

**Standard Purchasing Resolution 2: Award to Low Bidder Meeting Specifications –
Holiday Lights – Lights of Hope**

Resolution #2025-09-121-J-4b

RESOLVED, That Troy City Council hereby **AWARDS** a contract for Proposals A, B, C, D, E, and F for Holiday Lights as specified to the low bidder meeting specifications, *Paraclete Services, Inc. dba Begonia Brothers of Northville, MI*, for an estimated cost for installation and removal of \$34,125 along with additional light installation and replacement materials at unit prices contained in the bid tabulation opened August 21, 2025, a copy of which shall be **ATTACHED** to the original Minutes of this meeting; not to exceed budgetary limitations; contract to expire April 20, 2028.

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

PURCHASE ORDER

Ship To

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

Bill To

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


No. 2026-00000340
DATE: 09/16/2025
PAGE: 1 of 1
FOB DESTINATION

VENDOR NO. 178947

Vendor

PARACLETE SERVICES, INC DBA BEGONIA BROTHERS
21141 BRICKSCAPE DRIVE
NORTHVILLE, MI 48167

EXPIRATION DATE
04/30/2026
COUNCIL RESOLUTION
2025-09-121-J-4B

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Lump Sum	Proposal A: Install/Remove Holiday Lights on 175 Spruce Trees	34,125.0000	\$34,125.00
72	Each	Proposal B: Install/Remove Holiday Lights on Deciduous Trees	220.0000	\$15,840.00
2,500	Each	Proposal D: Commercial Grade 5MM Wide Angle LEDs	11.0000	\$27,500.00
140	Each	Proposal E: 6' Plug Adapter Cable Rectifier w/Green Wire	10.7100	\$1,499.40
14	Each	Proposal F: 24' Green Extensions	9.5000	\$133.00
				

Entered By: Andrew Chambliss

\$79,097.40

Special Instructions:


CITY COUNCIL AWARD DATE: 9/8/2025. Contract for Holiday Lights – Lights of Hope in accordance with the specifications and completion date of ITB-COT 25-23. CERTIFICATE OF INSURANCE and ENDORSEMENTS shall be on file through contract completion. YEAR 1 OF A POTENTIAL THREE YEAR CONTRACT.

TERMS & CONDITIONS

- 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 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 price contained in the contract.
- Purchase Orders are signed electronically based upon computer generated "on-line" authorized approvals. Authentic signatures are on file in the City of Troy Purchasing Department.

NOTICE: The City could put the vendor on notice that vendors will be held financially responsible for any claims or awards made against the City as a result of the vendor's action. If the City has to defend the initial lawsuit, the City will bring in the vendor as a co-defendant or sue the vendor, either as the result of settling a claim or the conclusion of the lawsuit.

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



Opening Date: 08/21/2025
Date Reviewed: 08/21/2025

CITY OF TROY
BID TABULATION
HOLIDAY LIGHTS

ITB-COT 25-23
Page 1 of 1

VENDOR NAME:	Landscape Services, Inc.	Paraclete Services, Inc. dba Begonia Brothers	Russell Landscaping, Inc.
CITY:	Clinton Township, MI	Northville, MI	Troy, MI
CHECK #:	1891384	1112487	9462301311
CHECK AMOUNT:	\$5,000.00	\$5,000.00	\$5,000.00

PROPOSAL: FURNISH ALL EQUIPMENT AND LABOR FOR THE INSTALLATION OF HOLIDAY LIGHTS AT THE CITY OF TROY FOR ONE (1) YEAR WITH TWO (2) 1-YEAR RENEWAL OPTIONS

DESCRIPTION	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
PROPOSAL A:						
Installation and Removal of Holiday Lights on approximately 175 Spruce trees in the Big Beaver Median.		\$45,500.00		\$34,125.00		\$110,250.00
PROPOSAL B:						
Installation and Removal of Holiday Lights per tree on additional trees on municipal property.	\$260.00		\$220.00		\$630.00	
PROPOSAL C:						
Installation and Removal of Holiday Lights on approximately 175 deciduous trees in the Big Beaver Median.	\$240.00	\$42,000.00	\$220.00	\$38,500.00	\$630.00	\$110,250.00
PROPOSAL D:						
Commercial-Grade, 5MM Wide Angle L.E.D.S 50 LED Warm White W/Green Cord, 6" Spacing, 25' approximately 2,500.	\$13.75	\$34,375.00	\$11.00	\$27,500.00	\$13.22	\$33,050.00
PROPOSAL E:						
6' Plug Adapter Cable Rectifier W/Green Wire approximately 140.	\$11.70	\$1,638.00	\$10.71	\$1,499.40	\$18.00	\$2,520.00
PROPOSAL F:						
24' green extension approximately 14.	\$6.50	\$91.00	\$9.50	\$133.00	\$18.00	\$252.00
TOTALS:		\$123,604.00		\$101,757.40		\$256,322.00
% Increase for each add'l two 1-year renewals:		2.00%		2.50%		3.00%
Contact Information Provided:	Y/N	Y		Y		Y
Site Inspection Date:		8/12/2025		8/12/2025		8/1/2025
Meet Delivery/Installation Schedule:	Y/N	Y		Y		Y
Days after notice work shall commence:		15 Days		3-5 Calendar Days after notice to proceed		2 Days
References:	Y/N	Y		Y		Y
Can Meet Insurance:	Y/N	Y		Y		Y
Payment Terms:	Y/N	Net 30		30 days following completion of installation		30
Warranty:	Y/N	None		Yes		Yes
Exceptions:		None		None		None
Acknowledgement:	Y/N	Y		Y		Y
Signed Addendum::	Y/N	Y		Y		N
Forms:	Y/N	Y		Y		Y

Low Bid Meeting Specifications

ATTEST:

(*Bid Opening conducted via a Zoom Meeting)

Laura Campbell
Andrew Chambliss
Nellie Bert
Dina Gates

Emily Frontera
Purchasing Manager



**CITY OF TROY
BID PROPOSAL**

ITB-COT 25-23

Page 1 of 9

The undersigned proposes to **FURNISH ALL EQUIPMENT AND LABOR FOR THE INSTALLATION OF HOLIDAY LIGHTS AT THE CITY OF TROY FOR ONE (1) YEAR WITH TWO (2) 1-YEAR RENEWAL OPTIONS** in accordance with the attached specifications. The specifications are to be considered an integral part of this bid proposal, at the following prices:

COMPANY NAME: Paraclete Services, Inc. dba Begonia Brothers

Description	Unit Price	Total
Proposal A		
Installation and Removal of Holiday Lights on approximately 175 Spruce trees in the Big Beaver Median.		\$ 34,125
Proposal B		
Installation and Removal of Holiday Lights per tree on additional trees on municipal properties.	\$ 220	
Proposal C		
Installation and Removal of Holiday Lights on approximately 175 deciduous trees in the Big Beaver Median.	\$ 220	\$ 38,500
Proposal D		
Commercial-Grade, 5MM Wide Angle L.E.D.S 50 LED Warm White W/Green Cord, 6" Spacing, 25' approximately 2,500.	\$ 11	\$ 27,500
Proposal E		
6' Plug Adapter Cable Rectifier W/Green Wire approximately 140.	\$ 10.71	\$ 1500
Proposal F		
24' green extension approximately 14.	\$ 9.50	\$ 133

The City can accept an increase at the beginning of each renewal option, please indicate below your percentage of increase for the additional two (2) annual one (1) year renewals.

Prices listed herein will increase 2.5 % (not to exceed 3% or the Detroit/Ann Arbor CPI*) at the beginning of each annual one (1)-year renewal period.

*The City can accept an increase in labor rates if at the beginning of each option year, the increase requested does not exceed the difference between the Consumer Price Index (CPI) for the Detroit/ Ann Arbor area for September of the current contract year and the base year of September 2025.

LED Holiday Lights

- COMMERCIAL-GRADE, 5MM WIDE ANGLE L.E.D.S
- 50 LED WARM WHITE W/GREEN CORD, 6" SPACING, 25' STRAND
- Weather-resistant, coupling construction
- Approved for outdoor use
- Ability to connect up to 40 sets together with one adapter
- Up to 4.8 watts per set

Installation shall be completed no later than November 15, 2025 and each subsequent year. Removal shall begin no earlier than March 1, 2026 and each subsequent year. Completion shall be no later than April 1, 2026 and each subsequent year unless additional time is granted in writing by the City.

NOTE: Quantities are subject to change based on need and available funds. All items of work noted in the specifications that are not specifically noted in the bid proposal shall be considered as included in the contract and shall be completed at no extra cost to the City of Troy.

Estimates given in the bid proposal are approximate and made in good faith. It shall be the bidder's responsibility to take exact measurements during the mandatory site inspection(s). Any discrepancies in the measurements must be brought to the City's attention.

INFORMATION:

For additional general information or questions concerning this project please contact **Andrew R. Chambliss, Buyer**, at **(248) 619-7609** between the hours of 8:00 a.m. and 4:00 p.m., Monday thru Friday.

DESIGNATED CITY REPRESENTATIVE:

Dennis Trantham, Deputy Public Works Director at (248) 524-3503 (Dennis.Trantham@troymi.gov) is the designated City Representative for this project.

CONTACT INFORMATION:

Hours of operation: Sun - Sat 24 Hour Phone No. 248-798-9898
Contact Person: Peter Bonde Phone 248-798-9898

SITE INSPECTION:

All bidders are required to examine the Big Beaver Median site to determine the amount of work to be done in accordance with the specifications. **If a bidder does not conduct a site inspection, that bidder is not eligible to submit a bid.** Contact **Mr. Michael Potyok** at **(248) 670-7686** or M.Potyok@troymi.gov to schedule a site visit(s) between the hours of 8:00 am - 4:00 pm, Monday through Thursday.

- (X) Our company visited the site on August 12, 2025
() Our company did not visit the site.

DOWNPAYMENTS AND PREPAYMENTS:

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

APPROVED ALTERNATES:

The City of Troy's designated department representative or his/her designee will review all items submitted for consideration as approved alternates. Their decision as acceptability will be deemed in the City of Troy's best interest and will be final.

COMPANY NAME: Paraclete Services, Inc. dba Begonia Brothers

MATERIAL AVAILABILITY:

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

INSTALLATION:

Median Holiday Lights are not to be delivered to the site until installation is to commence.

AWARD:

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

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 nonlocal bidder, then the local vendor is given one chance to match the low bid.

BID DEPOSIT AND FORFEITURE:

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

CONTRACT FORMS:

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

SUBCONTRACTORS:

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

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

PURCHASE ORDER:

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

COMPANY NAME: Paraclete Services, Inc. dba Begonia Brothers

COMPLETION DATE:

Once the Contractor moves supplies and materials to the work site, work shall commence upon notice to proceed and be completed by November 15, 2025. The City of Troy is the only party to this contract that may authorize amendment to this schedule.

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

Work shall commence 3-5 calendar days after notice to proceed.

IMPORTANT:

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

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

VENDOR ASSESSMENT PROGRAM:

The City of Troy reserves the right to evaluate and assess the performance of the awarded vendor(s) periodically throughout the progress of the project and contract. The evaluation will be conducted with the vendor during a meeting where the elements of the evaluation will be discussed providing the vendor an opportunity to review the scores and provide feedback to the City of Troy. The vendor's performance assessment information may be used by the City of Troy to help evaluate the vendor's capabilities to perform other work for the City in the future.

