "employee benefit program".

#### (f) Workers' Compensation And Similar Laws

Any claim arising out of your failure to comply with the mandatory provisions of any workers' compensation, unemployment compensation insurance, social security or disability benefits law or any similar law.

# (g) ERISA

Damages for which any insured is liable because of liability imposed on a fiduciary by the Employee Retirement Income Security Act of 1974, as now or hereafter amended, or by any similar federal, state or local laws.

# (h) Available Benefits

Any claim for benefits to the extent that such benefits are available, with reasonable effort and cooperation of the insured, from the applicable funds accrued or other collectible insurance.

# (i) Taxes, Fines Or Penalties

Taxes, fines or penalties, including those imposed under the Internal Revenue Code or any similar state or local law.

#### (j) Employment-Related Practices

Any liability arising out of any:

- 1) Refusal to employ;
- 2) Termination of employment;
- Coercion, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination or other employment-related practices, acts or omissions; or
- 4) Consequential liability as a result of 1), 2) or 3) above.

This exclusion applies whether the insured may be held liable as an employer or in any other capacity and to any obligation to share damages with or repay someone else who must pay damages because of the injury.

# (3) Supplementary Payments

Section I - Supplementary Payments - Coverages **A** and **B** also apply to this Coverage, however **1.b.** and **2.** of the Supplementary Payments provision do not apply.

# b. Who Is An Insured

As respects Employee Benefit Liability Coverage, **Section II - Who Is An Insured** is replaced by the following:

- (1) If you are designated in the Declarations as:
  - (a) An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.
  - (b) A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds but only with respect to the conduct of your business.
  - (c) A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.
  - (d) An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.
  - (e) A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.
- (2) Each of the following is also an insured:
  - (a) Each of your "employees" who is or was authorized to administer your "employee benefit program";
  - (b) Any persons, organizations or "employees" having proper temporary authorization to administer your "employee benefit program" if you die, but only until your legal representative is appointed; or
  - (c) Your legal representative if you die, but only with respect to duties as such. That representative will have all

your rights and duties under this Coverage Part.

- (3) Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if no other similar insurance applies to that organization. However, coverage under this provision:
  - (a) Is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier; and
  - (b) Does not apply to any act, error or omission that was committed before you acquired or formed the organization.

# c. Limits Of Insurance

As respects Employee Benefit Liability Coverage, **Section III - Limits Of Insurance** is replaced by the following:

- The Limits of Insurance shown in Section B. Limits Of Insurance,
   Employee Benefit Liability Coverage of this endorsement and the rules below fix the most we will pay regardless of the number of:
  - (a) Insureds;
  - (b) Claims made or "suits" brought;
  - (c) Persons or organizations making claims or bringing "suits";
  - (d) Acts, errors or omissions; or
  - (e) Benefits included in your "employee benefit program".
- (2) The Aggregate Limit shown in Section B. Limits Of Insurance,
   1. Employee Benefit Liability Coverage of this endorsement is the most we will pay for all damages because of acts, errors or omissions negligently committed in the "administration" of your "employee benefit program".
- (3) Subject to the limit described in(2) above, the Each Employee

Limit shown in Section **B**. Limits Of Insurance, **1**. Employee Benefit Liability Coverage of this endorsement is the most we will pay for all damages sustained by any one "employee", including damages sustained by such "employee's" dependents and beneficiaries, as a result of:

- (a) An act, error or omission; or
- (b) A series of related acts, errors or omissions, regardless of the amount of time that lapses between such acts, errors or omissions;

negligently committed in the "administration" of your "employee benefit program".

However, the amount paid under this endorsement shall not exceed, and will be subject to the limits and restrictions that apply to the payment of benefits in any plan included in the "employee benefit program."

#### (4) Deductible Amount

- (a) Our obligation to pay damages on behalf of the insured applies only to the amount of damages in excess of the Deductible Amount shown in Section B. Limits Of Insurance, 1. Employee Benefit Liability Coverage of this endorsement as applicable to Each Employee. The limits of insurance shall not be reduced by the amount of this deductible.
- (b) The Deductible Amount shown in Section B. Limits Of Insurance, 1. Employee Benefit Liability Coverage of this endorsement applies to all damages sustained by any one "employee", including such "employee's" dependents and beneficiaries, because of all acts, errors or omissions to which this insurance applies.
- (c) The terms of this insurance, including those with respect to:
  - 1) Our right and duty to defend the insured

against any "suits" seeking those damages; and

 Your duties, and the duties of any other involved insured, in the event of an act, error or omission, or claim;

apply irrespective of the application of the Deductible Amount.

