

Standard Purchasing Resolution 2: Award to Low Bidder Meeting Specifications – Window Cleaning Services

Resolution #2025-09-128-J-4a

RESOLVED, That Troy City Council hereby **AWARDS** a three (3) year contract with two one-year renewal options for Window Cleaning Services to the low bidder meeting specifications, *Premier Window Cleaning Inc.* of *Dearborn, MI* for an estimated annual total cost of **\$35,430**, at unit prices contained in the bid tabulation opened September 18, 2025, a copy of which shall be **ATTACHED** to the original Minutes of this meeting; not to exceed budgetary limitations; contract to **expire June 30, 2030**.

BE IT FURTHER RESOLVED, That the award is **CONTINGENT** upon submission of properly executed bid and 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. 2026-00000462
DATE: 10/08/2025
PAGE: 1 of 1
FOB DESTINATION

VENDOR NO. 168948

Vendor

PREMIER WINDOW CLEANING INC
3127 VASSAR ST
DEARBORN, MI 48124

COUNCIL RESOLUTION

2025-09-128-J-4a

INSTRUCTIONS

Return to Department

Expires: 06/30/2026

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
2	Each	City Hall Window Cleaning	2,100.0000	\$4,200.00
2	Each	Library Window Cleaning	1,200.0000	\$2,400.00
2	Each	Police Window Cleaning	3,050.0000	\$6,100.00
2	Each	District Court Window Cleaning	1,400.0000	\$2,800.00
2	Each	Transit Center Window Cleaning	1,625.0000	\$3,250.00
2	Each	DPW Window Cleaning	300.0000	\$600.00
2	Each	Parks Garage Window Cleaning	350.0000	\$700.00
2	Each	Training Center Window Cleaning	600.0000	\$1,200.00
2	Each	Community Center Window Cleaning	4,350.0000	\$8,700.00



Entered By: Nellie Bert

\$29,950.00

Special Instructions:

CITY COUNCIL AWARD DATE: 09-29-2025. Contract for Window Cleaning Services in accordance with the specifications and completion date of ITB-COT 25-25. CERTIFICATE OF INSURANCE and ENDORSEMENTS shall be on file through contract completion.

TERMS & CONDITIONS

1. Purchases of Municipalities are exempt from State Sales and Federal Excise Taxes.
2. Prior to acceptance, vendor agrees to provide City with information under the Right-to-Know Law, P.A. 1986, No. 80, and fully comply with all terms and conditions of the Michigan Occupational Safety and Health Act, MCL 408.1001, et seq. including vendor shall provide City with an "MSDS". Vendor also agrees to be responsible for all required labeling.
3. In cases of emergency/disaster, the City can purchase up to six(6) times the order amount for a period of six(6) months at the price contained in the contract.
4. Purchase Orders are signed electronically based upon computer generated "on-line" authorized approvals. Authentic signatures are on file in the City of Troy Purchasing Department.

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

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

CITY OF TROY
BID TABULATION
WINDOW CLEANING SERVICES

VENDOR NAME:	Allied Building Services	Premier Window Cleaning, Inc.	Martinez Retail Management, Inc. dba All Window Cleaning Services	Frisch Window Cleaning, LLC
CITY:	Detroit, MI	Dearborn, MI	Hinsdale, IL	Lapeer, MI
CHECK AMOUNT:	\$1,000.00	\$1,000.00	\$1,000.00	Certified/Cashier's Check or Money Order not provided
CHECK #:	1869399	110523.00	3018939882	

PROPOSAL: To provide all necessary equipment, materials and personnel for WINDOW CLEANING SERVICES AT MULTIPLE CITY BUILDINGS for a three (3) year period with two (2) 1-year renewal options

Description	Price per Cleaning	Total (2 Cleanings)	Price per Cleaning	Total (2 Cleanings)	Price per Cleaning	Total (2 Cleanings)	Price per Cleaning	Total (2 Cleanings)
PROPOSAL A - CITY BUILDINGS								
1. Troy City Hall, 500 W Big Beaver								
Year 1 - Total Price Per Cleaning	\$5,040.00	\$10,080.00	\$2,100.00	\$4,200.00	\$2,795.00	\$5,590.00	\$3,930.00	\$7,860.00
Year 2 - Total Price Per Cleaning	\$5,343.00	\$10,686.00	\$2,100.00	\$4,200.00	\$2,875.00	\$5,750.00	\$3,930.00	\$7,860.00
Year 3 - Total Price Per Cleaning	\$5,557.00	\$11,114.00	\$2,100.00	\$4,200.00	\$2,960.00	\$5,920.00	\$3,930.00	\$7,860.00
3 Year Total:	\$31,880.00		\$12,600.00		\$17,260.00		\$23,580.00	
2. Troy Police Station, 500 W Big Beaver								
Year 1 - Total Price Per Cleaning	\$4,600.00	\$9,200.00	\$3,050.00	\$6,100.00	\$3,295.00	\$6,590.00	\$3,160.00	\$6,320.00
Year 2 - Total Price Per Cleaning	\$4,992.00	\$9,984.00	\$3,050.00	\$6,100.00	\$3,390.00	\$6,780.00	\$3,160.00	\$6,320.00
Year 3 - Total Price Per Cleaning	\$5,119.00	\$10,238.00	\$3,050.00	\$6,100.00	\$3,490.00	\$6,980.00	\$3,160.00	\$6,320.00
3 Year Total:	\$29,422.00		\$18,300.00		\$20,350.00		\$18,960.00	
3. Troy Library, 510 W Big Beaver								
Year 1 - Total Price Per Cleaning	\$990.00	\$1,980.00	\$1,200.00	\$2,400.00	\$1,595.00	\$3,190.00	\$1,500.00	\$3,000.00
Year 2 - Total Price Per Cleaning	\$1,059.00	\$2,118.00	\$1,200.00	\$2,400.00	\$1,640.00	\$3,280.00	\$1,500.00	\$3,000.00
Year 3 - Total Price Per Cleaning	\$1,102.00	\$2,204.00	\$1,200.00	\$2,400.00	\$1,690.00	\$3,380.00	\$1,500.00	\$3,000.00
3 Year Total:	\$6,302.00		\$7,200.00		\$9,850.00		\$9,000.00	
4. Troy District Court, 520 W Big Beaver								
Year 1 - Total Price Per Cleaning	\$1,890.00	\$3,780.00	\$1,400.00	\$2,800.00	\$1,995.00	\$3,990.00	\$3,260.00	\$6,520.00
Year 2 - Total Price Per Cleaning	\$2,022.00	\$4,044.00	\$1,400.00	\$2,800.00	\$2,050.00	\$4,100.00	\$3,260.00	\$6,520.00
Year 3 - Total Price Per Cleaning	\$2,103.00	\$4,206.00	\$1,400.00	\$2,800.00	\$2,110.00	\$4,220.00	\$3,260.00	\$6,520.00
3 Year Total:	\$12,030.00		\$8,400.00		\$12,310.00		\$19,560.00	
5. Troy Community Center, 3179 Livernois								
Year 1 - Total Price Per Cleaning	\$10,850.00	\$21,700.00	\$4,350.00	\$8,700.00	\$4,795.00	\$9,590.00	\$7,172.00	\$14,344.00
Year 2 - Total Price Per Cleaning	\$11,610.00	\$23,220.00	\$4,350.00	\$8,700.00	\$4,935.00	\$9,870.00	\$7,172.00	\$14,344.00
Year 3 - Total Price Per Cleaning	\$12,074.00	\$24,148.00	\$4,350.00	\$8,700.00	\$5,080.00	\$10,160.00	\$7,172.00	\$14,344.00
3 Year Total:	\$69,068.00		\$26,100.00		\$29,620.00		\$43,032.00	
6. Troy Transit Center, 1201 Doyle								
Year 1 - Total Price Per Cleaning	\$2,520.00	\$5,040.00	\$1,625.00	\$3,250.00	\$795.00	\$1,590.00	\$1,348.00	\$2,696.00
Year 2 - Total Price Per Cleaning	\$2,696.00	\$5,392.00	\$1,625.00	\$3,250.00	\$815.00	\$1,630.00	\$1,348.00	\$2,696.00
Year 3 - Total Price Per Cleaning	\$2,804.00	\$5,608.00	\$1,625.00	\$3,250.00	\$840.00	\$1,680.00	\$1,348.00	\$2,696.00
3 Year Total:	\$16,040.00		\$9,750.00		\$4,900.00		\$8,088.00	
7. Troy Fire and Police Training Center, 4850 John R								
Year 1 - Total Price Per Cleaning	\$990.00	\$1,980.00	\$600.00	\$1,200.00	\$795.00	\$1,590.00	\$870.00	\$1,740.00
Year 2 - Total Price Per Cleaning	\$1,059.00	\$2,118.00	\$600.00	\$1,200.00	\$815.00	\$1,630.00	\$870.00	\$1,740.00
Year 3 - Total Price Per Cleaning	\$1,102.00	\$2,204.00	\$600.00	\$1,200.00	\$840.00	\$1,680.00	\$870.00	\$1,740.00
3 Year Total:	\$6,302.00		\$3,600.00		\$4,900.00		\$5,220.00	
8. Department of Public Works, 4693 Rochester Road								
Year 1 - Total Price Per Cleaning	\$630.00	\$1,260.00	\$300.00	\$600.00	\$500.00	\$1,000.00	\$876.00	\$1,752.00
Year 2 - Total Price Per Cleaning	\$674.00	\$1,348.00	\$300.00	\$600.00	\$515.00	\$1,030.00	\$876.00	\$1,752.00
Year 3 - Total Price Per Cleaning	\$701.00	\$1,402.00	\$350.00	\$600.00	\$530.00	\$1,060.00	\$876.00	\$1,752.00
3 Year Total:	\$4,010.00		\$1,800.00		\$3,090.00		\$5,256.00	
9. DPW Parks Garage, 4695 Rochester Road								
Year 1 - Total Price Per Cleaning	\$315.00	\$630.00	\$350.00	\$700.00	\$50.00	\$100.00	\$500.00	\$1,000.00
Year 2 - Total Price Per Cleaning	\$337.00	\$674.00	\$350.00	\$700.00	\$50.00	\$100.00	\$500.00	\$1,000.00
Year 3 - Total Price Per Cleaning	\$351.00	\$702.00	\$350.00	\$700.00	\$50.00	\$100.00	\$500.00	\$1,000.00
3 Year Total:	\$2,006.00		\$2,100.00		\$300.00		\$3,000.00	
Proposal A: Year 1 Total:	\$55,650.00		\$29,950.00		\$33,230.00		\$45,232.00	
Proposal A: Year 2 Total:	\$59,584.00		\$29,950.00		\$34,170.00		\$45,232.00	
Proposal A: Year 3 Total:	\$61,826.00		\$29,950.00		\$35,180.00		\$45,232.00	
Proposal A Renewal Price Increase per year	3.0%		2.0%		3.0%		0.0%	