COMPANY NAME: Paraclete Services, Inc. dba Begonia Brothers

REFERENCES:

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

COMPANY: Toledo Mudhens
ADDRESS: 406 Washington Street, Toledo, OH 43604
PHONE: 419-725-9290 CONTACT: Bill Goodyear -Project Manager
EMAIL: bill.goodyear@mudhens.com

COMPANY: City of Northville – Downtown Development Authority
ADDRESS: 215 West Main Street, Northville, MI 48167
PHONE: 248-349-0345 CONTACT: Stacey Pearson- Ass't Director
EMAIL: spearson@ci.northville.mi.us

COMPANY: City of Kalamazoo
ADDRESS: 241 West South Street Kalamazoo, MI 49007
PHONE: 269-337-8191 CONTACT: Patrick McVerry
EMAIL: mcverryp@kalamazoo.org

PLEASE SEE ATTACHED ADDITIONAL PHOTOS OF EACH ABOVE REFERENCED ACCOUNT

COMPANY NAME: Paraclete Services, Inc. dba Begonia Brothers

Holiday Lighting References

Toledo Mudhens

Bill Goodyear -Project Manager

Preferred contact method: Email- bill.goodyear@mudhens.com

Phone: 419-725-9290



City of Northville

DDA

215 W Main Street, Northville, MI 48167

Stacey Pearson-Assistant Director

Preferred contact method: Email- spearson@ci.northville.mi.us

Phone: 248-349-0345



City of Kalamazoo

Department of Parks and Recreation

Patrick McVerry CPRP

251 Mills Street, Kalamazoo, MI 49048

Preferred contact method: Email- mcverryp@kalamazoocity.org

269-337-8191



Insurance requirements shall be in accordance with the attached **SAMPLE INSURANCE CERTIFICATE** and **ENDORSEMENT**. The required Insurance Certificate and Endorsement must be submitted to the city within 5 days of the verbal/ electronic request after the bid award. The Insurance Certificate and Endorsement may be faxed to the Purchasing Office at (248) 619-7608, and is the only bid document accepted in this format.

The contractor, or any of their subcontractors, shall not commence work under this contract until they have obtained the insurance required, and shall keep such insurance in force during the entire life of this contract. All coverage shall be with insurance companies licensed and admitted to business in the State of Michigan and acceptable to the City of Troy. The requirements below should not be interpreted to limit the liability of the Contractor. All deductibles and self-insured retentions (SIR's) are the responsibility of the Contractor.

- (X) We can meet the specified insurance requirements.
- () We cannot meet the specified insurance requirements.
- () We do not carry the specified limits but can obtain the additional insurance coverage of \$_____, at the cost of \$_____.

NOTE: Please note the amendments on a sample insurance certificate and attach it to your bid proposal.

- () Our proposal is reduced by \$_____ if we lower the requirement to \$_____.

NOTE: Please note the amendments on a sample insurance certificate and attach it to your bid proposal.

IMPORTANT: A Certificate of Insurance on an ACORD Form showing present coverage as well as the required endorsements SHALL be attached to the proposal document at the time of submission of the proposal to the Office of the City Clerk.

NOTE: Failure on the part of any bidder to contact his/her insurance carrier to verify that the insurance carried by the bidder meets City of Troy specifications may result in this proposal being completed incorrectly.

OTHER: Sole proprietors must execute a certificate of exemption from Worker's Compensation requirements or provide proof of Worker's Compensation Insurance. All coverage shall be with insurance carriers licensed and admitted to do business in Michigan in accordance with all applicable statutes of the State of Michigan and acceptable to the City of Troy.

INSURANCE VERIFICATION:

A bidder shall complete the above portion, which details additional costs that may be incurred for specified coverage without purchasing the additional coverage prior to bid submission.

WORKERS' COMPENSATION INSURANCE, including Employers' Liability Coverage, in accordance with all applicable statutes of the State of Michigan.

COMMERCIAL GENERAL LIABILITY INSURANCE on an "Occurrence Basis" with limits of liability not less than

\$1,000,000.00 per occurrence and aggregate. Coverage shall include the following extensions: (A) Contractual liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent, if not already included; (E) Deletion of all Explosion, Collapse, and Underground (XCU) Exclusions, if applicable.

AUTOMOBILE LIABILITY, including Michigan No-Fault Coverages, with limits of liability not less than \$1,000,000.00 per occurrence combined single limit for Bodily Injury, and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.

COMPANY NAME: Paraclete Services, Inc. dba Begonia Brothers

ADDITIONAL INSURED:

Commercial General Liability and Automobile Liability, as described in the attached SAMPLE shall include an Additional Insured Endorsement stating the following shall be ***Additional Insureds***: The City of Troy including all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and council members, including employees and volunteers thereof. It is understood and agreed by naming the City of Troy as additional insured, coverage afforded is considered to be primary and any other insurance the City of Troy may have in effect shall be considered secondary and/or excess.

CANCELLATION NOTICE:

All policies, as described above, shall include an endorsement stating that it is understood and agreed that Thirty

(30) days, Ten (10) days for non-payment of premium, Advance Written Notice of Cancellation, Non-Renewal, Reduction, and/or Material Change shall be mailed to:

City of Troy
Purchasing Manager
500 West Big Beaver
Troy, MI 48084

PROOF OF INSURANCE COVERAGE:

The Contractor shall provide the City of Troy, at the time that the contracts are returned by him/her for execution, a Certificate of Insurance as well as the required endorsements. In lieu of required endorsements, if applicable, a copy of the policy sections where coverage is provided for additional insured and cancellation notice would be acceptable. Copies or certified copies of all policies mentioned above all shall be furnished, if so requested.

If any of the applicable coverages expire during the term of this contract, the Contractor shall deliver renewal certificates and endorsements to the City of Troy at least ten (10) days prior to the expiration date.

LETTER VERIFICATION:

The recommended bidder will be notified to submit a letter from the *insurance agent or carrier* that the insurance to be supplied will meet specifications. As an alternative, the recommended bidder may submit the certificate of insurance meeting specifications at this time at his/her option. ***The City must receive this letter or certificate within 5 business days after verbal / electronic notification has been delivered to the recommended bidder or the bidder will be considered non-responsive and the bid un-awardable.*** This process will occur before presentation of the award recommendation to the Troy City Council.

FINAL INSURANCE CERTIFICATE SUBMISSION:

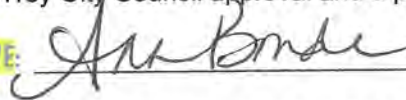
After approval by Troy City Council, the City's Purchasing Manager will review the insurance certificates and endorsements to ensure all acceptable documents have been received and allow (5) business additional days after verbal / electronic notification to submit final insurance certificate(s) in accordance with specifications. The City of Troy reserves the right to WITHHOLD AND KEEP any bid surety for failure to comply. The company will be considered in default of contract and will be barred from doing business with the City of Troy for a minimum of three (3) years for failing to meet insurance requirements.

