#### **CITY COUNCIL MINUTES**

# Standard Purchasing Resolution 2: Award to Low Bidder Meeting Specifications – 2025 Joint and Crack Seal Program

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

RESOLVED, That Troy City Council hereby **AWARDS** a contract to <u>Scodeller Construction</u> <u>Inc.</u> of Wixom, MI, for the 2025 Joint and Crack Seal Program for an estimated not to exceed project total amount of <u>\$162,400</u> at unit prices contained in the bid tabulation opened February 13, 2025, a copy of which shall be **ATTACHED** to the original Minutes of this meeting.

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

# PURCHASE ORDER

- CITY OF TROY
- Streets 5 4693 ROCHESTER ROAD TROY. MI 48085

No. 2025-00001240 DATE: 03/27/2025 **PAGE:** 1 of 1 **FOB DESTINATION** 

**EXPIRATION DATE** 06/30/2025 **COUNCIL RESOLUTION** 2025-03-033-j-4a

#### **VENDOR NO.** 104064

CITY OF TROY

TROY. MI 48085

Streets

SCODELLER CONSTRUCTION

4693 ROCHESTER ROAD

51722 GRAND RIVER AVE WIXOM, MI 48393

Vendo

	UNIT Each Each		UNIT COST 100,000.0000 62,400.0000	<b>TOTAL COST</b> \$100,000.00 \$62,400.00
Special Instru		Entered By: Andrew Chambliss		\$162,400.00

#### Special Instructions:

CITY COUNCIL AWARD DATE: 3/10/2025. Contract for Joint Crack and Seal in accordance with the specifications and completion date of ITB-COT 25-01. CERTIFICATE OF INSURANCE and ENDORSEMENTS and BONDS shall be on file through contract completion.

**TERMS & CONDITIONS** 

- 1. Purchases of Municipalities are exempt from State Sales and Federal Excise Taxes.
- Prior to acceptance, vendor agrees to provide City with information under the Right-to-Know Law, P.A. 1986, No. 80, and fully 2. 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.
- 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 3 price contained in the contract.
- Purchase Orders are signed electronically based upon computer generated "on-line" authorized approvals. Authentic 4. 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 codefendant 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.

#### CITY OF TROY BID TABULATION 2024 JOINT AND CRACK SEAL PROGRAM

ITB-COT 25-01 Page 1 of 1

		VENDOR NAME:			Scodeller Construction, Inc.		nt Sealing, Inc.
			CITY:		m, MI	, i i i i i i i i i i i i i i i i i i i	on Hills, Ml
		CHECK AMOUNT:		\$5,000.00		\$5,000.00	
		CHECK #:		3984	39843969		245
2025 、	JOINT & CRACK SEAL PROGRAM						
Line	Description	Quantity	Units	Unit Price	Total Cost	Unit Price	Total Cost
1	Overbanding - Local Roads	40,000	Ft	\$0.35	\$14,000.00	\$0.37	\$14,800.00
2	Joint & Crack Sealing – Local Roads	70,000	Ft	\$0.97	\$67,900.00	\$1.03	\$72,100.00
3	Overbanding – Major Roads	75,000	Ft	\$0.35	\$26,250.00	\$0.37	\$27,750.00
4	Joint & Crack Sealing – Major Roads	18,000	Ft	\$1.06	\$19,080.00	\$1.03	\$18,540.00
5	Maintaining Traffic	1	Lump Sum	\$5,000.00	\$5,000.00	\$500.00	\$500.00
	TOTAL BID AMOUNT:			\$132,2	230.00	\$133,	690.00
	REFERENCES:		Y or N		Y		Y
	INSURANCE:				Y		Y
PAYMENT TERMS:					20th of each month on work completion		t 30
EXCEPTIONS:				No	one	No	one
	ACKNOWLEDGEMENT:		Y or N	Y		Y	
	VENDOR QUESTIONNAIRE:		Y or N	,	Y		Y
	FORMS:		Y or N	,	Y	,	Y

Attest:
(*Bid Opening conducted via a Zoom Meeting)
Nick Herzek
Nellie Bert
Dina Gates

Emily Frontera Purchasing Manager

# PLACE:CITY OF TROYDATE:FEBRUARY 13, 2025PROJECT:2025 JOINT & CRACK SEAL PROGRAM

The proposal of <u>Scodeller Construction, Inc</u> (hereinafter called "Bidder") to the City of Troy, Oakland County, Michigan

The Bidder, in compliance with the Advertisement for Bid for the <u>"2025 JOINT & CRACK SEAL</u> <u>PROGRAM"</u>, having examined the plans and specifications with related documents and the sites of the proposed work, and being familiar with all of the conditions surrounding the construction of the proposed project, including the availability of materials and labor, hereby proposes to furnish all labor, materials and supplies, and to construct the project in accordance with the contract documents, within the time set forth therein, and at the prices stated below. These prices are to cover all expenses incurred in performing the work required under the contract documents, of which this proposal is part.

The Bidder affirms that in making such Proposal, neither he nor any company that he may represent nor anyone on behalf of him or the company directly has entered into any combination or collusion, undertaking or agreement with any bidder or bidders to maintain that the prices of said work, or any attempt to prevent any other bidder or bidders from bidding on said contract or work, and further affirms that such proposal is made without regard or reference to any other bidder or proposal and without any agreement or understanding or combination either directly or indirectly with any other person or persons with reference to such bidding in any way or manner whatsoever.

The Bidder agrees that this bid shall be good and may not be withdrawn for a period of sixty - (60) calendar days after the scheduled closing time for receiving bids and may not be withdrawn after receiving a "Notice of Award".

The Bidder hereby agrees to commence work under this contract on or before the date to be specified in the written "Notice to Proceed".

The Bidder acknowledges receipt of the following addenda:

 No.
 DATED:

 No.
 DATED:

 No.
 DATED:

 No.
 DATED:

City of Troy 500 W. Big Beaver Troy, Michigan 48084 Bids Due: Thursday, February 13, 2025 10:00 A.M., Local Time ITB-COT 25-01

CITY OF TROY ITB-COT 25-01 The undersigned, as Bidder, declares that he has familiarized himself with the location of the proposed project in the City of Troy. Bidder acknowledges that he has carefully examined the Plans, Specifications, and Contract Documents which he understands and accepts as sufficient for the purpose of constructing the work, and agrees that he will contract with the City of Troy, Oakland County, Michigan to furnish all labor, materials, and equipment necessary to do all the work specified and prescribed, and that he will accept in full payment therefore the sum of:

#### CITY OF TROY ITB-COT 25-01

#### 2025 JOINT & CRACK SEAL PROGRAM

Line	Description	Quantity	Units	Unit Price	Total Cost
01	Overbanding - Local Roads	40,000	Ft	\$ 0. 35	\$ 14,000.00
02	Joint & Crack Sealing – Local Roads	70,000	Ft	\$ 0.97	\$ 67,900.00
03	Overbanding – Major Roads	75,000	Ft	\$ 0.35	\$ 26,250. 00
04	Joint & Crack Sealing – Major Roads	18,000	Ft	\$ 106	\$ 19 080.00
05	Maintaining Traffic	1	LSUM	\$ 5,000.44	\$ 5,000. cc
	τοτα	\$132,2	30. 00		

All work must be completed by June 30, 2025. The City intends to expand or reduce the quantities of work as needed so that the total value of all work does not exceed budgeted amounts.

Bidder acknowledges that estimated quantities are not guaranteed and are solely for the purpose of comparison of bids.

The City reserves the right to accept any bid, or to reject any or all bids, to waive any and all informalities not involving price, time, or changes in the Work and to negotiate contract terms with the Successful Bidder, and the right to disregard all nonconforming, nonresponsive, unbalanced or conditional Bids. Also, the City reserves the right to reject the Bid of any Bidder if the City believes that it would not be in the best interest of the Project to make an award to that Bidder, whether because the Bid is not responsive or the Bidder is unqualified or of doubtful financial ability or fails to meet any other pertinent standard or criteria established by the City.

The undersigned agrees to furnish the required bonds and insurance certificates within seven (7) days after the acceptance of this proposal and further agrees to start construction within ten (10) days after being notified that work can begin.

The company representative does warrant that by signing the bid documents, the additional insured endorsement will be included in the insurance coverage supplied to the City as part of the specified requirements. All joint and crack sealing work shall be completed by <u>June 30 2025</u>.

Company:_	Scodeller Construction, Inc
	INTEA
Signed:	1/1/ Fyr
By:	Jeff Lippert
Title:	Division Manager

Address:	51722 Grand River Ave
	Wixom, MI 48393
County:	Oakland
Telephone:	248-374-1102
Email:	Jeff@scodeller.com
Telephone:	248-374-1102



CITY OF TROY ITB-COT 25-01

#### LEGAL STATUS OF BIDDER

(The Bidder shall fill out the appropriate form and strike out the other two).

A corporation duly organized and doing business under the laws of the State of Michigan for whom

Jeff Lippert \_\_\_\_\_\_ whose signature is affixed to the Proposal, is duly authorized to execute

contracts.

A Partnership, all members of which, with addresses, are:

An Individual, whose signature is affixed to the Proposal.