CITY OF TROY
BID TABULATION
WINDOW CLEANING SERVICES

ITB-COT 25-25
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VENDOR NAME: Allied Building Services		Premier Window Cleaning, Inc.	Martinez Retail Management, Inc. dba All Window Cleaning Services	Frisch Window Cleaning, LLC
CITY: Detroit, MI		Dearborn, MI	Hinsdale, IL	Lapeer, MI
Description	Price per Cleaning	Price per Cleaning	Price per Cleaning	Price per Cleaning
PROPOSAL B - FIRE STATIONS				
1. Troy Fire Station 1, 1019 East Big Beaver				
Year 1 - Total Price Per Cleaning	\$720.00	\$460.00	\$450.00	\$510.00
Year 2 - Total Price Per Cleaning	\$770.00	\$460.00	\$460.00	\$510.00
Year 3 - Total Price Per Cleaning	\$801.00	\$460.00	\$470.00	\$510.00
3 Year Total:	\$2,291.00	\$1,380.00	\$1,380.00	\$1,530.00
2. Troy Fire Station 2, 5600 Livernois				
Year 1 - Total Price Per Cleaning	\$630.00	\$430.00	\$400.00	\$600.00
Year 2 - Total Price Per Cleaning	\$674.00	\$430.00	\$410.00	\$600.00
Year 3 - Total Price Per Cleaning	\$701.00	\$430.00	\$420.00	\$600.00
3 Year Total:	\$2,005.00	\$1,290.00	\$1,230.00	\$1,800.00
3. Troy Fire Station 3, 2400 West Big Beaver				
Year 1 - Total Price Per Cleaning	\$1,550.00	\$1,800.00	\$1,995.00	\$2,090.00
Year 2 - Total Price Per Cleaning	\$1,659.00	\$1,800.00	\$2,050.00	\$2,090.00
Year 3 - Total Price Per Cleaning	\$1,725.00	\$1,800.00	\$2,110.00	\$2,090.00
3 Year Total:	\$4,934.00	\$5,400.00	\$6,155.00	\$6,270.00
4. Troy Fire Station 4, 2117 East Maple				
Year 1 - Total Price Per Cleaning	\$1,652.00	\$1,900.00	\$1,795.00	\$1,406.00
Year 2 - Total Price Per Cleaning	\$1,768.00	\$1,900.00	\$1,850.00	\$1,406.00
Year 3 - Total Price Per Cleaning	\$1,838.00	\$1,900.00	\$1,900.00	\$1,406.00
3 Year Total:	\$5,258.00	\$5,700.00	\$5,545.00	\$4,218.00
5. Troy Fire Station 5, 6399 John R				
Year 1 - Total Price Per Cleaning	\$810.00	\$460.00	\$350.00	\$540.00
Year 2 - Total Price Per Cleaning	\$867.00	\$460.00	\$360.00	\$540.00
Year 3 - Total Price Per Cleaning	\$901.00	\$460.00	\$370.00	\$540.00
3 Year Total:	\$2,578.00	\$1,380.00	\$1,080.00	\$1,620.00
6. Troy Fire Station 6, 5901 Coolidge				
Year 1 - Total Price Per Cleaning	\$720.00	\$430.00	\$350.00	\$462.00
Year 2 - Total Price Per Cleaning	\$770.00	\$430.00	\$360.00	\$462.00
Year 3 - Total Price Per Cleaning	\$801.00	\$430.00	\$370.00	\$462.00
3 Year Total:	\$2,291.00	\$1,290.00	\$1,080.00	\$1,386.00
Proposal B: Year 1 Total:	\$6,082.00	\$5,480.00	\$5,340.00	\$5,608.00
Proposal B: Year 2 Total:	\$6,508.00	\$5,480.00	\$5,490.00	\$5,608.00
Proposal B: Year 3 Total:	\$6,767.00	\$5,480.00	\$5,640.00	\$5,608.00
Proposal B Renewal Price Increase per year	3.0%	2.0%	3.0%	0.0%
Proposal A & B: Grand Total Year 1:	\$61,732.00	\$35,430.00	\$38,570.00	\$50,840.00
Proposal A & B: Grand Total Year 2:	\$66,092.00	\$35,430.00	\$39,660.00	\$50,840.00
Proposal A & B: Grand Total Year 3:	\$68,593.00	\$35,430.00	\$40,820.00	\$50,840.00
Grand Total Proposals A & B Years 1-3:	\$196,417.00	\$106,290.00	\$119,050.00	\$152,520.00
Contact Information Provided:	Y/N	Y	Y	Y
Site Inspection:	Y/N	Y	Y	N
References:	Y/N	Y	Y	Y
Can begin work Sept/Oct 2025:	Y/N	Y	Y	Y
Insurance:	Y/N	Y	Y	Y
Payment Terms:	Net 30	30 days from invoice date	Net 30 Days	Net 30
Warranty:	60 Days	N/A	48 hours	1 Year
Exceptions:	None	None	None	None
Acknowledgement:	Y	Y	Y	Y
Vendor Questionnaire:	Y	Y	Y	Y
Forms:	Y	Y	Y	2 forms not notarized

Low Bid Meeting Specifications

Attest:

(*Bid Opening conducted via a Zoom Meeting)

Laura Campbell

Andrew Chambliss

Stephanie Kerr

Emily Frontera

Purchasing Manager



**CITY OF TROY
BID PROPOSAL**

ITB-COT 25-25
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The undersigned proposes to provide all necessary equipment, materials and personnel for **WINDOW CLEANING SERVICES AT MULTIPLE CITY BUILDINGS AND FIRE STATIONS for a three (3) year period with two (2) 1-year renewal options** in accordance with the attached specifications, which are to be considered an integral part of this proposal at the following prices.