COMPANY NAME: Paraclete Services, Inc. dba Begonia Brothers

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 for the entire contract period. The one-year contract may be extended through mutual consent of both parties for two (2) additional 1-year options within 90 days of contract termination. A request by City Staff to determine a successful bidder's interest in renewing a contract in no way obligates the City. The option cannot be exercised without Troy City Council approval and a purchase order issued.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE:



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

TAX ID: 47-5155561

COMPANY: Paraclete Services, Inc. dba Begonia Brothers

ADDRESS: 21141 Brickscape Drive CITY: Northville STATE: MI ZIP: 48167

PHONE: (888) 889-8282 FAX NUMBER: (N/A)

REPRESENTATIVE NAME: Ann Bonde

(Print)

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE:



PAYMENT TERMS: 30 days following completion of installation WARRANTY: Yes

BID CHECK#: 1112487 E-MAIL: ann@begoniabrothers.com

COMPLETION: IN ACCORDANCE WITH SPECIFICATIONS.

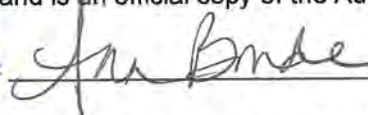
EXCEPTIONS:

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

ACKNOWLEDGEMENT:

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

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE:



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

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

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



August 15, 2025

Addendum 1
ITB-COT 25-23
Holiday Lights
Page 1 of 1

To All Bidders:

Please be advised, the following document has been submitted for clarification for **ITB-COT 25-23 Holiday Lights**. The clarification(s) and or change(s) will be considered an integral part of the original proposal document.

The following vendor questions, answers and clarification are below:

Question: Are you looking for lights for a total of 350 trees? Proposal A - 175 Spruce and Proposal B - 175 deciduous?

Answer: Yes, we are looking for pricing to cover up to 350 trees total — Proposal A for 175 spruce trees and Proposal B for up to 175 deciduous trees (depending on cost and budget).

Question: The number of strands being requested, 2500, is the same amount as the last proposal. Which covered 175 trees, which seems short. Is 2500 the correct amount?

Answer: The 2,500 strands referenced are for the purchase of additional lights, not necessarily tied to the total tree count in this proposal. The number is consistent with what we ordered previously for 175 trees, but we anticipate the need may grow depending on future needs across Big Beaver and the Civic Center Campus.

Question: Can you give more clarification on which "deciduous" trees will be decorated. There are more than 175 trees on the boulevard. Is it just the crimson maple or the smaller crab trees?

Answer: The 175 trees will primarily be the Crimson King Maples with some of the smaller trees scattered about, particularly in areas with low tree population.

Please be advised that the City of Troy Purchasing Department has authorized the following clarifications to for Bid Proposal **ITB-COT 25-23, Holiday Lights**. The clarifications will be considered an integral part of the original proposal documents.

I, the undersigned Bidder, have read this Addendum 1 and have integrated the changes into the Bid Proposal documents for **ITB-COT 25-23, Holiday Lights**. All other items in the original proposal document remain the same. This addendum should be attached to the Electronic Bid Submission Response at the time of submission on or before **Thursday, August 21, 2025 at 10:00 A.M., EDT.**

COMPANY:

Paraclete Services Inc.

dba
Begonia
Brothers

NAME OF REPRESENTATIVE:

Ann Bonde

SIGNATURE OF AUTHORIZED REPRESENTATIVE:

(Print)

Ann Bonde

DATE:

8/18/2025



Legal Status of Bidder:

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

Paraclete Services, Inc. dba Begonia Brothers

A **corporation** duly organized and doing business under the laws of the State of Michigan for whom
Ann Bonde, bearing the office title of Owner, whose signature is
affixed to this proposal, is duly authorized to execute contracts.

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

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

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

_____	_____
-------	-------



CITY OF TROY
OAKLAND COUNTY, MICHIGAN
NON-COLLUSION AFFIDAVIT

TO WHOM IT MAY CONCERN:

Ann Bonde, being duly sworn deposed, says that he
(Print Full Name)

is Owner. 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.

Ann Bonde

SIGNATURE OF PERSON SUBMITTING BID

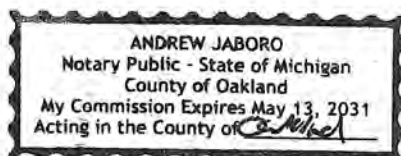
[Signature]

NOTARY'S SIGNATURE

Subscribed and sworn to before me this 20th day of August
2025 in and for Oakland County.

My commission expires:

05/13/31





CERTIFICATION REGARDING

DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

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

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

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

☒ I am able to certify to the above statements.

Paraclete Services, Inc. dba Begonia Brothers

Name of Agency/Company/Firm (Please Print)

Ann Bonde, Owner

Name and title of authorized representative (Please Print)

Ann Bonde

Signature of authorized representative

8/20/25

Date

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



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

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

Vendor	
Legal Name	Paraclete Services, Inc. dba Begonia Brothers
Street Address	21141 Brickscape Drive
City	Northville
State, Zip	MI, 48167
Corporate I.D. Number/State	47-5155561
Taxpayer I.D. #	

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:

Ann Bonde

Printed Name of Vendor's Authorized Agent: Ann Bonde

Witness Signature:

Meredith Fortier

Printed Name of Witness:

Meredith Fortier



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

The undersigned, the owner or authorized officer of Paraclete Services, Inc, dba Begonia Brothers Services (the "Proposer"), pursuant to the familial disclosure requirement provided in the Request for Proposal, hereby represent and warrant, except as provided below, that no familial relationships exist between the owner(s) or any employees of Paraclete Services, Inc, dba Begonia Brothers Services and any member of the City of Troy City Council or City of Troy management.