Please give the following information regarding your Proposal for this bid:

1. Number of years of experience in this work:

40 Years

2. List the number and types of equipment to be used if awarded this bid:

See attached equipment List

- 3. List the municipalities you have contracted with during the past three years for this type of work: See attached references
- 4. Name of your bank and other financial reference:

See attached trade references

- 5. Name of your insurance carrier: Acrisure
- 6. PL/PD/BI Insurance carrier: See attached certificate of insurance

Workman's Compensation: See attached certificate of insurance

Amount of Insurance Coverage: See attached certificate of insurance

6. Comments: MDOT Prequalified contractor No. 03564

Signed: \_\_\_\_\_\_\_

Name & Address of Firm: Scodeller Construction, Inc

51722 Grand River Ave, Wixom, MI 48393

Date: 2-11-2025

CITY OF TROY ITB-COT 25-01

#### SIGNATURE PAGE

**PRICES:** Prices quoted shall remain firm for 60 days or bid award, whichever comes first, except the successful bidder whose prices shall remain firm until successful completion and final acceptance of all specified requirements for this project.

#### SIGNATURE OF AUTHORIZED REPRESENTATIVE:

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

COMPANY Scodeller Construction, Inc		
ADDRESS 51722 Grand River Ave CITY Wixom	STATEZIP48393	
PHONE (	(_248)374-1109	
ORGANIZATION'S REPRESENTATIVE NAME Jeff Lippert	111.00	DICLE
SIGNATURE OF AUTHORIZED REPRESENTATIVE:	Print) GU	NSTRUC AL
	RANTY: AS SPECIFED IN BID DOCUMEN	985
COMPLETION DATE: AS SPECIFED IN BID DOCUMENT AN	ID BID SPECIFICATIONS	nokit o
EXCEPTIONS:	Terry 3	e uni
	the stand this season and must be stated to	volicity

Any exceptions, substitutions, deviations, etc. from the City's specifications and this proposal <u>must be stated below</u>? The reasons for the exception, substitution, deviation, etc. are an integral part of this bid offer. <u>N/A</u>

ACKNOWLEDGEMENT: I, Jeff Lippert , certify that I have read the *Instructions to Bidders* (6 Pages) and that the proposal documents contained herein were obtained directly from the City's Purchasing Department or MITN Purchasing Group website, <u>www.bidnetdirect.com//city-of-troy-mi</u> and is an official copy of the Authorized Version.

#### SIGNATURE OF AUTHORIZED REPRESENTATIVE:

#### NOTE:

The City of Troy, at their discretion, may require the organization 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.

#### CURRENCY:

Contract prices will be in U. S. Funds.

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

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

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

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

#### [x] I am able to certify to the above statements.

Scodeller Construction, Inc Name of Agency/Company/Firm (Please Print)

Jeff Lippert, Division Manager

Name and title of authorized representative (Please Print)

Signature of authorized representative

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

CITY OF TROY ITB-COT 25-01

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

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

Vendor		
Legal Name	Scodeller Construction, Inc	
Street Address	51722 Grand River Ave	
City	Wixom	
State, Zip	Michigan, 48393	
Corporate I.D. Number/State	Michigan	
Taxpayer I.D. #	38-2625522	

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

Signature of Vendor's Authorized Agent:

Printed Name of Vendor's Authorized Agent: Jeff Lippert, Division Manager

Witness Signature:

Printed Name of Witness:

CITY OF TROY ITB-COT 25-01

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TO WHOM IT MAY CONCERN:

is

 Jeff Lippert
 \_, being duly sworn deposed, says that he

 (Print Full Name)
 \_\_\_\_\_\_\_\_. The party making the foregoing proposal or bid,

(State Official Capacity in Firm)

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

TING BID

NOTARY'S SIGNATURE

Subscribed and sworn to before me this	11th	_day of,	February	, 20 <u>_/5</u> in and for

Onkland

County.

My commission expires:

07-21-2025

CHRISTINE E. MATOVSKI Notary Public, State of Michigan County of Oakland My Commission Expires 07-21-2025 Acting in the County of





51722 Grand River • Wixom, MI 48393 • 248.374.1102 • Fax 248.374.1109

**Equipment List** 

- 21 Pavement Routers
- 9 Concrete Random Crack Saws
- 9 Tractor Joint Plows/Blowers
- 9 Self Powered Riding Concrete Saws
- 10 185 CFM Air Compressor and Blasting Unit Truck mounted
- 5 50 Gallon Silicone Pumps
- 4 Recirculating Air Vacuum Sweepers
- 10 200 to 400 Gallon Melter/Applicators Truck Mounted
- 15 800 to 1,000 Gallon Melter/Applicators Truck Mounted

Multiple Traffic and Support Vehicles



Contracting For Pavement Preservation Equal Opportunity Employer





#### 51722 Grand River • Wixom, MI 48393 • 248.374.1102 • Fax 248.374.1109

#### **PROJECT REFERENCES**

Project: 2024 DTW Joint Seal & Spall Repair

Owner: Wayne County Airport Auth.

Contact Person: Ken Arnett

Phone: (734) 626-1297

Contract Amount: \$930,000.00

Completion Date: Sep-24

Project: 2022 City of Troy Rout & Seal
Owner: City of Troy

Contact Person: Antonio Cicchetti

Phone: 586-615-6780

Contract Amount: \$112,000.00

Completion Date: Jun-22

Project: 2023 City of Troy Rout & Seal

Owner: City of Troy

Contact Person: Zach Haapala

Phone: (248) 524-3403

Contract Amount: \$50,000.00

Completion Date: Jun-23

Project: 2024 Willow Run Crack Sealing

Owner: Wayne County Airport Auth.

Contact Person: Joe Galea

Phone: (734) 576-9570

Contract Amount: \$100,000.00

**Completion Date Jul-24** 

Project: 2024 City of Novi Joint Repair

Owner: City of Novi

Contact Person: Jeff VanCurler

Phone: (248) 343-8776

Contract Amount: \$100,000.00

Completion Date: Nov-24

Project: 2023/2024 City of Southfield Reseal

Owner: City of Soutfield

Contact Person: Julius Maisano

Phone: (248) 514-3514

Contract Amount: \$170,000.00

**Completion Date Jun-24** 



Contracting For Pavement Preservation Equal Opportunity Employer





Bill To: 51722 Grand River Wixom, MI 48393 Ship To: 51722 Grand River Wixom, MI 48393

Type of Business: Years in Business: Year Incorporated: Federal ID #

Trade References:

Highway Maintenance 40 Years 1985 38-2625522

W.R. Meadows. 300 Industrial Dr. Hampshire, IL 60140 (847) 214-2100

Wolverine Truck Group 3000 William Avenue Ypsilanti, MI 48198 (734) 879-2500 (734) 879-2511 Fax

Barnsco Inc. Craig Reynolds 7800 Dix Detroit, MI 48209 (248) 640-4492 creynolds@barnsco.com

Ace Cutting Equipment, Inc. Ron Mesasel 25800 Novi Road Novi, MI 48375 (248) 449-4944 (248) 449-4946 Fax

**Bank References:** 

Fifth Third Bank, Commercial Banking 215 E. Washington Street Ann Arbor, MI 48104 (734) 214-7931 (734) 214-7952 Fax Banker – Rich Grajewski <u>Richard.Grajewski@53.com</u>