COMPANY NAME: Premier Window Cleaning, Inc.

PROPOSAL A – CITY BUILDINGS

Quote each location per individual cleaning based on a **minimum of 2 cleanings per contract year**. The anticipated cleaning schedule is **October and April** for 3 contract years. The City reserves the right to revise the schedule.

1. Troy City Hall, 500 W Big Beaver

- All perimeter windows to be cleaned inside and out
- All entrances to be cleaned inside and out
- Both courtyards cleaned inside and out

	Price Per Cleaning	Number of Cleanings	Total
Year 1	\$2,100.00	2	\$4,200.00
Year 2	\$2,100.00	2	\$4,200.00
Year 3	\$2,100.00	2	\$4,200.00

2. Troy Police Station, 500 W Big Beaver

- All perimeter windows to be cleaned inside and out
- Main entrance double set of windows to be cleaned inside and out including wiping off ledges of any water and dust
- Main 30' atrium to be cleaned inside and out
- Second 30' atrium to be cleaned inside and out
- Third 15' atrium to be cleaned inside and out
- All stairway glass in main entrance and side entrance to be cleaned on both sides
- Side entrance double set of windows to be cleaned inside and out
- **Background check and fingerprinting is required for access**

	Price Per Cleaning	Number of Cleanings	Total
Year 1	\$3,050.00	2	\$6100.00
Year 2	\$3,050.00	2	\$6100.00
Year 3	\$3,050.00	2	\$6100.00

COMPANY NAME: Premier Window Cleaning, Inc.

3. Troy Library, 510 W Big Beaver

- All perimeter windows to be cleaned inside and out
- Vestibule glass entrance to youth area to be cleaned inside and out
- Main entrance to be cleaned inside and out
- Side entrance to be cleaned inside and out

	Price Per Cleaning	Number of Cleanings	Total
Year 1	\$1,200.00	2	\$2,400.00
Year 2	\$1,200.00	2	\$2,400.00
Year 3	\$1,200.00	2	\$2,400.00

4. Troy District Court, 520 W Big Beaver

- All perimeter windows including complete entranceway and guard barrier into court house will be cleaned inside and out
- Skylight in middle of building to be cleaned inside and out
- **Background check and fingerprinting is required for access**

	Price Per Cleaning	Number of Cleanings	Total
Year 1	\$1,400.00	2	\$2,800.00
Year 2	\$1,400.00	2	\$2,800.00
Year 3	\$1,400.00	2	\$2,800.00

5. Troy Community Center, 3179 Livernois

- Interior and exterior windows of the perimeter of building will be cleaned including entrances
- Frames and window ledges will be cleaned removing all dirt and debris
- Clean main support beam in east main entrance

	Price Per Cleaning	Number of Cleanings	Total
Year 1	\$4350.00	2	\$8,700.00
Year 2	\$4350.00	2	\$8,700.00
Year 3	\$4350.00	2	\$8,700.00

6. Troy Transit Center, 1201 Doyle

- Cleaning of all interior and exterior windows in main lobby and entrance ways
- Cleaning of interior and exterior of Tower 1
- Interior cleaning only of sky bridge
- Complete interior and partial exterior cleaning of tower 2 (due to high voltage power lines)
- Cleaning of all three outside sitting areas

	Price Per Cleaning	Number of Cleanings	Total
Year 1	\$1,625.00	2	\$3,250.00
Year 2	\$1,625.00	2	\$3,250.00
Year 3	\$1,625.00	2	\$3,250.00

COMPANY NAME: Premier Window Cleaning, Inc.

7. Troy Fire and Police Training Center, 4850 John R

- All perimeter windows on main building to have a general cleaning inside and out
- All screens to be removed and washed and cleaned
- All bay doors to have their windows cleaned inside and out
- Entrances with vestibule glass to be cleaned inside and out
- Training tower to be cleaned inside and out
- **Background check and fingerprinting is required for access**

	Price Per Cleaning	Number of Cleanings	Total
Year 1	\$600.00	2	\$1,200.00
Year 2	\$600.00	2	\$1,200.00
Year 3	\$600.00	2	\$1,200.00

8. Department of Public Works, 4693 Rochester Road

- All perimeter windows to be cleaned inside and out
- Front entrance vestibule to be cleaned inside and out
- Employee entrance vestibule to be cleaned inside and out
- Overhead garage door windows to be cleaned inside and out

	Price Per Cleaning	Number of Cleanings	Total
Year 1	\$300.00	2	\$600.00
Year 2	\$300.00	2	\$600.00
Year 3	\$300.00	2	\$600.00

9. DPW Parks Garage, 4695 Rochester Road

- All perimeter windows to have a general cleaning inside and out
- Entrances to be cleaned inside and out

	Price Per Cleaning	Number of Cleanings	Total
Year 1	\$350.00	2	\$700.00
Year 2	\$350.00	2	\$700.00
Year 3	\$350.00	2	\$700.00

PROPOSAL A – GRAND TOTAL FOR ALL LOCATIONS (1-9) PER YEAR:

Year 1	Year 2	Year 3
\$29,950.00	\$29,950.00	\$29,950.00

Prices listed herein will increase 2% at the beginning of each one (1)-year renewal option (not to exceed 3%)

COMPANY NAME: Premier Window Cleaning, Inc.

PROPOSAL B – FIRE STATIONS

Quote each location per individual window cleaning based on a **minimum of 1 cleaning per contract year**. The anticipated cleaning schedule is early September 1 time per year. The City reserves the right to revise the schedule.

1. Troy Fire Station 1, 1019 East Big Beaver

- All perimeter windows to be cleaned inside and out
- Windows on insides have mutton bars and will need to be removed carefully to avoid damage
- All screens to be removed and wash and cleaned
- All bay doors to have their windows cleaned inside and out
- Entrances with vestibule glass to be cleaned inside and out

	Price Per Cleaning	Number of Cleanings	Total
Year 1	\$460.00	1	\$460.00
Year 2	\$460.00	1	\$460.00
Year 3	\$460.00	1	\$460.00

2. Troy Fire Station 2, 5600 Livernois

- All perimeter windows to be cleaned inside and out
- Windows on insides have mutton bars and will need to be removed carefully to avoid damage
- All screens to be removed and wash and cleaned
- All bay doors to have their windows cleaned inside and out
- Entrances with vestibule glass to be cleaned inside and out

	Price Per Cleaning	Number of Cleanings	Total
Year 1	\$430.00	1	\$430.00
Year 2	\$430.00	1	\$430.00
Year 3	\$430.00	1	\$430.00

3. Troy Fire Station 3, 2400 West Big Beaver

- All perimeter windows under 18' to be cleaned inside and out
- All perimeter windows above 18' to be cleaned inside and out using a scissor lift (include cost of lift in pricing)
- All bay doors to be cleaned inside and out and ledges/frames wiped off

	Price Per Cleaning	Number of Cleanings	Total
Year 1	\$1,800.00	1	\$1,800.00
Year 2	\$1,800.00	1	\$1,800.00
Year 3	\$1,800.00	1	\$1,800.00

COMPANY NAME: Premier Window Cleaning, Inc.