List any Familial Relationships:

BIDDER: Paraclete Services, Inc
dba Begonia Brothers

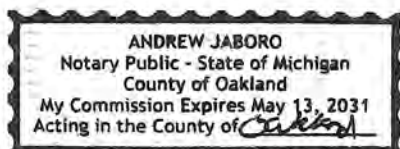
By: Ann Bonde

Its: owner

STATE OF MICHIGAN)
)ss.
COUNTY OF Oakland)

This instrument was acknowledged before me on the 20th day of August, 2025, by

[Signature]



Safety Data Sheet (SDS) LED Lamps

SDS-001 - Issue Date: 3-16-09

INFORMATION AND APPLICABILITY

Technical Consumer Products believes that under the Occupational Safety and Health Administration (OSHA) Hazards Communications Standard, a lamp (light bulb) is exempted as an "article", and that as such, does not require a SDS. The original OSHA Standard defined an article as something that: 1) is formed to a specific shape and design, 2) has end use functions dependent upon its shape and design, and 3) does not release or otherwise result in an exposure to a hazardous chemical under normal conditions of use. In February 1994, OSHA amended the Hazard Communication Standard and modified part 3 of the above to read: 3) does not release more than very small quantities of a hazardous chemical under normal conditions of use. State and local regulations also contain similar exemptions for such articles. Materials contained in the lamp are not released during normal use and operation. The following information is provided as a courtesy to our customers.

PRODUCT AND COMPANY IDENTIFICATION

Description: Trade Name (As labeled) LED Lamps (For general lighting application) (Consists of LEDs and drivers as a unit)
Manufacturer: Technical Consumer Products, Inc. • Shanghai, Jensen LTD. • 325 Campus Drive • Aurora, Ohio 44202 • 1-800-324-1496

COMPOSITION/INFORMATION ON INGREDIENTS

THERE ARE NO KNOWN HEALTH HAZARDS FROM EXPOSURE TO LAMPS THAT ARE INTACT.

Lamp Assembly – Glass and Plastic – Lamps may be manufactured from plastic or glass parts. The glass is made from soda lime similar to that used throughout the glass industry for other common consumer items. None of these materials would present a potential hazard in the event of breakage of the lamp, aside from the hazard due to broken glass.

Phosphor in LEDs – (nuisance dust) phosphate mix using manganese, rare earth elements such as lanthanum, and yttrium as either an oxide or as a phosphate, along with a barium/aluminum oxide all are tightly bound in the phosphor matrix. These phosphors produce better lamp efficiency and color rendition. The phosphor components may vary slightly depending on the color of the lamp. Some lamps may contain a thin coating of tin oxide inside the glass.

LEDs – The LEDs consist of metal and InGaN (Indium Gallium Nitride) semiconductor chip. Due to their insolubility and inertness, these materials do not present a significant hazard.

PHYSICAL PROPERTIES Not applicable to intact lamp.

EXPLOSION HAZARDS When exposed to high temperature, toxic fumes may be released from broken lamps.

HEALTH CONCERNS THERE ARE NO KNOWN HEALTH HAZARDS FROM EXPOSURE TO LAMPS THAT ARE INTACT. No adverse effects are expected from occasional exposure to broken lamps. As a matter of good practice, avoid prolonged or frequent exposure to broken lamps unless there is adequate ventilation. The major hazard from broken lamps is the possibility of sustaining glass cuts.

Phosphor	There have been no significant adverse effects on humans by ingestion, inhalation, skin contact, or eye contact. Antimony, manganese, yttrium and tin compounds are characterized by OSHA as hazardous chemicals, however, due to their insolubility, relatively low toxicity and small amount present in the phosphor and lamp, these materials do not present a significant hazard in the event of breakage of the lamp.
Glass	Glass dust is considered to be physiologically inert and as such has an OSHA exposure limit of 15-mg/cubic meter for total dust and 5-mg/cubic meter for respirable dust. Perform normal first aid procedures. Seek medical attention as required.
Inhalation	If discomfort, irritation or symptoms of pulmonary involvement should develop, remove from exposure and seek medical attention.
Ingestion	In the unlikely event of ingestion of a large quantity of material, seek medical attention.
Contact Eye/Skin	Wash eyes/skin, including under eyelids, immediately with copious amounts of water and Seek medical attention.

PROCEDURES FOR DISPOSAL OF LAMPS Take usual precautions for collection of broken glass. Place materials in closed containers to avoid generating dust.

ALTHOUGH TECHNICAL CONSUMER PRODUCTS, INC. attempts to provide current and accurate information herein, it makes no representation regarding the accuracy or completeness of the information and assumes no liability for any loss, damage or injury of any kind which may result from or arise out of the use of or reliance on the information by any person.

Paraclete Services, Inc (dba Begonia Brothers) Recent holiday lighting installations





PARASER-09

BROOSE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/20/2025

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 Acrisure Great Lakes Partners Insurance Services, LLC 223 West Grand River Ave #1 Howell, MI 48843		CONTACT NAME: Brian Roose PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: BRoose@nustarinsurance.net	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Fremont Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
Paraclete Services Inc dba Begonia Brothers Landscape Service & Supplies
21141 BRICKSCAPE DR
NORTHVILLE, MI 48167-2527

NAIC #
13994

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP007988507	12/7/2024	12/7/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAP002986607	12/7/2024	12/7/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP003290607	12/7/2024	12/7/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ Gen. Aggregate \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Equipment Floater			CPP007988507	12/7/2024	12/7/2025	Leased/Rented Equip. \$ 150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Troy is additional insured where required by written contract.

Policy includes 30 day notice of cancellation or material change in coverage except for non payment (10 days).

Coverage is primary and non contributor (see attached)

Blanket Additional Insured status exists in Form CGFM30 which compares to the CG2037 (See attached)

CERTIFICATE HOLDER

CANCELLATION

City of Troy
Purchasing Manager
500 West Big Beaver
Troy, MI 48084

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY –
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL 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.

FREMONT INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED – FOR “YOUR WORK” AND COMPLETED OPERATIONS, INCLUDING WAIVER OF SUBROGATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

1. **SECTION II – WHO IS AN INSURED** is amended to include as an additional insured any person(s) or organization(s) if you and such person(s) or organization(s) have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional insured on your policy.