Peter D. Scodeller, President

**Contacts:** 

W. R. MEADOWS. Sea<u>iTight</u>

SAFETY DATA SHEET

Page 1 of 2

	JL	CTION 1: PROL	DUCT AND CO	JMPANY	IDENTIFICATIO	IN		
Product:	3405			Part Num	ber: 4215000			
Manufacturer:	W. R. MEA	DOWS <sub>0</sub> , INC.		Address:	300 Industrial I	Drive		
Telephone:	(847) 214-210	00			Hampshire, Illii			
Revision Date:	12/5/2018	44		In case of	emergency, dial	(800) 424-9300	(CHEMTREC)	
Product Use:	Hot-Applied Jo							
	SECT	TION 2: HAZAF	RDS IDENTIFI	CATION/I	EXPOSURE LIM	ITS		
HMIS		HAZARD STATE	MENTS					
Health	11	WARNING!				$\wedge$		
Flammability	1	Heated materia	il will cause se	vere burns	·			
Reactivity	01	Causes skin irrit	ation.		<			
Personal Protection	ĨĨ	PRECAUTIONA	RY STATEMEN	TS		$\sim$		
		Avoid direct co	ntact with hea	ted materi	al.	V		
		Avoid inhalation						
		SECTION	3: HAZARD	S COMPC	NENTS			
			% by	SARA	Vapor Press			
Chemical Name	:	CAS Number	<u>Weight</u>	<u>313</u>	(mm Hg@2			
1. Petroleum Asphalt		8052-42-4	50-55	No	N/A	N/A		
2. Petroleum Oil Base Stock	:	64742-65-0	5-10	No	N/A	0.9		
3. Limestone		1317-65-3	25-30	No	N/A	N/A		
Under the reporting require	ements of Sectio	on 313 of Title III	of the Superfu	und Ameno	ments and Reau	thorization Act o	of 1966 (SARA)	and
10 CFR Part 372, chemicals	listed on the 31	3 List (40 CFR Pa	rt 373.65) are	identified	under the headi	ng "SARA 313."	N/A = Not Appli	cable
	SE	CTION 4: EME	RGENCY ANI	<b>D FIRST A</b>	D PROCEDURE	S		
YE CONTACT: Not expected	ed to be an expo	osure route as su	pplied. If cont	act with m	olten material o	ccurs, seek imme	ediate medical	
attention.								
SKIN CONTACT: Wash affe	cted areas with	soap and water i	if available. If (	contact wit	h hot, molten m	aterial occurs, co	ool affected	
area with water. Do not at							1. 1.	
area with water. Do not at	tempt to remov	e congealed solid	d. Do not use	petroleum	solvents to rem	ove solids adhere	ed to skin.	
		e congealed solid	d. Do not use	petroleum	solvents to rem	ove solids adhere	ed to skin.	
Seek immediate medical at	tention.							
Seek immediate medical at INHALATION: Not expected	tention. d to be an expos	sure route as sup	plied. If irrita	tion occurs	due to exposure	e to fumes produ	iced by hot	
Seek immediate medical at INHALATION: Not expected molten product, move victi	tention. d to be an expos m from exposur	sure route as sup e source and tre	plied. If irrita	tion occurs	due to exposure	e to fumes produ	iced by hot	
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Seek immediate medical at: INHALATION: Not expected molten product, move victi INGESTION: Not expected MOST IMPORTANT SYMPT FLASHPOINT: Not applicab EXTINGUISHING MEDIA: W CHEMICAL/COMBUSTION I combustion products.	tention. d to be an exposu m from exposu to be an exposu OMS/EFFECTS, / le; product is a s /ater fog, foam, HAZARDS: Oxid	sure route as sup re source and tre re source. ACUTE AND CHR SECTION 5: solid. dry chemical. es and compoun	oplied. If irrita at symptomat <b>CONIC:</b> See Se <b>FIRE AND EX</b> ds of nitrogen	tion occurs ically. If sy ction Eleve (PLOSIVES /sulfur, ca	due to exposure omptoms persist, on for Symptoms <b>HAZARDS</b> rbon monoxide/	e to fumes produ , seek medical at /Effects. dioxide, and inco	uced by hot tention.	
Seek immediate medical at: INHALATION: Not expected molten product, move victi INGESTION: Not expected MOST IMPORTANT SYMPT FLASHPOINT: Not applicab EXTINGUISHING MEDIA: W CHEMICAL/COMBUSTION I combustion products. PRECAUTIONS/PERSONAL	tention. d to be an exposu m from exposu to be an exposu OMS/EFFECTS, , le; product is a s /ater fog, foam, HAZARDS: Oxid PROTECTIVE EQ	sure route as sup e source and tre re source. ACUTE AND CHR SECTION 5: solid. dry chemical. es and compoun	oplied. If irrita at symptomat CONIC: See Se FIRE AND EX Ids of nitrogen d smoke inhal	tion occurs ically. If sy ction Eleve (PLOSIVES /sulfur, ca	due to exposure omptoms persist, on for Symptoms <b>HAZARDS</b> rbon monoxide/	e to fumes produ , seek medical at /Effects. dioxide, and inco	uced by hot tention.	
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Seek immediate medical at INHALATION: Not expected molten product, move victi INGESTION: Not expected MOST IMPORTANT SYMPT FLASHPOINT: Not applicab EXTINGUISHING MEDIA: W CHEMICAL/COMBUSTION I combustion products. PRECAUTIONS/PERSONAL stream of water. Use appro SPILL OR LEAK PROCEDURE to cool and landfill dispose.	tention. d to be an exposu m from exposu to be an exposu OMS/EFFECTS, , le; product is a s /ater fog, foam, HAZARDS: Oxid PROTECTIVE EQ opriate personal S: Not applicab RES: Avoid dire b-site damage. SECTI PEL 5 mg/m <sup>3</sup> *	sure route as sup e source and tre re source. ACUTE AND CHR SECTION 5: solid. dry chemical. es and compoun UIPMENT: Avoi protective equip SECTION 6: A SECTION 6: A SECTION ct contact. ION 8: EXPOSU OSHA PEL/CEILING	plied. If irrita at symptomat <b>CONIC:</b> See Se <b>FIRE AND EX</b> ds of nitrogen d smoke inhal oment. <b>ACCIDENTAL</b> solid. If molte <b>7: HANDLIN</b> JRE CONTRO PEL/STEL	tion occurs ically. If sy ction Eleve (PLOSIVES /sulfur, ca ation. Hot RELEASE n material IG AND ST DLS/PERSC SKIN	a due to exposure emptoms persist, in for Symptoms HAZARDS rbon monoxide/ material may sp MEASURES is spilled avoid of ORAGE DNAL PROTECT TLV	e to fumes produ , seek medical at /Effects. dioxide, and inco batter if hit by a d direct contact, all TION ACGIH	inced by hot tention.	N/E

#### SAFETY DATA SHEET

	SAFELY DATA SHE	
Date of Preparation: 12/5/18	Page 2 of 2	4215000
Section 8 continued		
ENGINEERING CONTROLS: None requir		
PERSONAL PROTECTIVE EQUIPMENT:	Safety glasses, chemical-resistant gloves.	
	SECTION 9: PHYSICAL AND CHEMIC	
BOILING POINT: N/A	VAPOR DENSITY: N/A	% VOLATILE BY VOLUME: N/A
EVAPORATION RATE: N/A	pH LEVEL: N/A	% VOLATILE BY WEIGHT: N/A
WEIGHT PER GALLON: N/A	PRODUCT APPEARANCE: Black Solid	
ODOR: None	ODOR THRESHOLD: N/D	MELTING/FREEZING POINT: N/D
FLASH POINT: See Section 5	FLAMMABILITY: N/D	UEL/LEL: N/D
VAPOR PRESSURE: N/D	RELATIVE DENSITY: N/D	SOLUBILITY: N/D
PARTITION COEFFICENT: N/D	AUTOIGNITION TEMPERATURE: N/D	DECOMPOSITION TEMPERATURE: N/D
VISCOSITY: N/D		N/D: Not Determined
	SECTION 10: STABILITY/REA	
STABILITY: Stable.	HAZARDOUS POLYMERIZATION: Will	not occur.
CONDITIONS AND MATERIALS TO AVO		
HAZARDOUS DECOMPOSITION PRODU	CIS: None recognized.	FORMATION
	SECTION 11: TOXICOLOGICAL IN	
EYE CONTACT: Direct contact may caus	e mild irritation. Contact with heated mate	erial may cause severe burns.
SKIN CONTACT: Direct contact may cau	se slight skin irritation. Contact with heate	d material may cause severe burns.
	exposure route. Heated material may emit	trumes. Exposure to rumes may result in
respiratory irritation.		
<b>INGESTION:</b> Not anticipated to be an e	(posure route.	ad availing Symptoms of skin irritation include
SIGNS AND SYMPTOMS: Symptoms of	rritation symptoms include nausea, vomitir	nd swelling. Symptoms of skin irritation include
redness and swelling. Gastrointestinal I	rritation symptoms include nausea, volinti	t, shortness of breath, and reduced lung function.
of respiratory irritation include runny no	Dec. sore throat, coughing, cliest disconitor	rders may be aggravated by exposure to this product.
AGGRAVATED MEDICAL CONDITIONS:	Pre-existing skin, eye, and respiratory diso	Carcinogen: 44
OTHER HEALTH EFFECTS: ACGIN Classif	ies asphalt as Not Classifiable as a Human SECTION 12: ECOLOGICAL INFO	DEMATION
ECOTOXICITY: N/E	DEGRADABILITY: N/E	BIOACCUMULATIVE POTENTIAL: N/E
ECOTOXICITY: N/E	OTHER ADVERSE EFFECTS: None Re	
SOIL MOBILITY: N/E	SECTION 13: WASTE DISPOSAL IN	
WASTE DISPOSAL INFORMATION: Land		
WASTE DISPOSAL INFORMATION: Land	SECTION 14: TRANSPORTATION II	VEORMATION
HAZARDOUS/NON-HAZARDOUS MATE		
UN NUMBER: None.		G GROUP: N/A
UN PROPER SHIPPING NAME: N/A		
ENVIRONMENTAL HAZARDS: None red	ognized	
BULK TRANSPORTATION INFORMATIO		
SPECIAL PRECAUTIONS: None.	T. HORE.	
SPECIAL PRECADITIONS. None.	SECTION 15: REGULATORY INFO	ORMATION
OTHER REGULATORY CONSIDERATION		NE A 48 F 47 ( * 9, 1 197, 7) 7
OTHER REGULATORT CONSIDERATION.	SECTION 16: OTHER INFORM	MATION
PREPARATION DATE: 12/5/2018		111 / A 1 T A 1
PREPARED BY: Dave Care		

The information contained herein is based on the data available to us and is believed to be correct. However, we make no warranty, expressed or implied regarding the accuracy of this data or the results to be obtained from the use thereof. We assume no responsibility for injury from the use of this product described herein.