4. Troy Fire Station 4, 2117 East Maple

- All perimeter windows under 18' to be cleaned inside and out
- All perimeter windows above 18' to be cleaned inside and out using a scissor lift (include cost of lift in pricing)
- All bay doors to be cleaned inside and out and ledges/frames wiped off

	Price Per Cleaning	Number of Cleanings	Total
Year 1	\$1,900.00	1	\$1,900.00
Year 2	\$1,900.00	1	\$1,900.00
Year 3	\$1,900.00	1	\$1,900.00

5. Troy Fire Station 5, 6399 John R

- All perimeter windows to be cleaned inside and out
- Windows on insides have mutton bars and will need to be removed carefully to avoid damage
- All screens to be removed and wash and cleaned
- All bay doors to have their windows cleaned inside and out
- Entrances with vestibule glass to be cleaned inside and out

	Price Per Cleaning	Number of Cleanings	Total
Year 1	\$460.00	1	\$460.00
Year 2	\$460.00	1	\$460.00
Year 3	\$460.00	1	\$460.00

6. Troy Fire Station 6, 5901 Coolidge

- All perimeter windows to be cleaned inside and out
- Windows on insides have mutton bars and will need to be removed carefully to avoid damage
- All screens to be removed and wash and cleaned
- All bay doors to have their windows cleaned inside and out
- Entrances with vestibule glass to be cleaned inside and out

	Price Per Cleaning	Number of Cleanings	Total
Year 1	\$430.00	1	\$430.00
Year 2	\$430.00	1	\$430.00
Year 3	\$430.00	1	\$430.00

PROPOSAL B - GRAND TOTAL FOR ALL FIRE STATION LOCATIONS (1 - 6) PER YEAR:

Year 1	Year 2	Year 3
\$5,480	\$5,480	\$5,480

Prices listed herein will increase 2 % at the beginning of each one (1)-year renewal option (not to exceed 3%)

COMPANY NAME: Premier Window Cleaning, Inc.

LOCATIONS:

The City reserves the right to terminate, add or delete locations as required by the City.

UNIT PRICES:

Unit prices (cost per cleaning) shall prevail. The City of Troy Purchasing Department will correct all extension errors.

CONTACT INFORMATION:

Contact Name: Nathan Moeller

Hours of operation: 8am-6pm 24 Hr. Contact Phone No. 313-530-6236

SITE INSPECTION:

Bidders should examine the sites to determine the amount of work to be done in accordance with the specifications. If a bidder does not make a site inspection, that bidder accepts full responsibility and risk for any omissions in his/her bid proposal. Contact **Laura Campbell** at **(248) 524-3368** to arrange a site visit at the various locations or request additional information between the hours of 8:00 am-4:00 pm, Monday through Friday.

- (X) Our company visited the sites on 8-22-2025.
() Our company did not visit the sites.

NOTE: The Vendor further declares that he/she has familiarized him/herself with the locations of the City of Troy buildings and Fire Stations, and the conditions under which the window cleaning services are to be provided. Bidder acknowledges that he/she has carefully examined the specifications, which he/she understands and accepts as sufficient for the purpose of providing the window cleaning services.

INFORMATION:

For general information or questions about the specifications, please contact **Dennis Trantham, Deputy Public Works Director** at 248-524-3503 or Dennis.Trantham@troymi.gov between the hours of 8:00 a.m. to 4:00 p.m., Monday through Friday.

BIDDER'S GENERAL QUESTIONNAIRE:

All bidders shall fill out completely the attached general questionnaire and submit it with the bid proposal.

BID DEPOSIT AND FORFEITURE:

A cashier's check, certified check, or money order in the amount of **\$1,000.00** made payable to the City of Troy **must accompany** the bid to insure the bid. **BID BONDS ARE NOT ACCEPTABLE. A pdf version of a Certified/Cashier's Check or Money Order must be included with your Electronic Bid Submission Response.** 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 of fair competition.

AWARD:

The evaluation and award of this bid shall be a combination of factors including, but not limited to: bid price, professional competence, references, submission of SDS sheets, equipment, and the correlation of the proposal submitted to meeting the needs of the City of Troy. The City of Troy reserves the right to award this bid to the lowest total responsible bidder(s) meeting specifications for all three years or for each year or by proposal, whatever is deemed to be in the City's best interest; to reject low bids which have major deviations from specifications; to accept a higher bid which has only minor deviations.

COMPANY NAME: Premier Window Cleaning, Inc.

DELIVERY:

All items are to be F.O.B. delivered, freight paid, to various City of Troy locations as specified in the Scope of Work.

LOCAL PREFERENCE:

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

CONTRACT FORMS:

Bidders should complete 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.

REFERENCES:

The City of Troy requires that your company list at least three (3) clients who have recently had similar work performed by your company during the past three years. Please include the City of Troy as a reference, if the work was similar in nature to this project.

COMPANY: City of Troy
ADDRESS: 4693 Rochester Rd, Troy, MI 48085
PHONE: 248-524-3368 CONTACT: Laura Campbell
EMAIL: l.campbell@troymi.gov

COMPANY: American Multi-Cinema Inc.
ADDRESS: 4300 Baldwin Rd, Auburn Hills, MI 48326
PHONE: 248-821-4041 CONTACT: Celso Quintana
EMAIL: _____

COMPANY: Colucci Investments
ADDRESS: 33659 Angeline Livonia, MI 48150
PHONE: 734-956-0660 CONTACT: John Colucci, Jr.
EMAIL: _____

COMPANY NAME: Premier Window Cleaning, Inc.

CONTRACT TERMINATION:

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

TERMINATION FOR CONVENIENCE:

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

INVOICES:

The contractor shall submit to the designated City representative detailed invoices that shall include the purchase order number, location(s) of service(s), date of service, and description of services performed. Invoices that are incomplete will not be paid until all requested/required information is submitted.

WORK SCHEDULE:

The designated City representative shall approve the work schedule prior to the start of the contracted service. His/her decision as to acceptability shall be deemed in the City of Troy's best interest. The City of Troy is the only party to this contract that may authorize amendment of this schedule.

Based on your current resources, are you available to begin work in

September / October 2025: X Yes No

If no, please indicate start date: _____

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(s) 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.

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.

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

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

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

COMPANY NAME: Premier Window Cleaning, Inc.

INSURANCE

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

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

(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.

COMPANY NAME: Premier Window Cleaning, Inc.

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

ADDITIONAL INSURED:

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

CANCELLATION NOTICE:

All policies, as described above, shall include an endorsement stating that it is understood and agreed that Thirty (30) days, Ten (10) days for non-payment of premium, Advance Written Notice of Cancellation, Non-Renewal, Reduction, and/or Material Change shall be mailed to:

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

PROOF OF INSURANCE COVERAGE:

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

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

LETTER VERIFICATION:

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

FINAL INSURANCE CERTIFICATE SUBMISSION:

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

COMPANY NAME: Premier Window Cleaning, Inc.

SIGNATURE PAGE

PRICES: Prices shall remain firm for 60 days or bid award, whichever comes first, except the successful bidder(s) whose prices shall remain firm for the entire contract period. The contract shall commence on the date of award and continue for three years.

The contract contains an option to renew for two (2) additional one-year periods, through mutual consent within 90 days of contract termination under the same terms and conditions. A request by City staff to determine a successful bidder's interest in renewing a contract in no way obligates the City.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: Nathan Moeller

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 # 46-3683975

COMPANY Premier Window Cleaning, Inc.

ADDRESS 3127 Vassar St. CITY Dearborn STATE MI ZIP 48124

TELEPHONE NUMBER (313) 530-6236 FAX NUMBER () _____

REPRESENTATIVE'S NAME Nathan Moeller
(Print)

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: Nathan Moeller

PAYMENT TERMS 30 days from invoice date WARRANTY N/A

E-MAIL Premierwindowcleaninginc@hotmail.com **BID DEPOSIT CHECK #** 110523

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

None

ACKNOWLEDGEMENT:

I, Nathan Moeller, 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: Nathan Moeller

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

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

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



VENDOR QUESTIONNAIRE

Please provide the following information and submit with your bid proposal:

COMPANY NAME: Premier Window Cleaning, Inc.