(d) We may pay any part or all of the Deductible Amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the Deductible Amount as we have paid.

### d. Additional Conditions

As respects Employee Benefit Liability Coverage, Section IV - Commercial General Liability Conditions is amended as follows:

- (1) Item 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit is replaced by the following:
  - 2. Duties In The Event Of An Act, Error, Omission, Claim Or Suit
    - You must see to it that we are notified as soon as practicable of an act, error or omission which may result in a claim. To the extent possible, notice should include:
      - (1) What the act, error or omission was and when it occurred; and
      - (2) The names and addresses of anyone who may suffer damages as a result of the act, error or omission.
    - If a claim is made or "suit" is brought against any insured, you must:
      - Immediately record the specifics of the claim or "suit" and

the date received; and

(2) Notify us as soon as practicable.

You must see to it that we receive written notice of the claim or "suit" as soon as practicable.

- **c.** You and any other involved insured must:
  - (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";
  - (2) Authorize us to obtain records and other information;
  - (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit"; and
  - (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of an act, error or omission to which this insurance may also apply.
- d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense without our consent.
- (2) Item 4. Other Insurance is replaced by the following:

# 4. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under this Employee Benefit Liability Coverage, our obligations are limited as follows:

# a. Primary Insurance

This insurance is primary except when **c.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in Paragraph **b.** below.

# b. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

# c. No Coverage

This insurance shall not cover any loss for which the insured is entitled to recovery under any other insurance in force previous to the effective date of this Employee Benefit Liability Coverage.

# e. Additional Definitions

As respects Employee Benefit Liability Coverage, **Section V - Definitions** is amended as follows:

- (1) The following definitions are added:
  - **1.** "Administration" means:

which the insured must submit or does submit with our consent;

- **b.** Any other alternative dispute resolution proceeding in which such damages are claimed and to which the insured submits with our consent; or
- **c.** An appeal of a civil proceeding.
- 2. Unintentional Failure To Disclose Hazards

Section IV - Commercial General Liability Conditions, 6. Representations is amended by the addition of the following:

Based on our dependence upon your representations as to existing hazards, if unintentionally you should fail to disclose all such hazards at the inception date of your policy, we will not reject coverage under this Coverage Part based solely on such failure.

### 3. Damage To Premises Rented To You

 a. The last paragraph of 2. Exclusions under Section I - Coverage A - Bodily Injury And Property Damage Liability is replaced by the following:

> Exclusions **c.** through **n.** do not apply to damage by fire, explosion, lightning, smoke or soot to premises while rented to you or temporarily occupied by you with permission of the owner, for which the amount we will pay is limited to the Damage To Premises Rented To You Limit as described in Section **III** - Limits Of Insurance.

b. The insurance provided under Section I - Coverage A - Bodily Injury And Property Damage Liability applies to "property damage" arising out of water damage to premises that are both rented to and occupied by you.

As respects Water Damage Legal Liability, as provided in Paragraph **3.b.** above:

The exclusions under Section I -Coverage **A** - Bodily Injury And Property Damage Liability, **2.** Exclusions, other than **i.** War and the Nuclear Energy Liability Exclusion (Broad Form), are deleted and the following are added:

This insurance does not apply to:

- (a) "Property damage":
  - (i) Assumed in any contract or agreement; or
  - (ii) Caused by or resulting from any of the following:
    - 1) Wear and tear;
    - Rust or other corrosion, decay, deterioration, hidden or latent defect or any quality in property that causes it to damage or destroy itself;
    - 3) Smog;
    - Mechanical breakdown, including rupture or bursting caused by centrifugal force;
    - 5) Settling, cracking, shrinking or expansion;
    - 6) Nesting or infestation, or discharge or release of waste products or secretions, by insects, birds, rodents or other animals; or
    - 7) Presence, growth, proliferation, spread or any activity of fungus, including mold or mildew, and any mycotoxins, spores, scents or byproducts produced or released by fungi.
- (b) "Property damage" caused directly or indirectly by any of the following:
  - (i) Earthquake, volcanic eruption, landslide or any other earth movement;
  - (ii) Water that backs up or overflows or is otherwise discharged from a sewer, drain, sump, sump pump or related equipment;
  - (iii) Water under the ground surface pressing on, or flowing or seeping through:
    - 1) Foundations, walls, floors or paved surfaces;
    - 2) Basements, whether paved or not; or

- 3) Doors, windows or other openings.
- (c) "Property damage" caused by or resulting from water that leaks or flows from plumbing, heating, air conditioning, fire protection systems, or other equipment, caused by or resulting from freezing, unless:
  - You did your best to maintain heat in the building or structure; or
  - (ii) You drained the equipment and shut off the water supply if the heat was not maintained.
- (d) "Property damage" to:
  - (i) Plumbing, heating, air conditioning, fire protection systems, or other equipment or appliances; or
  - (ii) The interior of any building or structure, or to personal property in the building or structure, caused by or resulting from rain, snow, sleet or ice, whether driven by wind or not.

# c. Limit Of Insurance

With respect to the insurance afforded in Paragraphs **3.a.** and **3.b.** above, the Damage To Premises Rented To You Limit as shown in the Declarations is amended as follows:

- (1) Paragraph 6. of Section III Limits Of Insurance is replaced by the following:
  - Subject to Paragraph 5. above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage A - Bodily Injury And Property Damage Liability for damages because of "property damage" to any one premises:
    - a. While rented to you, or temporarily occupied by you with permission of the owner;
    - **b.** In the case of damage by fire, explosion, lightning, smoke or soot, while rented to you; or

- **c.** In the case of damage by water, while rented to and occupied by you.
- (2) The most we will pay is limited as described in Section B. Limits Of Insurance, 3. Damage To Premises Rented To You of this endorsement.

# 4. Supplementary Payments

# Under Section I - Supplementary Payments - Coverages A and B:

a. Paragraph **1.b.** is replaced by the following:

Up to the limit shown in Section **B.** Limits Of Insurance, **4.a.** Bail Bonds of this endorsement for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

**b.** Paragraph **1.d.** is replaced by the following:

All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to the limit shown in Section **B.** Limits Of Insurance, **4.b.** Loss Of Earnings of this endorsement per day because of time off from work.

5. 180 Day Coverage For Newly Formed Or Acquired Organizations

Section II - Who Is An Insured is amended as follows:

Subparagraph **a.** of Paragraph **3.** is replaced by the following:

**a.** Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier;

# 6. Waiver Of Subrogation

Section IV - Commercial General Liability Conditions, 8. Transfer Of Rights Of Recovery Against Others To Us is amended by the addition of the following:

We waive any right of recovery against any additional insured under this endorsement, because of any payment we make under this endorsement, to whom the insured has waived its right of recovery in a written contract, written agreement, written permit or written authorization. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such additional insured prior to loss.

- 7. Automatic Additional Insured Specified Relationships
  - a. The following is added to Section II -Who Is An Insured:
    - (1) Any person(s) or organization(s) described in Paragraph **7.a.(2)** of this endorsement (hereinafter referred to as additional insured) whom you are required to add as an additional insured under this Coverage Part by reason of a written contract, written agreement, written permit or written authorization.
    - (2) Only the following persons or organizations are additional insureds under this endorsement, and insurance coverage provided to such additional insureds is limited as provided herein:

#### (a) Managers Or Lessors Of Premises

The manager or lessor of a premises leased to you you are required per Paragraph 7.a.(1) of this endorsement to provide insurance, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by you or those acting on your behalf in connection with the ownership, maintenance or use of that part of the premises leased to you, subject to the following additional exclusions:

This insurance does not apply to:

- (i) Any "occurrence" which takes place after you cease to be a tenant in that premises;
- (ii) Structural alterations, new construction or demolition operations performed by or on behalf of such additional insured.