# SAFETY DATA SHEET

×							Page 1 01 5	
		SECTION 1: PRO	DUCT AND C	OMPANY II	DENTIFICATION			
Product: 1190 Pai					Part Number: 4225000			
Manufacturer:	W. R. Mea	dows <sub>"</sub> , Inc.		Address: 300 Industrial Drive				
	••••••	,			Hampshire, Illinois 6	0140		
Telephone: (847) 214-2100		In case of	emergency, dial (800)	424-9300 (CHEMTREC)	)			
Revision Date:				×				
Product Use:	11/4/2022 Hot-Applied	Joint Sealant						
			<b>RDS IDENTIF</b>	ICATION/EX	<b>KPOSURE LIMITS</b>			
HMIS		HAZARD STATE						
Health	[1]	WARNING!		~				
Flammability	 [1]	Heated material	will cause sev	ere burns.	$\sim$			
Reactivity	0	Causes skin irrita	ation. (Catego	ry 2)				
Personal Protection	i i	May be harmful	if inhaled. (Ca	tegory 5)		7		
	10843 - 18	PRECAUTIONAR				<b>K</b> (1)		
		Avoid direct con	tact with heat	ed material.	v			
		Avoid inhalation	of fumes.					
		SECTION	3: HAZARDO	OUS COMPO	ONENTS			
			% by	SARA	Vapor Pressure	LEL		
Chemical Name:		CAS Number	Weight	313	(mm Hg@20°C)	<u>(@25°C)</u>		
1. Petroleum Asphalt		8052-42-4	55-60	No	N/A	N/A		
2. Petroleum Oil Base Stock		64742-65-0	5-10	No	N/A	0.9		
3. Limestone		1317-65-3	20-25	No	N/A	N/A		
					,	/A: Not Applicable		
Under the reporting requirem	nents of Sectior	n 313 of Title III of	the Superfund	Amendmen	ts and Reauthorizatio	n Act of 1966		
(SARA) and 40 CFR Part 372, o	chemicals listed	d on the 313 List (4	IO CFR Part 373	3.65) are ider	ntified under the head	ding "SARA 313."		
		SECTION 4: EM						
EYE CONTACT: Not expected	to be an expo	sure route as supp	lied. If contact	with molten	material occurs, see	k immediate		
medical attention.								
SKIN CONTACT: Wash affect	ed areas with s	oap and water if a	vailable. If con	tact with ho	t, molten material oc	curs, cool affected		
area with water. Do not atte	mpt to remove	congealed solid.	Do not use pet	roleum solve	ents to remove solids	adhered to skin.		
Seek immediate medical atte								
INHALATION: Not expected t	to be an exposi	ure route as suppli	ed. If irritation	n occurs due	to exposure to fume	s produced by hot		
molten product, move victim			symptomatica	lly. If sympto	oms persist, seek med	lical attention.		
INGESTION: Not expected to					9.32			
MOST IMPORTANT SYMPTON	MS/EFFECTS, A	CUTE AND CHRO	VIC: See Section	on Eleven for	Symptoms/Effects.			
	1		FIRE AND E	<b>XPLOSIVES</b>	HAZARDS		and the second second	
FLASHPOINT: Not applicable	; product is a se	olid.						
EXTINGUISHING MEDIA: Wa								
CHEMICAL/COMBUSTION HA	ZARDS: Oxide	es and compounds	of nitrogen/su	lfur, carbon	monoxide/dioxide, a	nd incomplete		
combustion products.								
PRECAUTIONS/PERSONAL PR			moke inhalatio	on. Hot mate	erial may spatter if hi	t by a direct stream		
of water. Use appropriate pe	rsonal protecti	ive equipment.						
		SECTION 6:	ACCIDENTA	L RELEASE	MEASURES			
SPILL OR LEAK PROCEDURES	Not applicabl	e. Product is a sol	id. If molten m	naterial is spil	lled, avoid direct cont	act. Allow material		
to cool and landfill dispose.								