TYPE OF ORGANIZATION: (Circle One)

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

If applicable:

FORMER FIRM NAME(S)

Zorro Professional Window Cleaning, Inc.

1) Number of years' experience in this type of work: 22 years

2) How many employees does your company employ?

1 Full-time employees 0 Part-time Employees

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

I've been professionally cleaning window primarily commercially continuously for 22 years.

I have cleaned the above mentioned City of Troys municipal buildings since 2008

Company currently does about \$45-\$50K year in sales

4) How many clients does your company currently serve with the type of services described?

Provide List:

Amc Movie Theaters, Multiple Subway locations, Multiple Office buildings throughout Metro

Detroit. City of Troy Municipal buildings mentioned in this bid. Multiple Condos locally.

Currently about 20 clients

5) Identify all chemicals that will be used to wash windows. Provide the name and include MSD sheets with your proposal.

Glass Gleam 3, Glass Gleam 4, Simple Green, Dawn Dish Soap Detergent and Purified Water

MSDS Sheets attached: X Yes No

(Failure to include MSDS sheets may result in rejection of quote)

6) Will you be utilizing any subcontractors? X Yes _____ No

If yes, list subcontractors and service(s) to be provided:

Clean Shine Window Cleaning, LLC. Matt Odet (Currently has background check and fingerprints on file with Troy)

Moeller Home Improvement Gary Moeller Window cleaning/ laborer (Currently has background check and fingerprints on file)

Luminex Window Cleaning, LLC. Paul Shuman, Professional Window cleaner

7) List all equipment you intend to use in the performance of this Contract (include attachments if required):

Professional Grade Scrubbers, Squeegees, buckets, cloths/ towels, extension poles up to

50 feet, ladders, hoses, Purified water systems/ tanks, Scissor Lift, outside water source required.

THE FOREGOING QUESTIONNAIRE IS A TRUE STATEMENT OF FACTS:

Signature of Authorized Company Representative:

Nathan Moeller

Company:

Premier Window Cleaning, Inc.

Address:

3127 Vassar St.

Dearborn, MI 48124

Phone Number:

313-530-6236

Representative's Name:

Nathan Moeller

Date:

9-5-2025 (print)

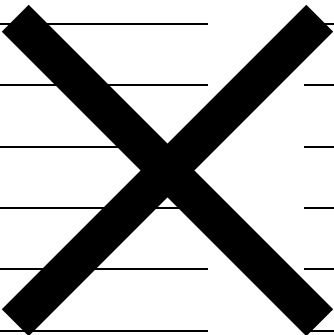


Legal Status of Bidder:

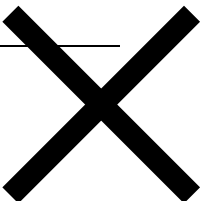
The Bidder shall fill out the appropriate form and strike out the other two:

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

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

A large black 'X' is drawn over the lines, indicating that this section is to be struck out.

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

A large black 'X' is drawn over the lines, indicating that this section is to be struck out.



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.***

Premier Window Cleaning, Inc.

Name of Agency/Company/Firm *(Please Print)*

Nathan Moeller President

Name and title of authorized representative *(Please Print)*

Nathan Moeller

Signature of authorized representative

9-5-2025

Date

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



Proposer's Sworn and Notarized Familial Disclosure

(to be provided by the Proposer)

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

List any Familial Relationships:

BIDDER:

Premier Window Cleaning, Inc.

By: Nathan Moeller

Its: President

STATE OF MICHIGAN

)ss.

COUNTY OF Wayne

This instrument was acknowledged before me on the 6th day of September, 2025, by

SHATIA EASON
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Feb 17, 2028
ACTING IN COUNTY OF Wayne

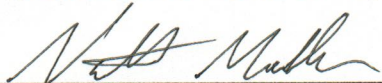


**VENDOR CERTIFICATION
THAT IT IS NOT AN
"IRAN LINKED BUSINESS"**

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	Premier Window Cleaning, Inc.
Street Address	3127 Vassar St.
City	Dearborn
State, Zip	Michigan 48124
Corporate I.D. Number/State	46-3683975
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: 

Printed Name of Vendor's Authorized Agent: Nathan Moeller

Witness Signature: 

Printed Name of Witness: Shatia Eason



CITY OF TROY
OAKLAND COUNTY, MICHIGAN
NON-COLLUSION AFFIDAVIT

TO WHOM IT MAY CONCERN:

Nathan Daniel Moeller, being duly sworn deposed, says that he/she
(Print Full Name)

is President. The party making the foregoing proposal or bid,
(State Official Capacity in Firm)

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

SIGNATURE OF PERSON SUBMITTING BID

NOTARY'S SIGNATURE

Subscribed and sworn to before me this 6th day of September, 2028
in and for Wayne County.

My commission expires:

2-17-2028

SHATIA EASON
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Feb 17, 2028
ACTING IN COUNTY OF

Wayne

NOTICE OF EXCLUSION

Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
PO Box 30016, Lansing, MI 48909
(517) 322-1195

Read instructions and general information sheet prior to completing

A. Employer Name(s) MOELLER PROPERTY SERVICES, INC.	Telephone Number 313-530-6236	D. Federal ID Number 46-3683975	
B. Principal Office Address (Street Number and Name) 3127 VASSAR	City DEARBORN	State MI	ZIP Code 48124

C. Type of Business ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company ☒ Corporation

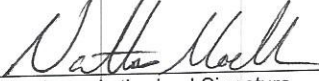
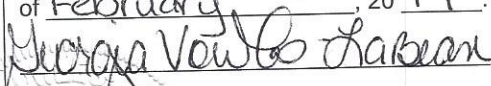
E. Name of sole proprietor, partners, officers of corporation, or members who are also managers of limited liability company.

Name NATHAN MOELLER	Title PRESIDENT
Name	Title
Name	Title
Name	Title

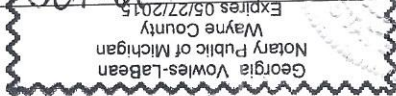
F. PERSONS SIGNING BELOW CERTIFY THAT THEY ARE EMPLOYED BY EMPLOYER AND ARE ELIGIBLE TO BE EXCLUDED UNDER THE MICHIGAN WORKERS' DISABILITY COMPENSATION ACT (SEE INSTRUCTIONS AND GENERAL INFORMATION SHEET). EACH PERSON SIGNING THIS FORM VOLUNTARILY ELECTS TO BE EXCLUDED FROM BEING CONSIDERED AN EMPLOYEE UNDER THE ACT. THIS EXCLUSION REMAINS IN EFFECT NO MORE THAN 20 DAYS AFTER THE NOTICE OF TERMINATION OF EXCLUSION, FORM WC-338, IS RECEIVED BY OUR AGENCY. (SEE R408.41C)

Name of Employee (Type or Print) NATHAN MOELLER	Signature of Employee	Social Security Number XXX-XX-3503
<input checked="" type="checkbox"/> Corporate Officer <input type="checkbox"/> Partner <input type="checkbox"/> Member and Manager <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent		
Name of Employee (Type or Print)	Signature of Employee	Social Security Number XXX-XX-
<input type="checkbox"/> Corporate Officer <input type="checkbox"/> Partner <input type="checkbox"/> Member and Manager <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent		
Name of Employee (Type or Print)	Signature of Employee	Social Security Number XXX-XX-
<input type="checkbox"/> Corporate Officer <input type="checkbox"/> Partner <input type="checkbox"/> Member and Manager <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent		
Name of Employee (Type or Print)	Signature of Employee	Social Security Number XXX-XX-
<input type="checkbox"/> Corporate Officer <input type="checkbox"/> Partner <input type="checkbox"/> Member and Manager <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent		

G. As an authorized representative of the employer, I have read sections 418.161(2), 418.161(3), 418.161(4), and 418.161(5) of the Michigan Workers' Disability Compensation Act of 1969. I have also read rule 408.41b and rule 408.41c. I certify that the excluded employees comprise all of the employees of this employer and are eligible to be excluded. I understand this exclusion shall remain in effect no more than 20 days after the Notice of Termination of Exclusion, Form WC-338, is received by the agency. I further certify that all parties signing this exclusion have received a copy prior to filing.