# (b) Lessor Of Leased Equipment

Any person(s) or organization(s) from whom you lease equipment you are required per Paragraph 7.a.(1) of this endorsement to provide insurance. Such person(s) or organization(s) are insureds only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person(s) or organization(s). A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends. However, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

(c) Vendors

Any person or organization (referred to below as vendor) you are required per Paragraph **7.a.(1)** of this endorsement to provide insurance, but only with respect to liability for "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

- (i) The insurance afforded the vendor does not apply to:
  - 1) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of

the contract or agreement;

- Any express warranty unauthorized by you;
- Any physical or chemical change in the product made intentionally by the vendor;
- 4) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
- 5) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
- 6) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- 7) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- Bodily injury" or "property damage" arising out of the

sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

- a) The exceptions contained in Paragraphs
   (c)(i)4) or 6) of this endorsement; or
- b) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business. in connection with the distribution or sale of the products.
- (ii) This insurance does not apply to any insured person or organization:
  - From whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products; or
  - 2) When liability included within the "productscompleted operations hazard" has been excluded under this Coverage Part with respect to such products.
- (d) State Or Governmental Agency Or Subdivision Or Political Subdivision -Permits Or Authorizations Relating To Premises

Any state or governmental agency or subdivision or political subdivision you are required per Paragraph **7.a.(1)** of this endorsement to provide insurance, subject to the following additional provision:

This insurance applies only with respect to the following hazards for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization in connection with premises you own, rent or control and to which this insurance applies:

- (i) The existence, maintenance, repair, construction, erection or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures;
- (ii) The construction, erection or removal of elevators; or
- (iii) The ownership, maintenance or use of any elevators covered by this insurance.

#### (e) Mortgagee, Assignee Or Receiver

Any person or organization you are required per Paragraph 7.a.(1) of this endorsement to provide insurance, but only with respect to their liability as mortgagee, assignee or receiver and arising out of the ownership, maintenance or use of the premises by you. However, this insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

(3) The insurance afforded to additional insureds described in Paragraph **7.a.(1)** of this endorsement:

- (a) Only applies to the extent permitted by law;
- (b) Will not be broader than that which you are required by the written contract, written agreement, written permit or written authorization to provide for such additional insured; and
- (c) Does not apply to any person, organization, vendor, state, governmental agency or subdivision or political subdivision, specifically named as an additional insured under any other provision of, or endorsement added to, this Coverage Part, provided such other provision or endorsement covers the injury or damage for which this insurance applies.
- b. With respect to the insurance afforded to the additional insureds described in Paragraph 7.a.(1) of this endorsement, the following is added to Section III - Limits Of Insurance:

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

- (1) Required by the written contract, written agreement, written permit or written authorization described in Paragraph 7.a.(1) of this endorsement. For the purpose of determining the required amount of insurance only, we will include the minimum amount of any Umbrella liability or Excess Liability coverage required for that additional insured in that written contract, written agreement, written permit or written authorization; or
- (2) Available under the applicable limits of insurance;

#### whichever is less.

This endorsement shall not increase the applicable limits of insurance.

c. Section IV - Commercial General Liability Conditions is amended to include the following:

Automatic Additional Insured Provision

This insurance applies only if the "bodily injury" or "property damage" occurs, or the "personal and advertising injury" offense is committed:

- (1) During the policy period; and
- (2) Subsequent to your execution of the written contract or written agreement, or the issuance of a written permit or written authorization, described in Paragraph 7.a.(1).
- d. Section IV Commercial General Liability Conditions is amended as follows:

Condition **4.** Other Insurance is amended to include:

#### Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured per Paragraph **7.a.(1)** of this endorsement provided that:

- (1) The additional insured is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract, agreement, permit or authorization described in 7.a.(2) of this endorsement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

### 8. Property Damage To Borrowed Equipment

a. The following is added to Exclusion
 2.j. Damage To Property under Section I - Coverage A - Bodily Injury And Property Damage Liability:

Paragraphs (3) and (4) of this exclusion do not apply to tools or equipment loaned to you, provided they are not being used to perform operations at the time of loss.