SECTION 7: HANDLING AND STORAGE           SAFE HANDLING PROCEDURES: Avoid direct contact.           SAFE STORAGE: Prevent job-site damage.           SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION           OSHA         ACGIH           Chemical Name:         PEL         PEL/CEILING         PEL/STEL         SKIN         TLV/CEILING         TLV/STEL           1. Petroleum Oli Base Stock         N/E	422500							
SAFE HANDLING PROCEDURES: Avoid direct contact.         SAFE STORAGE: Prevent job-site damage.         OSHA         ACGIH         SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION         OSHA         ACGIH         Chemical Name:       PEL       PEL/CEILING       PEL/STEL       SKIN       TLV       TLV/CEILING       TLV/STEL         I. petroleum Asphalt       Smg/m <sup>3+</sup> N/E       N/A       N/A<	Date of Preparation: 11/4/22 Page 2 of 3 4225000							
SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION           SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION           OSHA         ACGIH           CHEMICAL CONTROLS/PERSONAL PROTECTION           CHEMICAL CONTROLS OF A CONTROLS OF A CONTROLS OF A CONTROLS OF A CONTROLS           CHEMICAL CONTROLS OF A CONTROLS OF A CONTROLS OF A CONTROLS           CHEMICAL CONTROLS OF A CONT								
SECTION 8: EXPOSURE CONTROLS/PERSONAL PROTECTION           OSHA         OSHA         ACGIH           Ochamical Name:         PEL         PEL/SELINR         PEL/SELINR         SECTION 8: EXPOSURE         SKIN         TLV         TLV/CELING         TLV/STEL           1. Petroleum Asphalt         5 mg/m <sup>3</sup> N/E								
OSHA         ACGIH           Chemical Name:         PEL/CELLING         PEL/SEL         Skin         TLV         TLV/CELLING         TLV/STEL           L. Petroleum Asphalt         5 mg/m³ +         N/E								
Chemical Name:         PEL         District         Statu         TLV         TLV/CELLING         TLV/STEL           1. Petroleum Asphalt         5 mg/m <sup>3</sup> N/E         N/E         N/E         N/E         N/E         N/E           2. Petroleum Oil Base Stock         N/E         N/E         N/E         N/E         N/E         N/E           3. Limestone         N/A         N/A         N/A         N/A         N/A         N/A           * :Asphalt Fumes         * :Mineral Oil Mist in Air         N/A         N/A         N/A         N/A           * :Mineral Oil Mist in Air         N/A         N/A         N/A         N/A         N/A           * :Mineral Oil Mist in Air         N/A         N/A         N/A         N/A         N/A           * :Mineral Oil Mist in Air         N/A								
1. Petroleum Asphalt       Smg/m³*       N/E       N/E <td< td=""><td>SKIN</td></td<>	SKIN							
A. Detroleum Oil Base Stock       N/E       N/A	N/E							
A. Construction of the second seco	N/E							
*: Asphalt Fumes       +: Mineral Oil Mist in Air       N/A = Not Applicable       N/E: Not Established         ENGINEERING CONTROLS: None required under normal use conditions.       SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES         BOILING POINT: N/A       VAPOR DENSITY: N/A       % VOLATILE BY VOLUME: N/A         BOILING POINT: N/A       VAPOR DENSITY: N/A       % VOLATILE BY VOLUME: N/A         WEIGHT PER GALLON: N/A       PRODUCT APPEARANCE: Black Solid       VOC CONTENT: N/A         ODOR INGNE       ODOR THRESHOLD: N/D       WEL/LE: N/D         VAPOR PRESSURE: N/D       RELATIVE DENSITY: N/D       SOLUBILITY: N/D         VISCOSITY: N/D       N/Z: Not Applicable       N/D: Not Determined         VISCOSITY: N/D       N/A + Not Applicable       N/D: Not Determined         SECTION 10: STABILITY: Stable.       HAZARDOUS POLYMERIZATION: Will not occur.         CONTACT: Direct contact may cause slight skin irritation. Contact with heated material may cause severe burns.       SKIN CONTACT: Direct contact may cause slight skin irritation. Contact with heated material may cause severe burns.         SIGNA AND SYMPTOMS: Symptoms of eye irritation include tearing, redd	N/A							
ENGINEERING CONTROLS: None required under normal use conditions. PERSONAL PROTECTIVE EQUIPMENT: Safety glasses, chemical-resistant gloves. SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES BOILING POINT: N/A VAPOR DENSITY: N/A % VOLATILE BY VOLUME: N/A EVAPORATION RATE: N/A pH LEVEL: N/A % VOLATILE BY WEIGHT: N/A EVAPORATION RATE: N/A pH LEVEL: N/A % VOLATILE BY WEIGHT: N/A ODOR: None ODOR THRESHOLD: N/D MELTING/FREEZING POINT: N/D ODOR THRESHOLD: N/D UEL/LEL: N/D VAPOR PRESSURE: N/D RELATIVE DENSITY: N/D SOLUBILITY: N/D PARTITION COEFFICENT: N/D AUTOIGNITION TEMPERATURE: N/D DECOMPOSITION TEMPERATURE VISCOSITY: N/D N/A = Nat Applicable N/D: Not Determined SECTION 10: STABILITY/REACTIVITY STABILITY: Stable. HAZARDOUD: None recognized. MAZARDOUS DECOMPOSITION PRODUCTS: None recognized. MAZARDOUS DECOMPOSITION PRODUCTS: None recognized. SECTION 11: TOXICOLOGICAL INFORMATION EVE CONTACT: Direct contact may cause slight skin irritation. Contact with heated material may cause severe burns. SIGNS AND SYMPTOMS: Symptoms of eye irritation include tearing, reddening, and swelling. Symptoms of skin irritation include redenses and swelling. Gastrointestinal irritation symptoms include nausea, vomiting, and abdominal discomfort. Symptoms of respiratory irritation. INGESTION: Not anticipated to be an exposure route. SIGNS AND SYMPTOMS: Symptoms of eye irritation include tearing, reddening, and swelling. Symptoms of skin irritation include redenses and swelling. Gastrointestinal irritation symptoms include nausea, vomiting, and abdominal discomfort. Symptoms of respiratory irritation. INGERTION 12: ECOLOGICAL INFORMATION ECOTOXICITY: N/E DEGRADABILITY: N/E BIOACCUMULATIVE POTENTIAL: SOIL MOBILITY: N/E OTHER ADVERSE EFFECTS: None Recognized N/E = Not Established SECTION 14: TRANSPORTATION INFORMATION WASTE DISPOSAL INFORMATION: Landfill disposal. SECTION 14: TRANSPORTATION INFORMATION								
PERSONAL PROTECTIVE EQUIPMENT: Safety glasses, chemical-resistant gloves.         SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES         BOILING POINT: N/A       VAPOR DENSITY: N/A       % VOLATILE BY VOLUME: N/A         EVAPORATION RATE: N/A       PH LEVEL: N/A       % VOLATILE BY WEIGHT: N/A         WEIGHT PER GALLON: N/A       PH ODUCT APPEARANCE: Black Solid       VOC CONTENT: N/A         ODOR: None       ODOR THRESHOLD: N/D       MELTING/FREEZING POINT: N/D         LISAH POINT: See Section 5       FLAMMABILITY: N/D       UEL/LEL: N/D         VAPOR PRESSURE: N/D       RELATIVE DENSITY: N/D       SOLUBILITY: N/D         VAPOR PRESSURE: N/D       RELATIVE DENSITY: N/D       SOLUBILITY: N/D         VISCOSITY: N/D       VATOIGNITION TEMPERATURE: N/D       DECOMPOSITION TEMPERATURE         VISCOSITY: N/D       N/A = Not Applicable       N/D: Not Determined         SECTION 10: STABILITY/REACTIVITY       STABILITY: Stable.       HAZARDOUS POLYMERIZATION: Will not occur.         CONDITIONS AND MATERIALS TO AVOID: None recognized.       SECTION 11: TOXICOLOGICAL INFORMATION         EYE CONTACT: Direct contact may cause slight skin inritation. Contact with heated material may cause severe burns.       SINI CONTACT: Direct contact may cause slight skin inritation include nausea, vomiting, and swelling. Symptoms of skin irritation include rearies and swelling. Gastrointestinal irritation include tearing, reddening, and swelling. S								
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Dotation form       pit Level: N/A       pit Level: N/A       % VOLATILE BY WEIGHT: N/A         Weight PER GALLON: N/A       PRODUCT APPEARANCE: Black Solid       VOC CONTENT: N/A         MUSICATION RATE: N/A       PRODUCT APPEARANCE: Black Solid       VOC CONTENT: N/A         MUSICATION RATE: N/A       PRODUCT APPEARANCE: Black Solid       VOC CONTENT: N/A         MUSICATION RATE: N/A       PRODUCT APPEARANCE: Black Solid       VOC CONTENT: N/A         MUSICATION RATE: N/D       DUEL/LE: N/A       MELTING/FREEZING POINT: N/D         PARTITION COEFFICENT: N/D       AUTOIGNITION TEMPERATURE: N/D       DECOMPOSITION TEMPERATURE: N/D         VISCOSITY: N/D       N/A = Not Applicable       N/D: Not Determined         VISCOSITY: N/D       N/A = Not Applicable       N/D: Not Determined         VISCOSITY: N/D       NOT RECOMPOSITION TEMPERATURE: N/D       DECOMPOSITION TEMPERATURE: N/A         VISCOSITY: N/D       N/A = Not Applicable       N/D: Not Determined         VISCOSITY: N/D       NOT ATTRIALS TO AVOID: None recognized.       NOT NOT SAND MATERIALS TO AVOID: None recognized.         EYE CONTACT: Direct contact may cause mild irritation. Contact with heated material may cause severe burns.       SKIN CONTACT: Direct contact may cause select may cause severe burns.         SKIN CONTACT: Direct contact may cause source route.       SIGNS AND SYMPTOMS: Symptoms of eye irritation include tearing, reddening, and swe								
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VAPOR PRESSURE: N/D       AUTOIGNITION TEMPERATURE: N/D       DECOMPOSITION TEMPERATURE:         VISCOSITY: N/D       N/A = Not Applicable       N/D: Not Determined         SECTION 10: STABILITY/REACTIVITY       STABILITY: Stable.       HAZARDOUS POLYMERIZATION: Will not occur.         CONDITIONS AND MATERIALS TO AVOID: None recognized.       HAZARDOUS DECOMPOSITION PRODUCTS: None recognized.         HAZARDOUS DECOMPOSITION: DRODUCTS: None recognized.       SECTION 11: TOXICOLOGICAL INFORMATION         EYE CONTACT: Direct contact may cause slight skin irritation. Contact with heated material may cause severe burns.       SKIN CONTACT: Direct contact may cause slight skin irritation. Contact with heated material may cause severe burns.         INHALATION: Not anticipated to be an exposure route.       Heated material may cause of skin irritation include rearing, reddening, and swelling. Symptoms of skin irritation include redness and swelling. Gastrointestinal irritation symptoms include nausea, vomiting, and abdominal discomfort. Symptoms of respiratory irritation include runny nose, sore throat, coughing, chest discomfort, shortness of breath, and reduced lung function.         AGGRAVATED MEDICAL CONDITIONS: Pre-existing skin, eye, and respiratory disorders may be aggravated by exposure to this product.         OTHER HEALTH EFFECTS: ACGIH classifies asphalt as Not Classifiable as a Human Carcinogen; A4.         COTOXICITY: N/E       DEGRADABILITY: N/E       BIOACCUMULATIVE POTENTIAL:         SOIL MOBILITY: N/E       DEGRADABILITY: N/E       BIOACCUMULATIVE POTENTIAL:								
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respiratory irritation. INGESTION: Not anticipated to be an exposure route. SIGNS AND SYMPTOMS: Symptoms of eye irritation include tearing, reddening, and swelling. Symptoms of skin irritation include redness and swelling. Gastrointestinal irritation symptoms include nausea, vomiting, and abdominal discomfort. Symptoms of respiratory irritation include runny nose, sore throat, coughing, chest discomfort, shortness of breath, and reduced lung function. AGGRAVATED MEDICAL CONDITIONS: Pre-existing skin, eye, and respiratory disorders may be aggravated by exposure to this product. OTHER HEALTH EFFECTS: ACGIH classifies asphalt as <i>Not Classifiable as a Human Carcinogen; A4.</i> SECTION 12: ECOLOGICAL INFORMATION ECOTOXICITY: N/E DEGRADABILITY: N/E BIOACCUMULATIVE POTENTIAL: SOIL MOBILITY: N/E OTHER ADVERSE EFFECTS: None Recognized <i>N/E = Not Established</i> SECTION 13: WASTE DISPOSAL INFORMATION WASTE DISPOSAL INFORMATION: Landfill disposal. SECTION 14: TRANSPORTATION INFORMATION								
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SECTION 13: WASTE DISPOSAL INFORMATION WASTE DISPOSAL INFORMATION: Landfill disposal. SECTION 14: TRANSPORTATION INFORMATION								
WASTE DISPOSAL INFORMATION: Landfill disposal. SECTION 14: TRANSPORTATION INFORMATION	Sole mobilitie the sole of the							
SECTION 14: TRANSPORTATION INFORMATION								
HAZARDOUS/NON-HAZARDOUS MATERIAL: Not regulated by DOT.								
UN NUMBER: None. HAZARD CLASS: N/A PACKING GROUP: N/A								
UN PROPER SHIPPING NAME: N/A								
ENVIRONMENTAL HAZARDS: None recognized.								
BULK TRANSPORTATION INFORMATION: None.								
SPECIAL PRECAUTIONS: None. N/A = Not Applicable								

		SAFETY DATA SHEET	
Date of Preparation:	11/4/22	Page 3 of 3	4225000
		SECTION 15: REGULATORY INFORMATION	
OTHER REGULATORY CON	SIDERATIONS:	None recognized.	
		SECTION 16: OTHER INFORMATION	
PREPARATION DATE:	11/4/2022		
PREPARED BY:	Dave Carey		

The information contained herein is based on the data available to us and is believed to be correct. However, we make no warranty, expressed or implied regarding the accuracy of this data or the results to be obtained from the use thereof. We assume no responsibility for injury from the use of this product described herein.

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#### SCODELLER CONSTRUCTION, INC.

#### CONSENT RESOLUTIONS OF THE ANNUAL MEETING OF THE BOARD OF DIRECTORS

I, the undersigned, being the sole Director of **SCODELLER CONSTRUCTION, INC.**, a Michigan corporation (the "Corporation"), hereby waive the necessity of notice and holding of the annual meeting of the Board of Directors of the Corporation and in its stead, I adopt for the fiscal year ending December 31, 2024, the following:

**RESOLVED,** that Eamonn S. Dwyer, announced his retirement from the Corporation with an effective resignation date of January 3, 2025.