 Employer Authorized Signature	Subscribed and sworn to before me this 15 day of February , 20 14 .  Notary Public County: Wayne Commission Expires: 5-27-15
Nathan Moeller President Employer Authorized Representative/Title (Please Print)	

LARA is an equal opportunity employer. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: Workers' Disability Compensation Act 418.161(5) Completion: Voluntary Penalty: None
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SAFETY DATA SHEET



Issuing Date: 21-Apr-2021

Revision date 10-Nov-2021

Revision Number 1.01

1. IDENTIFICATION

Product Name	Ultra Dawn Base Blue
Product Identifier	91916379_RET_NG
Product Type:	Consumer Test / Registration Sample Use Only
Recommended Use	Dish Care.
Restrictions on use	Use only as directed on label.
Synonyms	C-91916379-001
Details of the supplier of the safety data sheet	PROCTER & GAMBLE - Fabric and Home Care Division Ivorydale Technical Centre 5289 Spring Grove Avenue Cincinnati, Ohio 45217-1087 USA Procter & Gamble Inc. P.O. Box 355, Station A Toronto, ON M5W 1C5 1-800-331-3774
E-mail Address	pgsds.im@pg.com
Emergency Telephone	Transportation (24 HR) CHEMTREC - 1-800-424-9300 (U.S./ Canada) or 1-703-527-3887 Mexico toll free in country: 800-681-9531

2. HAZARD IDENTIFICATION

"Consumer Products", as defined by the US Consumer Product Safety Act and which are used as intended (typical consumer duration and frequency), are exempt from the OSHA Hazard Communication Standard (29 CFR 1910.1200). This SDS is being provided as a courtesy to help assist in the safe handling and proper use of the product.

This product is classified under 29CFR 1910.1200(d) and the Canadian Hazardous Products Regulation as follows:.

Hazard category

Eye Damage / Irritation	Category 2B
Flammable liquids	Category 4
Signal word	Warning

Hazard statements	Causes eye irritation
Physical hazards	Combustible liquid
Hazard pictograms	None

Precautionary Statements	Wash hands thoroughly after handling Do not eat, drink or smoke when using this product Keep away from heat/sparks/open flames/hot surfaces. — No smoking
---------------------------------	---

Keep container tightly closed

Precautionary Statements - Response

IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing
 If eye irritation persists: Get medical advice/attention
 If swallowed:
 Drink 1 or 2 glasses of water
 In case of fire: Use water, CO₂, dry chemical, or foam for extinction

Precautionary Statements - Storage Store in a well-ventilated place. Keep cool

Precautionary Statements - Disposal Dispose of contents/container to an approved waste disposal plant

3. COMPOSITION/INFORMATION ON INGREDIENTS

Ingredients are listed according to 29CFR 1910.1200 Appendix D and the Canadian Hazardous Products Regulation

Chemical Name	Synonyms	Trade Secret	CAS No	weight-%
Sulfuric acid, mono-C10-16-alkyl esters, sodium salts	Sulfuric acid, mono-C10-16-alkyl esters, sodium salts	No	68585-47-7	20 - 25
Lauramine Oxide	Lauramine Oxide	No	70592-80-2	5 - 10
Alcohol	Ethanol	No	64-17-5	1 - 5
C9-11 Pareth-n	Alcohols, C9-11, ethoxylated	No	68439-46-3	1 - 5
Deceth-n	Poly(oxy-1,2-ethanediyl), alpha-decyl-omega-hydroxy-	No	26183-52-8	1 - 5

Additional information

Actual substance concentrations fall within the ranges stated. Maximum values do not necessarily represent the values present in the formula.

4. FIRST AID MEASURES

Description of first aid measures

Eye contact

Rinse with plenty of water. Get medical attention immediately if irritation persists. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists: Get medical advice/attention.

Skin contact

Rinse with plenty of water. Call a physician if irritation develops and persists.

Ingestion

Rinse mouth. Drink 1 or 2 glasses of water. Do NOT induce vomiting. Get medical attention immediately if symptoms occur.

Inhalation

Move to fresh air. If symptoms persist, call a physician.

Most important symptoms/effects, acute and delayed

May cause eye irritation

Indication of any immediate medical attention and special treatment needed

Notes to Physician

Treat symptomatically.

5. FIRE-FIGHTING MEASURES

Flammable properties

FLAMMABLE LIQUID AND VAPOR

Suitable extinguishing media	In case of fire: Use water, CO ₂ , dry chemical, or foam for extinction. Dry chemical. Alcohol resistant foam. Carbon dioxide (CO ₂).
Unsuitable Extinguishing Media	Do not use a solid water stream as it may scatter and spread fire.
Special Hazard	combustible liquid. Fumes may catch fire.
Special protective equipment for fire-fighters	As in any fire, wear self-contained breathing apparatus pressure-demand, MSHA/NIOSH (approved or equivalent) and full protective gear.
Specific hazards arising from the chemical	None.

6. ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Personal precautions	Use personal protective equipment as required. Do not get in eyes, on skin, or on clothing.
Advice for emergency responders	Use personal protective equipment as required.
Environmental precautions	Do not discharge product into natural waters without pre-treatment or adequate dilution

Methods and material for containment and cleaning up

Methods for containment	Absorb with earth, sand or other non-combustible material and transfer to containers for later disposal. Prevent further leakage or spillage if safe to do so.
Methods for cleaning up	Contain spillage, and then collect with non-combustible absorbent material, (e.g. sand, earth, diatomaceous earth, vermiculite) and place in container for disposal according to local / national regulations (see section 13).

7. HANDLING AND STORAGE

Precautions for safe handling

Advice on safe handling	Keep away from open flames, hot surfaces and sources of ignition. Use personal protective equipment as required. Keep container closed when not in use. Never return spills in original containers for re-use. Keep out of the reach of children.
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Conditions for safe storage, including any incompatibilities

Technical measures/Storage conditions	Keep away from open flames, hot surfaces and sources of ignition. Store away from other materials.
Storage Conditions	Store in a cool/low-temperature, well-ventilated, dry place away from heat and ignition sources. Keep containers tightly closed in a dry, cool and well-ventilated place.
Incompatible products	None known.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Control parameters

Exposure Guidelines	No exposure limits noted for ingredient(s).
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No relevant exposure guidelines for other ingredients

Appropriate engineering controls

Engineering Measures

Distribution, Workplace and Household Settings:
Ensure adequate ventilation

Product Manufacturing Plant (needed at Product-Producing Plant ONLY):
Where reasonably practicable this should be achieved by the use of local exhaust ventilation and good general extraction
Manufacturing Sites:
Not relevant

Personal Protective Equipment**Eye Protection**

Distribution, Workplace and Household Settings:
No special protective equipment required

Product Manufacturing Plant (needed at Product-Producing Plant ONLY):
Use appropriate eye protection
Manufacturing Sites:
Wear safety glasses with side shields (or goggles)
No special protective equipment required

Hand Protection

Distribution, Workplace and Household Settings:
No special protective equipment required

Product Manufacturing Plant (needed at Product-Producing Plant ONLY):
Protective gloves

Skin and Body Protection

Distribution, Workplace and Household Settings:
No special protective equipment required

Product Manufacturing Plant (needed at Product-Producing Plant ONLY):
Wear suitable protective clothing