Such person or organization is an additional insured only with respect to “bodily injury” or “property damage”:

- a. Arising out of “your work” for that additional insured by or for you; or
- b. Included in the “products-completed operations hazard” and caused, in whole or in part, by “your work” performed for that additional insured;

at the location designated and described in the contract or agreement.

However, the insurance afforded to such additional insured only applies to the extent permitted by law and will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. The following provision is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

If this policy provides coverage for the same “occurrence” to any additional insured specifically covered as an additional insured in another endorsement to this policy, our maximum limit of insurance under this endorsement and any other endorsement shall not exceed the limit of insurance in the written contract or agreement between the insured and the additional insured, or the limits provided in this policy, whichever is less.

Our maximum limit of insurance arising out of an “occurrence” shall not exceed the limit of insurance shown in the Declarations,

regardless of the number of insureds or additional insureds.

3. **Primary And Noncontributory Insurance**
The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Coverage in this endorsement is primary to and we will not seek contribution from any other insurance available to an additional insured under your policy provided that:

- a. The additional insured is a Named Insured under such other insurance; and
- b. 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.

4. **Waiver Of Transfer Of Rights Of Recovery Against Others To Us**

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

We waive any right of recovery we may have against the additional insured covered under this endorsement because of payments we make for injury or damage covered by this endorsement.

5. This insurance does not apply to:
 - a. “Bodily injury” or “property damage” which occurs:
 - (1) Prior to the execution of the contract or agreement described in item 1. above; or
 - (2) After the time period during which the contract or agreement described in item 1. above requires you to add such person or organization onto your policy as an additional insured.
 - b. “Bodily injury” or “property damage” arising out of the rendering of, or the failure to render, any professional

architectural, engineering or surveying services, including:

- (1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
- (2) Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the rendering of or failure to render any professional architectural, engineering or surveying services.

6. 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:

- a. Required by the contract or agreement; or
- b. 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2025

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
Arthur J. Gallagher Risk Management Services, LLC
1690 Watertower Place
Suite 500
East Lansing MI 48823

FOR CERTIFICATE REQUESTS ONLY

CONTACT NAME:
PHONE (A/C, No, Ext):
E-MAIL: select_certificates@ajg.com
FAX (A/C, No):

INSURED
Paraclete Services Inc
DBA: Begonia Brothers Services
21141 Brickscape Drive
Northville MI 48167-2527

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Michigan Horticulture Industries Self Insured Work	
INSURER B: Midwest Employers Casualty Company	23612
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 1136924352

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						
	OTHER:						
	AUTOMOBILE LIABILITY						
	ANY AUTO <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$
	OWNED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY <input type="checkbox"/>						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS <input type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
	NON-OWNED AUTOS ONLY <input type="checkbox"/>						\$
	UMBRELLA LIAB <input type="checkbox"/>						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/>						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BEGON1H	7/1/2025	6/30/2026	X PER STATUTE OTH-ER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A	BEGON1H	7/1/2025	6/30/2026	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
PROOF OF INSURANCE ** FOR BID PURPOSES ONLY **

CERTIFICATE HOLDER

Paraclete Services Inc
DBA Begonia Brothers Services LLC
PROOF OF INSURANCE

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



OFFICIAL CHECK

1112487

71-65
749

440

NOTICE TO CUSTOMERS
THE PURCHASE OF AN INDEMNITY BOND MAY BE REQUIRED
BEFORE ANY OFFICIAL CHECK OF THIS BANK WILL BE
REPLACED OR REFUNDED IN THE EVENT IT IS LOST,
MISPLACED OR STOLEN.

DATE August 18, 2025

REMITTER PARACLETE SERVICES

\$*****5,000.00

PAY FIVE THOUSAND AND 00/100

TO THE ORDER OF CITY OF TROY

MSI VODI

Authorized Signature
NON NEGOTIABLE

PURPOSE

CUSTOMER COPY



OFFICIAL CHECK

1112487

71-65
749

440

NOTICE TO CUSTOMERS
THE PURCHASE OF AN INDEMNITY BOND MAY BE REQUIRED
BEFORE ANY OFFICIAL CHECK OF THIS BANK WILL BE
REPLACED OR REFUNDED IN THE EVENT IT IS LOST,
MISPLACED OR STOLEN.

DATE August 18, 2025

REMITTER PARACLETE SERVICES

\$*****5,000.00

PAY FIVE THOUSAND AND 00/100

TO THE ORDER OF CITY OF TROY

MSI VODI

AUTHORIZED SIGNATURE

PURPOSE

⑈ 1 1 1 2 4 8 7 ⑈ ⑆ 0 7 4 9 0 0 6 5 7 ⑆ ⑈ 9 0 0 0 7 3 6 1 6 0 ⑈



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM



Date: September 3, 2025

To: Frank A. Nastasi, City Manager

From: Robert J. Bruner, Deputy City Manager
Chris Wilson, Assistant City Manager
Kyle Vieth, Controller
Kurt Bovensiepe, Public Works Director
Dennis Trantham, Deputy Public Works Director
Emily Frontera, Purchasing Manager

Subject: Standard Purchasing Resolution 2: Award to Low Bidder Meeting Specifications – Holiday Lights – Lights of Hope

History

- For two years beginning in 2013, the Kiwanis Club organized the holiday lighting of 25-30 Spruce Trees in the median of Big Beaver in the Troy Downtown Development Authority boundary, which included spaced out locations between Coolidge and Rochester Road.
- In 2016, the City of Troy encouraged the holiday tree lighting and promoted the increase of trees to be decorated.
- The City of Troy decided to install lights on additional trees with lights provided by the Kiwanis and purchase lights and install them on additional trees.
- The goal was to light all Spruce Trees between Rochester Rd. and Coolidge Highway in the Big Beaver median.
- The City of Troy staff continues to receive several compliments on the city's efforts to provide a traditional decorated look for the holiday season along the corridor.
- Beginning this season the new landscape at the Diverging Diamond Interchange at Big Beaver and I-75 will receive holiday lights to complement the landscape lighting.
- It is anticipated that the lights will remain on beginning the Monday prior to Thanksgiving through the last day in February.