**RESOLVED,** that the following persons are elected to the offices set forth beside his name, to serve until the next annual meeting of the Board of Directors and until the election and qualification of their respective successors (or until the effective date of their resignation, or removal with or without cause by the Board of Directors):

President:	Peter D. Scodeller
Vice President:	Jeffrey T. Stover
Secretary:	Matthew P. Sharkey
Treasurer:	Peter D. Scodeller

**RESOLVED,** that the Board of Directors hereby ratifies, affirms and approves all acts of the Officers on behalf of the corporation during the current fiscal year.

**RESOLVED,** that Peter D. Scodeller will have such legal authority as was previously given to him as the director and/or an officer of the Corporation.

**RESOLVED,** that Peter D. Scodeller shall have authority to sign checks drawn on accounts owned and maintained by the Corporation.

**RESOLVED,** that Jeffrey T. Stover shall have authority to sign checks drawn on accounts owned and maintained by the Corporation.

**RESOLVED,** that Peter D. Scodeller will have sole authority on behalf of the Corporation to secure loans and lines of credit from financial institutions and lenders.

**RESOLVED,** that Peter D. Scodeller will have authority to enter into and renew leases on behalf of the Corporation.

**RESOLVED,** that Peter D. Scodeller shall solely determine what bonus or bonuses shall be paid to others, if any, employed by the Corporation.

**RESOLVED,** that Peter D. Scodeller shall have authority to enter into and sign bids, proposals and contracts on behalf of the Corporation.

**RESOLVED,** that Jeffrey T. Stover shall have authority to enter into and sign bids, proposals and contracts on behalf of the Corporation.

**RESOLVED,** that Matthew Sharkey shall have authority to enter into and sign bids, proposals, and contracts on behalf of the Corporation.

**RESOLVED,** that Jeff Lippert shall have authority to enter into and sign bids, proposals, and contracts on behalf of the Corporation.

**RESOLVED,** that Michael Zelenock shall have authority to enter into and sign bids, proposals, and contracts on behalf of the Corporation.

**RESOLVED,** that Matthew Sharkey shall have authority to sign yard space rental agreements, not to exceed (60) sixty days, on behalf of the Corporation.

**RESOLVED,** that Jeff Lippert shall have authority to sign yard space rental agreements, not to exceed (60) sixty days, on behalf of the Corporation.

**RESOLVED,** that Michael Zelenock shall have authority to sign yard space rental agreements, not to exceed (60) sixty days, on behalf of the Corporation.

**RESOVLED,** that the Secretary of the Corporation shall make the original of this content part of the official minutes of the Corporation.

Dated as of:

December 31, 2024

Decodell

Peter D. Scodeller, President



500 West Big Beaver Troy, MI 48084 troymi.gov

# **CITY COUNCIL AGENDA ITEM**

0

- Date: February 28, 2025
- To: Frank A. Nastasi, City Manager
- From: Robert J. Bruner, Deputy City Manager Kyle Vieth, Controller Kurt Bovensiep, Public Works Director Mike Verstraete, Streets and Drains Operations Manager Nick Herzek, Streets and Drains Project Manager Emily Frontera, Purchasing Manager
- Subject: Standard Purchasing Resolution 2: Award to Low Bidder Meeting Specifications 2025 Joint and Crack Seal Program

#### **History**

- Each year major and local roads are selected for joint and crack sealing based in part on current PASER (Pavement Surface Evaluation and Rating) ratings, pavement age, number of years since joints were sealed last and number of years since the last asphalt overlay or slab replacements.
- The Streets and Drains Division is responsible for maintaining 121 miles of asphalt roads and 222 miles of concrete roads within the City. The method of sealing cracks & joints will prolong the lifespan and preserve our asphalt roads.
- The local roads selected for joint sealing are located in Sections 4, 13, 15, 16, 18 & 19. The Major roads will be Square lake, Wattles and Coolidge.
- Work is scheduled to begin this Spring (2025) and be completed by June 30,2025.

### **Purchasing**

- On February 13, 2025 a bid opening was conducted as required by the City Charter and Code for the 2025 Joint and Crack Seal Program
- The bid was posted on the MITN Purchasing Group website; <u>www.bidnetdirect.com//city-of-troy-mi</u>.
- Four hundred and eighty-five (485) vendors were notified via the MITN Purchasing Group website. Two (2) bids were received. Below is a detailed summary of potential vendors for the bid opportunity.

Companies notified via MITN				
Troy Companies notified via MITN	12			
Troy Companies - Active email Notification	12			
Troy Companies - Active Free				
Companies that viewed the bid				
Troy Companies that viewed the bid				

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

• The bid responses were reviewed and *Scodeller Construction Inc. of Farmington Hills, MI* is the low bidder meeting bid specifications and is being recommended for award.



500 West Big Beaver Troy, MI 48084 troymi.gov

# **CITY COUNCIL AGENDA ITEM**

#### Financial

Funds are budgeted and available in the Public Works Operating Budgets for Local and Major Streets for the 2025 fiscal year. Expenditures will be charged to account numbers 203.449.482.802.125 for Local Roads and 202.449.464.802.125 for Major Roads.

#### **Recommendation**

City Management recommends awarding a contract to the low bidder meeting specifications *Scodeller Construction Inc. of Farmington Hills, MI* for the 2025 Joint and Crack Seal Program, at unit prices contained in the bid tabulation, opened February 13, 2025, for an estimated not to exceed project total amount of \$162,400.

#### CITY OF TROY BID TABULATION 2024 JOINT AND CRACK SEAL PROGRAM

ITB-COT 25-01 Page 1 of 1

		VENDO	R NAME:		nstruction, Inc.	•	nt Sealing, Inc.
			CITY:		m, MI	, i i i i i i i i i i i i i i i i i i i	on Hills, Ml
		CHECK A	-	. ,	00.00		00.00
		С	HECK #:	3984	3969	984245	
2025 、	JOINT & CRACK SEAL PROGRAM						
Line	Description	Quantity	Units	Unit Price	Total Cost	Unit Price	Total Cost
1	Overbanding - Local Roads	40,000	Ft	\$0.35	\$14,000.00	\$0.37	\$14,800.00
2	Joint & Crack Sealing – Local Roads	70,000	Ft	\$0.97	\$67,900.00	\$1.03	\$72,100.00
3	Overbanding – Major Roads	75,000	Ft	\$0.35	\$26,250.00	\$0.37	\$27,750.00
4	Joint & Crack Sealing – Major Roads	18,000	Ft	\$1.06	\$19,080.00	\$1.03	\$18,540.00
5	Maintaining Traffic	1	Lump Sum	\$5,000.00	\$5,000.00	\$500.00	\$500.00
	TOTAL BID AMOUNT:			\$132,2	230.00	\$133,	690.00
	REFERENCES:		Y or N		Y		Y
	INSURANCE:		Y		Y		
	PAYMENT TERMS:			20th of each month on work completion		Net 30	
	EXCEPTIONS:			None		None	
	ACKNOWLEDGEMENT:		Y or N	Y		Y	
	VENDOR QUESTIONNAIRE:		Y or N	Y Y		Y	
	FORMS:		Y or N	Y Y		Y	

Attest:
(*Bid Opening conducted via a Zoom Meeting)
Nick Herzek
Nellie Bert
Dina Gates

Emily Frontera Purchasing Manager



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 02/21/2025

CE BE RE	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.									
lf	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									
	is certificate does not confer rights to			ificate holder in lieu of su 319-5129	UCH endors					
	UCER LSURE LLC	-	51/-	319-3129	NAME:		Satterlee	FAX		
					PHONE (A/C, No, Ext E-MAIL		L9-5129 cerlee@acr:	(A/C, No):		
221	B E. Grand River Ave.			·	ADDRESS:	-		DING COVERAGE		NAIC #
<u> </u>	sing, MI 48912 USA						PUBLIC INS			24147
INSU SCO	RED Heller Construction, Inc.						NATI INS C	0		10677
E1 7	22 Grand River			·	INSURER C :					
51/2	22 Grand River				INSURER E :					
Wixo	om, MI 48393 USA				INSURER F :	:				
_CO\	/ERAGES CER	TIFIC	CATE	E NUMBER: 751757183				REVISION NUMBER:		
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH	QUIF	REME AIN,	NT, TERM OR CONDITION	OF ANY CO ED BY THE	ONTRACT	OR OTHER DESCRIBED	DOCUMENT WITH RESPECT	TO V	WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD		PC (MM	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY	х	х	MWZY 312353	03	3/01/25	03/01/26	DAMAGE TO RENTED		00,000
	CLAIMS-MADE X OCCUR X XCU/Contractual Liab							PREMISES (Ea occurrence) \$	500 10,	,000 000
	X Waiver of Subrogation							( ) = = = = = , , , , , , , , , , , , , ,		00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								4,0	00,000
	POLICY X PRO- JECT LOC								4,0	00,000
A	OTHER: AUTOMOBILE LIABILITY	x	x	MWTB 312352	03	3/01/25	03/01/26	\$ COMBINED SINGLE LIMIT (Ea accident)	2 0	00,000
						,, 01, 25		(Ea accident) BODILY INJURY (Per person) \$	2,0	00,000
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$		
	HIRED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		
								\$		
в	UMBRELLA LIAB X OCCUR	х	x	EXS 0011266	03	8/01/25	03/01/26	EACH OCCURRENCE \$	1 0	00,000
	X         EXCESS LIAB         CLAIMS-MADE           DED         X         RETENTION \$         none							AGGREGATE \$	4,0	00,000
	WORKERS COMPENSATION		x	MWC 312354	03	/01/25	03/01/26	X PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE		A	INC 512554	03	,,01,23	05/01/20		1,0	00,000
	OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N / A						E.L. DISEASE - EA EMPLOYEE \$	1,0	00,000
	If yes, describe under DESCRIPTION OF OPERATIONS below									00,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	.ES (A	CORE	) 101, Additional Remarks Schedul	le, may be atta	ached if more	e space is require	ed)		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Insureds: The City of Troy including all elected and appointed officials, all employees and volunteers, all										
all boards, commissions, and/or authorities and council members, including employees and volunteers thereof.										
Coverage is primary and non-contributory to any other insurance. Umbrella/Excess follows form. Policy contains a 30 day notice of cancellation in favor of the certificate holder, 10 days for nonpayment										
CERTIFICATE HOLDER CANCELLATION										
City of Troy				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
500	500 West Big Beaver				AUTHORIZED REPRESENTATIVE					
Troy, MI 48084										
			U	SA	© 1988-2015 ACORD CORPORATION. All rights reserved.					
						© 19	88-2015 AC	URD CORPORATION. AL	ı rıat	us reserved