- **b.** With respect to the insurance provided by this section of the endorsement, the following additional provisions apply:
  - The Limits of Insurance shown in the Declarations are replaced by the limits shown in Section B. Limits Of Insurance, 8. Property Damage To Borrowed Equip-

ment of this endorsement with respect to coverage provided by this endorsement. These limits are inclusive of and not in addition to the limits being replaced. The Limits of Insurance shown in Section **B**. Limits Of Insurance, **8**. Property Damage To Borrowed Equipment of this endorsement fix the most we will pay in any one "occurrence" regardless of the number of:

- (a) Insureds;
- (b) Claims made or "suits" brought; or
- (c) Persons or organizations making claims or bringing "suits".

# (2) Deductible Clause

- (a) Our obligation to pay damages on your behalf applies only to the amount of damages for each "occurrence" which are in excess of the Deductible Amount shown in Section B. Limits Of Insurance, 8. Property Damage To Borrowed Equipment of this endorsement. The limits of insurance will not be reduced by the application of such deductible amount.
- (b) Section IV Commercial General Liability Conditions,
   2. Duties In The Event Of Occurrence, Offense, Claim Or Suit, applies to each claim or "suit" irrespective of the amount.
- (c) We may pay any part or all of the deductible amount to effect settlement of any claim or "suit" and, upon notification of the action taken, you shall promptly reimburse us for such part of the deductible amount as has been paid by us.

#### 9. Employees As Insureds - Specified Health Care Services And Good Samaritan Services

Paragraph **2.a.(1)(d)** under Section **II** - Who Is An Insured does not apply to:

 Your "employees" who provide professional health care services on your behalf as a duly licensed nurse, emergency medical technician or paramedic in the jurisdiction where an "occurrence" or offense to which this insurance applies takes place; or

2) Your "employees" or "volunteer workers", other than an employed or volunteer doctor, providing first aid or good samaritan services during their work hours for you will be deemed to be acting within the scope of their employment by you or performing duties related to the conduct of your business.

#### 10. Broadened Notice Of Occurrence

Paragraph a. of Condition 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit under Section IV - Commercial General Liability Conditions is replaced by the following:

- a. You must see to it that we are notified as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, notice should include:
  - (1) How, when and where the "occurrence" or offense took place;
  - (2) The names and addresses of any injured persons and witnesses; and
  - (3) The nature and location of any injury or damage arising out of the "occurrence" or offense.

This requirement applies only when the "occurrence" or offense is known to any insured listed under Paragraph **1.** of Section **II** - Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or offense.

#### 11. Nonowned Aircraft

The following is added to Exclusion 2.g. Aircraft, Auto Or Watercraft under Section I - Coverage A - Bodily Injury And Property Damage Liability: This exclusion does not apply to an aircraft you do not own, provided that:

- a. The pilot in command holds a current effective certificate, issued by a duly constituted authority of the United States of America or Canada, designating that person as a commercial or airline transport pilot;
- **b.** The aircraft is rented with a trained, paid crew; and
- **c.** The aircraft does not transport persons or cargo for a charge.

# 12. Bodily Injury Redefined

**Section V - Definitions, 3.** "Bodily injury" is replaced by the following:

**3.** "Bodily injury" means bodily harm or injury, sickness, disease, disability, humiliation, shock, fright, mental anguish or mental injury, including care, loss of services or death resulting from any of these at any time.

# 13. Expected Or Intended Injury Redefined

The last sentence of Exclusion 2.a. Expected Or Intended Injury under Section I - Coverage A - Bodily Injury And Property Damage Liability is replaced by the following:

This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

# 14. Former Employees As Insureds

The following is added to Paragraph 2. under Section II - Who Is An Insured:

2. Each of the following is also an insured:

Any of your former "employees", directors, managers, members, partners or "executive officers", including but not limited to retired, disabled or those on leave of absence, but only for acts within the scope of their employment by you or for duties related to the conduct of your business.

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

# ADDITIONAL INSURED BY CONTRACT

This endorsement modifies insurance provided under the following:

#### BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM

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

Endorsement Effective:	Policy Number:
06-13-2023	EBA 068 68 72
Named Insured:	
BMW KAR WASH LLC DBA JAX KAR WASH	
Countersigned by:	
(Authorized Representative)	

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

**SECTION II - LIABILITY COVERAGE, A. Coverage, I. Who is an Insured** is amended to include as an insured any person or organization for whom you have agreed in a valid written contract to provide insurance as afforded by this policy.