Purchasing

- The Holiday Lights have an average life span of 3-5 years in the harsh environment they are used.
- On August 21, 2025 a bid opening was conducted as required by the City Charter/Code for the Installation of Holiday Lights for one (1) year with two (2) 1-year renewals.
- The bid was posted on the MITN Purchasing Group website; www.bidnetdirect.com/city-of-troy-mi.
- Six hundred sixty-four (664) vendors were notified via the MITN website. Three (3) bid proposals were received.
- Below is a summary of potential vendors for this bid opportunity:



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Purchasing (continued)

Companies notified via MITN	664
Troy Companies notified via MITN	7
Troy Companies - Active email Notification	7
Troy Companies - Active Free	0
Companies that viewed the bid	45
Troy Companies that viewed the bid	1

***MITN** provides a resourceful online platform to streamline the procurement process, reduce costs, and make it easier and more transparent for vendors to do business with the City of Troy.*

***Active MITN** members with a current membership and paying annual dues receive automatic electronic notification which allows instant access to Bids, RFPS and Quote opportunities with the City.*

***Active MITN non-paying members** are responsible to monitor and check the MITN website for opportunities to do business with the City.*

***Inactive MITN member** status can occur when a company does not renew their account upon expiration. Inactive members cannot be notified of solicitations or access any bid information.*

- *Paraclete Services, Inc. dba Begonia Brothers of Northville, MI* is the low bidder meeting specifications and is being recommended for award.

Financial

Funds are budgeted and available in the General Fund under the Parks Street Island Maintenance (DDA) account number 101.770.783.802.070, and Parks Civic Center Maintenance Holiday Decorations account number 101.770.756.740.125 for the 2026 fiscal year.

Recommendation

City Management recommends awarding a one (1) year contract with two (2) 1-year renewal options for Proposal A: Installation and Removal of Holiday Lights on 175 Spruce Trees located in the Big Beaver Median from Coolidge to Rochester Road, Proposal B: Installation and Removal of Holiday Lights on additional trees on municipal property, Proposal C: Installation and Removal of Holiday Lights on deciduous trees at the provided unit pricing, Proposal D: Commercial-Grade LED light strands, Proposal E: Replacement 6' Cable Rectifiers, and Proposal F: Replacement 24' Green extension cords to the low bidder meeting specifications *Paraclete Services, Inc. dba Begonia Brothers of Northville, MI* for an estimated installation cost of \$34,125 for Proposal A and for Proposals B, C, D, E and F, at unit prices contained in the bid tabulation opened August 21, 2025; not to exceed budgetary limitations; contract to expire April 30, 2028.

Opening Date: 08/21/2025
Date Reviewed: 08/21/2025

CITY OF TROY
BID TABULATION
HOLIDAY LIGHTS

ITB-COT 25-23
Page 1 of 1

VENDOR NAME:	Landscape Services, Inc.	Paraclete Services, Inc. dba Begonia Brothers	Russell Landscaping, Inc.
CITY:	Clinton Township, MI	Northville, MI	Troy, MI
CHECK #:	1891384	1112487	9462301311
CHECK AMOUNT:	\$5,000.00	\$5,000.00	\$5,000.00

PROPOSAL: FURNISH ALL EQUIPMENT AND LABOR FOR THE INSTALLATION OF HOLIDAY LIGHTS AT THE CITY OF TROY FOR ONE (1) YEAR WITH TWO (2) 1-YEAR RENEWAL OPTIONS

DESCRIPTION	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
PROPOSAL A:						
Installation and Removal of Holiday Lights on approximately 175 Spruce trees in the Big Beaver Median.		\$45,500.00		\$34,125.00		\$110,250.00
PROPOSAL B:						
Installation and Removal of Holiday Lights per tree on additional trees on municipal property.	\$260.00		\$220.00		\$630.00	
PROPOSAL C:						
Installation and Removal of Holiday Lights on approximately 175 deciduous trees in the Big Beaver Median.	\$240.00	\$42,000.00	\$220.00	\$38,500.00	\$630.00	\$110,250.00
PROPOSAL D:						
Commercial-Grade, 5MM Wide Angle L.E.D.S 50 LED Warm White W/Green Cord, 6" Spacing, 25' approximately 2,500.	\$13.75	\$34,375.00	\$11.00	\$27,500.00	\$13.22	\$33,050.00
PROPOSAL E:						
6' Plug Adapter Cable Rectifier W/Green Wire approximately 140.	\$11.70	\$1,638.00	\$10.71	\$1,499.40	\$18.00	\$2,520.00
PROPOSAL F:						
24' green extension approximately 14.	\$6.50	\$91.00	\$9.50	\$133.00	\$18.00	\$252.00
TOTALS:		\$123,604.00		\$101,757.40		\$256,322.00
% Increase for each add'l two 1-year renewals:		2.00%		2.50%		3.00%
Contact Information Provided:	Y/N	Y		Y		Y
Site Inspection Date:		8/12/2025		8/12/2025		8/1/2025
Meet Delivery/Installation Schedule:	Y/N	Y		Y		Y
Days after notice work shall commence:		15 Days		3-5 Calendar Days after notice to proceed		2 Days
References:	Y/N	Y		Y		Y
Can Meet Insurance:	Y/N	Y		Y		Y
Payment Terms:	Y/N	Net 30		30 days following completion of installation		30
Warranty:	Y/N	None		Yes		Yes
Exceptions:		None		None		None
Acknowledgement:	Y/N	Y		Y		Y
Signed Addendum::	Y/N	Y		Y		N
Forms:	Y/N	Y		Y		Y

Low Bid Meeting Specifications

ATTEST:

(*Bid Opening conducted via a Zoom Meeting)

Laura Campbell
Andrew Chambliss
Nellie Bert
Dina Gates

Emily Frontera
Purchasing Manager



PARASER-09

BROOSE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/4/2025

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 Acrisure Great Lakes Partners Insurance Services, LLC 223 West Grand River Ave #1 Howell, MI 48843	CONTACT NAME: Brian Roose	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: BRoose@nustarinsurance.net	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Fremont Insurance Company	13994
INSURED Paraclete Services Inc dba Begonia Brothers Landscape Service & Supplies 21141 BRICKSCAPE DR NORTHVILLE, MI 48167-2527	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		CPP007988507	12/7/2024	12/7/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		CAP002986607	12/7/2024	12/7/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP003290607	12/7/2024	12/7/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ Gen. Aggregate \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Equipment Floater			CPP007988507	12/7/2024	12/7/2025	Leased/Rented Equip. 150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Troy including all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities, employees and volunteers thereof are additional insured where required by written contract. It is understood and agreed by naming the City of Troy as additional insured, coverage afforded is considered primary and non contributing and any coverage the City of Troy may have in effect shall be considered secondary and/or excess

Policy includes 30 day notice of cancellation or material change in coverage except for non payment (10 days).