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### OLD REPUBLIC INSURANCE COMPANY

#### WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

#### EARLIER NOTICE OF CANCELATION OR NONRENEWAL PROVIDED BY US

Number of Days' Notice of Cancellation Non- payment of Premium	Number of Days' Notice of Cancellation Reasons Other Than Non-payment of Premium or Nonrenewal	State(s) Applicable
10	60	SEE ITEM 3.A.
Number of Days' Notice of No	onrenewal	State(s) Applicable

#### SCHEDULE

- **A.** For any statutorily permitted reason for cancellation, the number of days required for notice of cancellation, as provided in the Cancellation Condition or as amended by an applicable state cancellation endorsement, is increased to the number of days shown in the Schedule.
- **B.** For any statutorily permitted nonrenewal, the number of days required for notice of nonrenewal as amended by an applicable state endorsement is increased to the number of days shown in the Schedule.

#### POLICY NUMBER: MWC 312354 25

#### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

AS REQUIRED BY WRITTEN CONTRACT, TO THE EXTENT ALLOWABLE BY LAW.

THIS FORM IS NOT APPLICABLE IN: KY, TX

DATE OF ISSUE: 03-21-25

# OLD REPUBLIC INSURANCE COMPANY

#### WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY POLICY

#### NOTICE OF CANCELATION TO CERTIFICATE HOLDERS ENDORSEMENT

This endorsement modifies the notice of cancelation of insurance provided hereunder by adding the following:

- A. In the event this policy is canceled for any permissible reason, other than for nonpayment of premium, we shall endeavor to provide advance written notice of cancelation to certificate holders set out in the schedule on file with the Company, after notifying the Insured first named in item 1 of the Information Page of such cancelation. Notice of cancelation to certificate holders may be made by any commercially reasonable means, including mail, electronic mail, facsimile transmission or courier service.
- **B.** This advance written notification of a cancelation of coverage is intended as a courtesy only. Our failure to provide such advance written notification will not extend the policy cancelation date, nor negate cancelation of the policy.

All other terms and conditions of this policy remain unchanged.

#### TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

- 1. () Specific Waiver Name of person or organization
  - (X) Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations:

ALL TEXAS OPERATIONS

3. Premium:

The premium charge for this endorsement shall be \_\_\_\_\_0 percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 03-01-2025 Policy No. MWC 312354 25

Insured SCODELLER CONSTRUCTION INC

Insurance Company OLD REPUBLIC INSURANCE COMPANY

Countersigned By

Craig K. Smidde

Endorsement No.

Premium \$ INCL.

### OLD REPUBLIC INSURANCE COMPANY

#### WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY POLICY

#### DESIGNATED ENTITY - NOTICE OF CANCELATION PROVIDED BY US ENDORSEMENT

#### SCHEDULE

Number of Days Notice of Cancellation: 30

Person or Organization:

When required by written contract

Address:

Provisions

If we cancel this policy for any statutorily permitted reason other than nonpayment of premium, and a number of days is shown for cancelation in the schedule above, we will mail notice of cancelation to the person or organization shown in the schedule above. We will mail such notice to the address shown in the schedule above at least the number of days shown for cancelation in the schedule above before the effective date of cancelation.

### IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### EARLIER NOTICE OF CANCELLATION PROVIDED BY US

This endorsement modifies insurance provided under the following:

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

#### SCHEDULE

Number of Days' Notice 10 (For non-payment of premium)

Number of Days' Notice <u>60</u> (For any other reason, other than nonpayment of premium)

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

The number of days required for notice of Cancellation, as provided in the Cancellation policy Condition or as amended by an applicable state endorsement, is increased to the number of days shown in the Schedule.

PCA 011 10 13

## IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

#### **DESIGNATED ENTITY - NOTICE OF CANCELLATION PROVIDED BY US**

SCHEDULE

Number of Days Notice of Cancellation: 30

Person or Organization:

When required by written contact

Address:

#### Provisions

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

PIL 028 05 10

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

# PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

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

A. The following is added to the Other Insurance Condition in the Business Auto Coverage Form and the Other Insurance – Primary And Excess Insurance Provisions in the Motor Carrier Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage is primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:

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

**B.** The following is added to the **Other Insurance** Condition in the Auto Dealers Coverage Form and supersedes any provision to the contrary:

This Coverage Form's Covered Autos Liability Coverage and General Liability Coverages are primary to and will not seek contribution from any other insurance available to an "insured" under your policy provided that:

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# COVERAGE FOR CERTAIN OPERATIONS IN CONNECTION WITH RAILROADS

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM BUSINESS AUTO COVERAGE FORM MOTOR CARRIERS COVERAGE FORM

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

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

Named Insured: Fonson Company Inc

Endorsement Effective Date: 03/01/25

#### SCHEDULE

Designated Job Site

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

With respect to the use of a covered "auto" in operations for or affecting a railroad designated in the Schedule at a Designated Job Site, the two exceptions contained in the definition of "insured contract" relating to construction or demolition operations performed within 50 feet of a railroad do not apply.

CA 20 70 10 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION) – AUTOMATIC WHEN REQUIRED BY WRITTEN CONTRACT OR AGREEMENT

This endorsement modifies insurance provided under the following:

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

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

The **Transfer Of Rights Of Recovery Against Others To Us** Condition does not apply to any person(s) or organization(s) for whom you are required to waive subrogation with respect to the coverage provided under this Coverage Form, but only to the extent that subrogation is waived:

- **A.** Under a written contact or agreement with such person(s) or organization(s); and
- **B.** Prior to the "accident" or the "loss."



POLICYHOLDER SERVICE OFFICE: 445 South Moorland Road Brookfield, Wisconsin 53005 (877) 797-3400

Named Insured: Scodeller Construction Inc

Policy Number: MWZY 312353 25

Policy Term: 03/01/25 - 03/01/26

### POLICYHOLDER NOTICE INDEX

### NOTICES NOT MADE A PART OF THIS POLICY AT TIME OF ISSUANCE:

Form Number	Description
ORRM 2114 01 23	POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE
IL PH MI 0029 (04/17)	MI COMMERCIAL FILING EXEMPTION NOTICE
GL PH TX 0127 (04/17)	IMPORTANT NOTICE TO POLICYHOLDERS SILICA OR SILICA-RELATED DUST EXCLUSION (TX)

### ORRM 2032 01 16

# OLD REPUBLIC INSURANCE COMPANY

### FORMS INDEX

### FORMS MADE A PART OF THIS POLICY AT TIME OF ISSUANCE:

Form Number	Description
J-01 (11/21)	COMMERCIAL GENERAL LIABILITY (OCCURRENCE) INSURANCE POLICY JACKET
CG DEC GN 0000 05 21	COMMERCIAL GENERAL LIABILITY DECLARATIONS (OCCURRENCE)
ORRM 2008 01 16	FORMS INDEX
ORRM 2009	SCHEDULE OF NAMED INSUREDS
PIL 042 01 16	BROAD FORM NAMED INSURED
CG QR GN 0000 12 07	QUICK REFERENCE COMMERCIAL GENERAL LIABILITY COVERAGE PART
GL 572 018 0323	COMPOSITE RATE ENDORSEMENT - COMPREHENSIVE GENERAL LIABILITY
IL 00 17 11 98	COMMON POLICY CONDITIONS
PIL 008 12 03	ECONOMIC AND TRADE SANCTIONS CONDITION
CG 00 01 04 13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
PGL 009 11 03	BODILY INJURY DEFINITION CHANGES
PGL 021 11 03	KNOWLEDGE AND NOTICE OF OCCURRENCE, OFFENSE, CLAIM OR SUIT
PGL 046 11 03	WATERCRAFT COVERAGE EXTENSION
PGL 096 02 08	ELEVATOR COLLISION ENDORSEMENT
PGL 205 11 14	FELLOW EMPLOYEE COVERAGE
PGL 206 01 18	INCIDENTAL MEDICAL MALPRACTICE LIABILITY COVERAGE
PGL 233 01 16	EXPECTED OR INTENDED INJURY CHANGES
PIL 028 05 10	DESIGNATED ENTITY - NOTICE OF CANCELLATION PROVIDED BY US
PIL 029 10 10	NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS
ORRM 2008 01 16	