This provision is limited to the scope of the valid written contract.

This provision does not apply unless the valid written contract has been executed prior to the "bodily injury" or "property damage".

				PF	ROENTE-01		DFREED
ACORD	ER	TIFICATE OF LIA	BILITY INS	SURAN	CE		(MM/DD/YYYY) 2/5/2025
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.							
IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t	ct to t	he terms and conditions of the terms and conditions of the terms and conditions of the terms of	he policy, certain h endorsement(s)	policies may	NAL INSURED provision require an endorseme	nsorb nt.As	e endorsed. tatement on
PRODUCER			CONTACT Dawn Fr				
Acrisure Great Lakes Partners Insurance 223 West Grand River Ave #1 Howell, MI 48843	Servic		PHONE A/C, No, Ext): (248) & E-MAIL ADDRESS: dfreed@			:(248)	681-0362
					RDING COVERAGE		NAIC #
		1			rance Company		13986
INSURED			NSURER B : Liberty	Surplus In	surance Corporation		10725
Pro Enterprises, Inc.			NSURER C :				
3785 Rochester Road			NSURER D :				
Troy, MI 48083		1	NSURER E :				
			NSURER F :				
		TE NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRE	EMENT, TERM OR CONDITION	OF ANY CONTRAC	CT OR OTHEF	R DOCUMENT WITH RESP ED HEREIN IS SUBJECT	PECT TO	WHICH THIS
INSR TYPE OF INSURANCE		JBR POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	TS	
A X COMMERCIAL GENERAL LIABILITY			(1111000) (1111)		EACH OCCURRENCE	\$	1,000,000
CLAIMS-MADE X OCCUR	X	6811401	12/31/2024	12/31/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 10,000
					MED EXP (Any one person)	\$	1,000,000
1					PERSONAL & ADV INJURY	\$	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
OTHER: General Aggregate					PRODUCTS - COMP/OP AGG	\$	
					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
ANY AUTO	x	6811400	12/31/2024	12/31/2025	BODILY INJURY (Per person)	\$	
AUTOS ONLY SCHEDULED					BODILY INJURY (Per accident	)\$	
X HIRED AUTOS ONLY X AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
						\$	3,000,000
A X UMBRELLA LIAB OCCUR		6811401	12/31/2024	12/31/2025	EACH OCCURRENCE	\$	3,000,000
EXCESS LIAB         CLAIMS-MADE           DED         X         RETENTION \$         10,000		0011401	12/01/2017		AGGREGATE	\$	0,000,000
A WORKERS COMPENSATION					X PER STATUTE ER	\$	
AND EMPLOYERS' LIABILITY		6811399	12/31/2024	12/31/2025	E.L. EACH ACCIDENT	\$	500,000
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYE	1	500,000
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		500,000
B Pollution		IRONTX32025100	12/31/2024	12/31/2025	Aggregate Limit		1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICI City of Troy is additional insured in respect basis.	LES (ACC s to cur	DRD 101, Additional Remarks Schedule, rent and completed operations	may be attached if mor , per written contra	e space is requir act. Coverage	<sup>red)</sup> e is offered on a primary	and no	n-contributory
CERTIFICATE HOLDER			CANCELLATION				
City of Troy 500 W. Big Beaver Rd				DATE TH	ESCRIBED POLICIES BE ( EREOF, NOTICE WILL Y PROVISIONS.		
Troy, MI 48084		A	UTHORIZED REPRESE	NTATIVE			
		0	D. An				
ACORD 25 (2016/03)			<u>,</u> © 19	88-2015 AC	ORD CORPORATION.	All rig	hts reserved.

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DFREED

PROENTE-01

# 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	3785 Rochester Rd, Troy, MI 48083 3688 Rochester Rd, Troy, MI 48083			
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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

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

#### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
City of Troy 500 W. Big Beaver Rd. Troy, MI 48084	3785 Rochester Rd, Troy, MI 48083 3688 Rochester Rd, Troy, MI 48083
Information required to complete this Schedule, if not sh	own above, will be shown in the Declarations.

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

However:

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

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

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

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

whichever is less.

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