Coverage is primary and non contributor (see attached)
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

City of Troy Purchasing Manager 500 West Big Beaver Troy, MI 48084	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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AGENCY CUSTOMER ID: PARASER-09

BROOSE

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Acrisure Great Lakes Partners Insurance Services, LLC		NAMED INSURED Paraclete Services Inc dba Begonia Brothers Landscape Service & Supplies	
POLICY NUMBER SEE PAGE 1		21141 BRICKSCAPE DR NORTHVILLE, MI 48167-2527 Wayne	
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Blanket Additional Insured status exists in Form CGFM30 which compares to the CG2037 (See attached)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/1/2025

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 Arthur J. Gallagher Risk Management Services, LLC 1690 Watertower Place Suite 500 East Lansing MI 48823	CONTACT NAME: FOR CERTIFICATE REQUESTS ONLY	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Paraclete Services Inc DBA: Begonia Brothers Services LLC 21141 Brickscape Drive Northville MI 48167-2527	E-MAIL ADDRESS: select_certificates@ajg.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Michigan Horticulture Industries Self Insured Work	
	INSURER B: Midwest Employers Casualty Company	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

COVERAGES**CERTIFICATE NUMBER:** 1136924352**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DED <input type="checkbox"/> RETENTION \$							\$
A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			BEGON1H BEGON1H	7/1/2025 7/1/2025	6/30/2026 6/30/2026	X <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

PROOF OF INSURANCE ** FOR BID PURPOSES ONLY **

CERTIFICATE HOLDER**CANCELLATION**

Paraclete Services Inc
DBA Begonia Brothers Services LLC
PROOF OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
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.

FREMONT INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED – FOR “YOUR WORK” AND COMPLETED OPERATIONS, INCLUDING WAIVER OF SUBROGATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

1. **SECTION II – WHO IS AN INSURED** is amended to include as an additional insured any person(s) or organization(s) if you and such person(s) or organization(s) have agreed in writing in a contract or agreement that such person(s) or organization(s) be added as an additional insured on your policy.
Such person or organization is an additional insured only with respect to “bodily injury” or “property damage”:
 - a. Arising out of “your work” for that additional insured by or for you; or
 - b. Included in the “products-completed operations hazard” and caused, in whole or in part, by “your work” performed for that additional insured; at the location designated and described in the contract or agreement.

However, the insurance afforded to such additional insured only applies to the extent permitted by law and will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
2. The following provision is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:
If this policy provides coverage for the same “occurrence” to any additional insured specifically covered as an additional insured in another endorsement to this policy, our maximum limit of insurance under this endorsement and any other endorsement shall not exceed the limit of insurance in the written contract or agreement between the insured and the additional insured, or the limits provided in this policy, whichever is less.
Our maximum limit of insurance arising out of an “occurrence” shall not exceed the limit of insurance shown in the Declarations, regardless of the number of insureds or additional insureds.
3. **Primary And Noncontributory Insurance**
The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:
Coverage in this endorsement is primary to and we will not seek contribution from any other insurance available to an additional insured under your policy provided that:
 - a. The additional insured is a Named Insured under such other insurance; and
 - b. 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.
4. **Waiver Of Transfer Of Rights Of Recovery Against Others To Us**
The following is added to **Section IV – Conditions Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us**:
We waive any right of recovery we may have against the additional insured covered under this endorsement because of payments we make for injury or damage covered by this endorsement.
5. This insurance does not apply to:
 - a. “Bodily injury” or “property damage” which occurs:
 - (1) Prior to the execution of the contract or agreement described in item 1. above; or
 - (2) After the time period during which the contract or agreement described in item 1. above requires you to add such person or organization onto your policy as an additional insured.
 - b. “Bodily injury” or “property damage” arising out of the rendering of, or the failure to render, any professional

architectural, engineering or surveying services, including:

- (1) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; or
- (2) Supervisory, inspection, architectural or engineering activities.

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the rendering of or failure to render any professional architectural, engineering or surveying services.

6. 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:

- a. Required by the contract or agreement; or
- b. 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 - 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 Of Covered Operations
City of Troy	AS REQUIRED BY CONTRACT
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.

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.

FREMONT INSURANCE COMPANY**CANCELLATION OR NONRENEWAL NOTIFICATION ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS POLICY
COMMERCIAL AUTO POLICY
COMMERCIAL PACKAGE POLICY
COMMERCIAL UMBRELLA POLICY
WORKERS COMPENSATION POLICY

SCHEDULE

Name of Person(s) or Organization(s)	Number of Days Notice
City of Troy City of Troy 500 W Bog Beaver Troy, MI 48084	30

The provisions of the Coverage Form apply unless modified by this endorsement.

If this policy is cancelled or nonrenewed, the designated person(s) or organization(s) shown in the SCHEDULE above shall be notified at least:

1. 10 days prior to the effective date of cancellation if we, Fremont Insurance Company, cancel for nonpayment of premium; or
2. The number of days shown in the SCHEDULE prior to the effective date if we, Fremont Insurance Company, cancel for any other reason.

If the law of the state in which notice is mailed requires a longer notice period, we will comply with those requirements.

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

If notice is mailed, and other insurance is effective before the effective date of our cancellation, coverage under this policy no longer applies to the designated person(s) or organization(s) shown in the SCHEDULE above, as of the effective date and time of the other insurance.

Our failure to provide notice to the person(s) or organization(s) shown in the SCHEDULE shall not delay the effective date of the cancellation of this insurance to the Named Insured.