### **OLD REPUBLIC INSURANCE COMPANY**

### FORMS INDEX

### FORMS MADE A PART OF THIS POLICY AT TIME OF ISSUANCE:

Form Number	Description
PIL 046 01 16	UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS
GL 572 011 0319	ADDITIONAL INSUREDS - ATHLETIC PARTICIPANTS
CG 20 10 12 19	ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION
CG 20 28 12 19	ADDITIONAL INSURED - LESSOR OF LEASED EQUIPMENT
CG 20 37 12 19	ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS
CG 20 44 12 19	ADDITIONAL INSURED - VENDORS - AUTOMATIC STATUS WHEN REQUIRED IN AGREEMENT
CG 04 73 11 20	MI CHANGES - EMPLOYEE BENEFITS LIABILITY COVERAGE
CG 02 24 10 93	EARLIER NOTICE OF CANCELLATION PROVIDED BY US
CG 04 37 05 14	ELECTRONIC DATA LIABILITY
CG 20 01 12 19	PRIMARY AND NONCONTRIBUTORY - OTHER INSURANCE CONDITION
CG 21 65 12 04	TOTAL POLLUTION EXCLUSION WITH A BUILDING HEATING, COOLING AND DEHUMIDIFYING EQUIPMENT EXCEPTION AND A HOSTILE FIRE EXCEPTION
CG 21 70 01 15	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
CG 24 13 04 13	AMENDMENT OF PERSONAL AND ADVERTISING INJURY DEFINITION
CG 24 17 10 01	CONTRACTUAL LIABILITY - RAILROADS
CG 24 53 12 19	WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION) - AUTOMATIC
CG 99 09 12 19	PREMIUM AUDIT NONCOMPLIANCE CHARGE
IL 09 85 12 20	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
CG 01 68 11 20	MI CHANGES
IL 02 86 04 17	MI CHANGES - CANCELLATION AND NONRENEWAL

# ORRM 2008 01 16

# OLD REPUBLIC INSURANCE COMPANY

### FORMS INDEX

### FORMS MADE A PART OF THIS POLICY AT TIME OF ISSUANCE:

Form Number	Description	
CG 01 34 08 03	MO CHANGES - POLLUTION EXCLUSION ENDORSEMENT	
PGL 003 11 03	ASBESTOS EXCLUSION ENDORSEMENT	
PGL 025 11 03	LEAD EXCLUSION ENDORSEMENT	
CG 00 69 12 23	EXCLUSION - VIOLATION OF LAW ADDRESSING DATA PRIVACY	
CG 21 41 12 19	EXCLUSION - INTERCOMPANY PRODUCTS SUITS	
CG 21 47 12 07	EMPLOYMENT-RELATED PRACTICES EXCLUSION	
CG 21 54 12 19	EXCLUSION - DESIGNATED OPERATIONS COVERED BY A CONTROLLED (WRAP-UP) INSURANCE PROGRAM	
CG 21 67 12 04	FUNGI OR BACTERIA EXCLUSION	
CG 21 96 03 05	SILICA OR SILICA-RELATED DUST EXCLUSION	
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT	

# ORRM 2008 01 16

# IL 10 (12/06) OLD REPUBLIC INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS

This endorsement modifies the notice of cancellation of insurance provided hereunder by adding the following:

- A. In the event this policy is cancelled for any permissible reason, other than for nonpayment of premium, we shall endeavor to provide advance written notice of cancellation to certificate holders set out in the schedule on file with the Company, after notifying the first Named Insured of such cancellation. Notice of cancellation to certificate holders may be made by any commercially reasonable means, including mail, electronic mail, facsimile transmission or courier service.
- **B.** This advance written notification of a cancellation of coverage is intended as a courtesy only. Our failure to provide such advance written notification will not extend the policy cancellation date, nor negate cancellation of the policy.

All other terms and conditions of this policy remain unchanged.

# **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
All persons or organizations when required by written contract or agreement	All Locations

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;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

# ADDITIONAL INSURED – LESSOR OF LEASED EQUIPMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

All persons or organizations when required by written contract or agreement

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 your maintenance, operation or use of equipment leased to you by such person(s) or organization(s).

However:

- 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, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.
- 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;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

# 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	
All persons or organizations when required by written contract or	All completed operations	
agreement		
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

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

However:

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

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

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

- **1.** Required by the contract or agreement; or
- **2.** Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

# ADDITIONAL INSURED - VENDORS - AUTOMATIC STATUS WHEN REQUIRED IN AGREEMENT

This endorsement modifies insurance provided under the following:

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

A. Section II – Who Is An Insured is amended to include as an additional insured any "vendor", but only with respect to liability for "bodily injury" or "property damage" arising out of "your product" which is distributed or sold in the regular course of the "vendor's" business.

However, the insurance afforded to such "vendor":

- 1. Only applies to the extent permitted by law; and
- 2. Will not be broader than that which you are required by the contract or agreement to provide for such "vendor".
- **B.** With respect to the insurance afforded to any "vendor", the following additional exclusions apply:
  - **1.** The insurance afforded the "vendor" does not apply to:
    - a. "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;
    - **b.** Any express warranty unauthorized by you;
    - **c.** Any physical or chemical change in the product made intentionally by the "vendor";
    - **d.** 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;
    - e. 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;

- f. Demonstration, installation, servicing or repair operations, except such operations performed at the "vendor's" premises in connection with the sale of the product;
- **g.** 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
- h. "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:
  - (1) The exceptions contained in Subparagraphs **d**. or **f**.; or
  - (2) 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.
- 2. 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.
- C. With respect to the insurance afforded to these "vendors", the following is added to Section III Limits Of Insurance:

The most we will pay on behalf of the "vendor" is the amount of insurance:

- 1. Required by the contract or agreement; or
- **2.** Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

**D.** The following definition is added to the **Definitions** section:

"Vendor" means any person or organization who distributes or sells "your product" in the regular course of its business when you have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy.

# EARLIER NOTICE OF CANCELLATION PROVIDED BY US

This endorsement modifies insurance provided under the following:

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

#### SCHEDULE

Number of Days' Notice 60

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

For any statutorily permitted reason other than nonpayment of premium, the number of days required for notice of cancellation, as provided in paragraph **2**. of either the CANCELLATION Common Policy Condition or as amended by an applicable state cancellation endorsement, is increased to the number of days shown in the Schedule above.

# PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

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

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

#### **Primary And Noncontributory Insurance**

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

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

# **CONTRACTUAL LIABILITY – RAILROADS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

Scheduled Ra	ilroad:
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Any railroad

Designated Job Site:

All projects of the named insured where required by written contract

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

With respect to operations performed for, or affecting, a Scheduled Railroad at a Designated Job Site, the definition of "insured contract" in the Definitions section is replaced by the following:

#### 9. "Insured Contract" means:

- **a.** A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";
- **b.** A sidetrack agreement;
- c. Any easement or license agreement;
- **d.** An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality;
- e. An elevator maintenance agreement;
- f. That part of any other contract or agreement pertaining to your business (including an indemnification of a municipality in connection with work performed for a municipality) under which you assume the tort liability of another party to pay for "bodily injury" or "property damage" to a third person or organization. Tort liability means a liability that would be imposed by law in the absence of any contract or agreement.

Paragraph **f.** does not include that part of any contract or agreement:

- (1) That indemnifies an architect, engineer or surveyor for injury or damage arising out of:
  - (a) Preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
  - (b) Giving directions or instructions, or failing to give them, if that is the primary cause of the injury or damage;
- (2) Under which the insured, if an architect, engineer or surveyor, assumes liability for an injury or damage arising out of the insured's rendering or failure to render professional services, including those listed in Paragraph (1) above and supervisory, inspection, architectural or engineering activities.

# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION) – AUTOMATIC

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART ELECTRONIC DATA LIABILITY COVERAGE PART LIQUOR LIABILITY COVERAGE PART POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART RAILROAD PROTECTIVE LIABILITY COVERAGE PART UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

# The following is added to Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us of Section IV – Conditions:

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

#### INTERLINE ILD 90 07 03 11

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

#### NOTICE OF CANCELLATION TO THIRD PARTY

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS POLICY COMMERCIAL AUTOMOBILE COVERAGE PART COMMERCIAL GENERAL LIABILITY COVERAGE PART COMMERCIAL INLAND MARINE COVERAGE PART COMMERCIAL LIABILITY UMBRELLA COVERAGE PART COMMERCIAL PROPERTY COVERAGE PART COMMERCIAL PROPERTY COVERAGE PART CRIME AND FIDELITY COVERAGE PART OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART TRADEMAN'S ADVANTAGE CONTRACTORS' POLICY

#### SCHEDULE

Name of Person or Organization and Mailing Address	Number of Days Notice
City of Troy 500 W. Big Beaver Rd Troy, MI 48084	30

The following is added:

If we cancel this policy, we will endeavor to mail written notice of cancellation:

1. At least 10 days before the effective date of cancellation for nonpayment of premium; or

2. The number of days shown in the Schedule before the effective date of cancellation for any other reason;

to the person or organization shown in the Schedule above, but failure to do so shall impose no obligation or liability of any kind upon us.

We will mail the notice of cancellation to the mailing address shown in the Schedule above by regular mail.