Respiratory Protection

Distribution, Workplace and Household Settings:
No special protective equipment required

Product Manufacturing Plant (needed at Product-Producing Plant ONLY):
In case of inadequate ventilation wear respiratory protection

9. PHYSICAL AND CHEMICAL PROPERTIES

Physical state	Liquid	
Appearance	clear To blue	
Odor	pleasant (perfume)	
Odor threshold	No information available	
<u>Property</u>	<u>Values</u>	<u>Remarks</u>
pH	9	
Melting Point / Freezing Point	No information available	
Initial boiling point and boiling range	No information available	
flash point	69.5 °C / 157.1 °F	Closed cup. Product is an aqueous solution containing <=24% alcohol and >=50% water.
evaporation rate	No information available	
Flammability	No information available	
Flammability Limit in Air		
Upper flammability or explosive limits	No information available	

Lower flammability or explosive limits	No information available
Vapor pressure	No information available
Relative vapor density	No information available
Relative density	No information available
Water solubility	No information available
Partition coefficient	No information available
Autoignition temperature	No information available
Decomposition temperature	No information available
Viscosity	No information available
VOC Content (%)	Products comply with US state and federal regulations for VOC content in consumer products.

10. STABILITY AND REACTIVITY

Reactivity	None under normal use conditions.
Stability	Stable under normal conditions.
Hazardous polymerization	Hazardous polymerization does not occur.
Hazardous Reactions	None under normal processing.
Conditions to Avoid	Keep away from open flames, hot surfaces and sources of ignition.
Incompatible Materials	None in particular.
Hazardous Decomposition Products	None under normal use conditions.

11. TOXICOLOGICAL INFORMATION

Product Information

Information on likely routes of exposure

Inhalation	No known effect.
Skin contact	No known effect.
Ingestion	No known effect.
Eye contact	Irritating to eyes. Avoid contact with eyes.

Delayed and immediate effects as well as chronic effects from short and long-term exposure

Acute toxicity	No known effect.
Skin corrosion/irritation	No known effect.
Serious eye damage/eye irritation	Irritating to eyes.
Skin sensitization	No known effect.
Respiratory sensitization	No known effect.
Germ cell mutagenicity	No known effect.
Reproductive toxicity	No known effect.
Developmental toxicity	No known effect.
STOT - single exposure	No known effect.
STOT - repeated exposure	No known effect.
Aspiration hazard	No known effect.
Carcinogenicity	No known effect.

Component Information

Chemical Name	CAS No	Oral LD50	Dermal LD50	Inhalation LC50
Alcohol	64-17-5	10470 mg/kg bw (OECD 401)	-	116.9 mg/L air (//OECD 403)
C9-11 Pareth-n	68439-46-3	> 300 - < 2000 mg/kg bw	> 2000 mg/kg bw	-
Deceth-n	26183-52-8	300 mg/kg	>2000 mg/kg	-

12. ECOLOGICAL INFORMATION

ecotoxicity

The product is not expected to be hazardous to the environment.

Persistence and degradability No information available.

Bioaccumulative potential No information available.

Mobility No information available.

Other adverse effects No information available.

13. DISPOSAL CONSIDERATIONS**Waste treatment methods**

Waste from Residues/Unused Products Disposal should be in accordance with applicable regional, national and local laws and regulations.

Contaminated packaging Disposal should be in accordance with applicable regional, national and local laws and regulations.

California Hazardous Waste Codes (non-household setting) 331

14. TRANSPORT INFORMATION**DOT**

Product is not regulated for transport by ground in retail packaging per 49 CFR 173.150(f)(2)

IMDG Not regulated

IATA Not regulated

15. REGULATORY INFORMATION**U.S. FEDERAL REGULATIONS****CERCLA**

This material, as supplied, does not contain any substances regulated as hazardous substances under the Comprehensive Environmental Response Compensation and Liability Act (CERCLA) (40 CFR 302) or the Superfund Amendments and Reauthorization Act (SARA) (40 CFR 355). There may be specific reporting requirements at the local, regional, or state level pertaining to releases of this material.

Clean Air Act, Section 112 Hazardous Air Pollutants (HAPs) (see 40 CFR 61)

This product does not contain any substances regulated as hazardous air pollutants (HAPS) under Section 112 of the Clean Air Act Amendments of 1990.

Clean Water Act

This product does not contain any substances regulated as pollutants pursuant to the Clean Water Act (40 CFR 122.21 and 40 CFR 122.42).

U.S. State Regulations (RTK)

Chemical Name	CAS No	New Jersey
Alcohol	64-17-5	X

Chemical Name	CAS No	Massachusetts
Alcohol	64-17-5	X

Chemical Name	CAS No	Pennsylvania
Alcohol	64-17-5	X

California Proposition 65

This product is not subject to warning labeling under California Proposition 65.

International Inventories**United States**

All intentionally-added components of this product(s) are listed on the US TSCA Inventory

Canada

This product is in compliance with CEPA for import by P&G

Legend

United States Toxic Substances Control Act Section 8(b) Inventory (TSCA)

CEPA - Canadian Environmental Protection Act

16. OTHER INFORMATION**HMIS****NFPA**

Issuing Date: 21-Apr-2021

Revision date 10-Nov-2021

Disclaimer.

The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text

End of Safety Data Sheet

1. PRODUCT AND COMPANY IDENTIFICATION

Manufacturer

Titan Laboratories
2935 Irving Blvd., #209
Dallas, TX 75247

Contact: Titan Laboratories

Phone: 800-475-3300 // 214-638-1200

Email: info@titanlabs.net

Web: www.titanlabs.net

Product Name: Glass Gleam-3

Revision Date: January 2, 2017

Version: 3.2

SDS Number: 531

Common Name: Cleaner

CAS Number: MIXTURE

Chemical Family: Cleaner

Chemical Formula: *** PROPRIETARY ***

Product Use: Glass cleaning

Emergency Phone: +1-800-255-3924

2. HAZARDS IDENTIFICATION

NFPA:
HMIS III:



Health = 1, Fire = 1, Reactivity = 0
H*1/F1/PH0

HMIS III	
HEALTH	1
FLAMMABILITY	1
PHYSICAL HAZARDS	0
PERSONAL PROTECTION B Safety Glasses, Gloves	

PERSONAL PROTECTION INDEX																																									
A					G																																				
B					H																																				
C					I																																				
D					J																																				
E					K																																				
F					X	Consult your supervisor or S.O.P. for "SPECIAL" handling directions																																			
A		n		o		p		q		s																															
<table border="0"> <tr> <td>Safety Glasses</td> <td>Full Face Respirator</td> <td>Face Shield & Eye Protection</td> <td>Goggles</td> <td>Shower</td> <td>Symbols</td> <td>Full Body</td> </tr> <tr> <td>t</td> <td></td> <td>u</td> <td></td> <td>w</td> <td></td> <td>y</td> <td></td> <td>z</td> <td></td> <td colspan="2">Additional Information</td> </tr> <tr> <td>Dust Respirator</td> <td>Chemical Protection</td> <td>Dust & Inert Gas Respirator</td> <td>Full Face Respirator</td> <td>Active Noise or Vibration</td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>												Safety Glasses	Full Face Respirator	Face Shield & Eye Protection	Goggles	Shower	Symbols	Full Body	t		u		w		y		z		Additional Information		Dust Respirator	Chemical Protection	Dust & Inert Gas Respirator	Full Face Respirator	Active Noise or Vibration						
Safety Glasses	Full Face Respirator	Face Shield & Eye Protection	Goggles	Shower	Symbols	Full Body																																			
t		u		w		y		z		Additional Information																															
Dust Respirator	Chemical Protection	Dust & Inert Gas Respirator	Full Face Respirator	Active Noise or Vibration																																					

GHS Signal Word:
DANGER

GHS Hazard Pictograms:



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GHS Classifications:

Health, Acute toxicity, 4 Oral
Health, Skin corrosion/irritation, 2
Health, Serious Eye Damage/Eye Irritation, 1

GHS Phrases:

H302 - Harmful if swallowed
H315 - Causes skin irritation
H318 - Causes serious eye damage

GHS Precautionary Statements:

P210 - Keep away from heat/sparks/open flames/hot surfaces. No smoking
P261 - Avoid breathing dust/fume/gas/mist/vapors/spray.
P262 - Do not get in eyes, on skin, or on clothing.
P264 - Wash skin thoroughly after handling.
P270 - Do not eat, drink or smoke when using this product.
P273 - Avoid release to the environment.
P281 - Use personal protective equipment as required.
P301+310 - IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.
P301+330+331 - IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+361+353 - IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.
P304+340 - IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P305+351+338 - IF IN EYES: Rinse continuously with water for several minutes. Remove contact lenses if present and easy to do. Continue rinsing.
P321 - Specific treatment (see supplementary first aid instructions on this label).
P332+313 - If skin irritation occurs: Get medical advice/attention.
P337+313 - If eye irritation persists: Get medical advice/attention.
P362 - Take off contaminated clothing and wash before reuse.
P405 - Store locked up.
P410+412 - Protect from sunlight. Do not expose to temperatures exceeding 50 °C/122 °F
P501 - Dispose of contents/container to an approved waste disposal plant.

Health Hazards: Not to be expected if handled and used properly. Health hazard assignment applies to concentrated product only. When this product is used at the dilutions recommended by Titan Laboratories, it attributes minimal to no health hazards, acute or chronic, to the end user.

3. COMPOSITION/INFORMATION ON INGREDIENTS

Ingredients:

CAS #	Percentage	Chemical Name
N/A	65-78%	Proprietary, non-hazardous, non-regulated
68439-46-3	20-25%	Alcohols, C9-11, ethoxylated
68130-47-2	1-5%	Poly(oxy-1,2-ethanediyl), .alpha.-hydro-.omega.-hydroxy-, mono-C8-10-alkyl ethers, phosphates
6419-19-8	1-5%	Phosphonic acid, [nitrilotris (methylene)]tris-

4. FIRST AID MEASURES

Inhalation: Give oxygen or artificial respiration if needed. If symptoms develop, move victim to fresh air. If symptoms persist, obtain medical attention.

Skin Contact: Take off contaminated clothing and shoes immediately. Promptly flush skin with water for at least 15 minutes to ensure all chemical is removed. If reddening develops and/or persists, obtain medical attention.

Eye Contact: Flush with large amounts of water for at least 15 minutes, lifting upper and lower lids occasionally. Remove contact lenses if present and easy to do so. If eye irritation persists, obtain medical attention.

Ingestion: Rinse mouth with water. Do NOT induce vomiting unless instructed to do so. Never give anything by mouth to an unconscious person. Get immediate medical attention.

Most important symptoms and effects, both acute and delayed: The most important known symptoms and effects are

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described in the labelling (see Section 2) and/or Section 11.

Indication of any immediate medical attention and special treatment needed: No data available.

5. FIRE FIGHTING MEASURES

Flammability:	No data available
Flash Point	DNA
Flash Point Method	DNA
Burning Rate	No data available
Autoignition Temp	No data available
LEL	DNA
UEL	DNA

Extinguishing Media:

Water Spray Water Fog Carbon Dioxide
Alcohol-Resistant Foam
Dry Chemical

Special Hazards Arising From the Substance or Mixture:

Aldehydes Carbon Oxides Hydrocarbon particulate

Hydrogen Chloride gas Nitrogen Oxides (NOx) Phosphine gas Phosphorous Oxides Sodium Oxides

Advice for Firefighters: Firefighters should wear full-face, positive-pressure respirators.

Further Information: If incinerated, may release toxic fumes. Use water spray to cool unopened containers. Do NOT use high volume water jet to extinguish fire, as the force of the water jet may cause fire to spread. See Section 7 for more information on safe handling. See Section 8 for more information on personal protection equipment. See Section 13 for disposal information.

6. ACCIDENTAL RELEASE MEASURES

Personal Precautions, Protective Equipment and Emergency Procedures:

Use personal protective equipment. Keep from contacting skin or eyes. Avoid breathing vapors, mist or gas. Ensure adequate ventilation. Evacuate personnel to safe areas.

Environmental Precautions: Prevent further release (leakage/spillage) if safe to do so. Do not allow product to enter drains. Do not allow to drain to environment.

Methods and Materials for Containments and Cleaning Up: Absorb with liquid-binding material (sand, diatomite, universal binders, sawdust). Place contaminated material into suitable, closed containers for disposal. Dispose of contaminated material according to Section 13. After spillage has been collected, area may be flushed with water or wet-brushed. Ensure adequate ventilation.

Reference to Other Sections: See Section 7 for information on safe handling. See Section 8 for information on personal protection equipment. See Section 13 for information on proper disposal.

7. HANDLING AND STORAGE

Handling Precautions: Avoid breathing vapors or mist. Avoid contact with eyes, skin, or clothing. Keep containers closed when not in use. Do not expose containers to open flame, excessive heat, or direct sunlight. Keep away from sources of ignition. Do not smoke while using material. Do not puncture or drop containers.

Storage Requirements: Handle with care and avoid spillage on the floor (slippage). Keep material out of reach of children. Keep material away from incompatible materials. Wash thoroughly after handling. Keep container tightly closed. Store in a well-ventilated place. Do not store at temperatures exceeding 50 °C/122 °F. Do not store in direct sunlight.

Store away from strong acids, strong bases, strong oxidizing agents, strong reducing agents, Alcohols, Amines, reactive metals

(Zinc & Aluminum) and their alloys (Brass, etc.), Copper and its alloys, Iron, rubber, and materials that are reactive with Hydroxyl compounds.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Engineering Controls: All ventilation should be designed in accordance with OSHA standard (29 CFR 1910.94). Use local exhaust at filling zones and where leakage and dust formation is probable. Use mechanical (general) ventilation for storage areas. Use appropriate ventilation as required to keep Exposure Limits in Air below TLV & PEL limits.

Personal Protective Equip:

Eye/face protection: When using material use safety glasses and gloves according to HMIS PP, B. All safety equipment should be tested and approved under appropriate government standards such as NIOSH (US) or EN 166 (EU).

Skin protection: Handle with gloves made from PVC, Neoprene or Nitrile. Gloves must be inspected prior to use. Use proper glove removal technique (without touching glove's outer surface) to avoid skin contact. Dispose of contaminated gloves according to applicable laws and laboratory practices.

Body Protection: Chemically resistant gloves, and safety glasses are recommended. Type of protective equipment should be selected based on concentration amount and conditions of use of this material.

Respiratory protection: Full-face vapor respirator may be required as backup to engineering controls when proper engineering controls are not in place to keep TLV and PEL limits below defined thresholds.

Control of environmental exposure: Prevent leakage or spillage if safe to do so. Do not let material enter drains.

Components with workplace control parameters:

Component(s): Phosphonic acid, [nitrilotris(methylene)]tris- CAS No(s): 6419-19-8

USA Workplace Environmental Exposure Levels (TWA/WEEL): 10 mg/m³

Biological occupational exposure limits: Contains no substances with biological occupational exposure limits values.

9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance: Clear, orange liquid

Physical State: Liquid

Odor Threshold: Not determined

Particle Size: Not determined

Spec Grav./Density: 1.028 g/ml (8.58 lbs/gal)

Viscosity: Not determined

Sat. Vap. Conc.: Not determined

Boiling Point: 100.6 °C (213 °F)

Flammability: (solid, gas): Not determined

Partition Coefficient: Not determined

Vapor Pressure: (mm Hg @ 25 °C): 20

pH: @ 1%: 7.4

Evap. Rate: (N-Butyl Acetate = 1): Not determined

Molecular weight: MIXTURE

Decomp Temp: Not determined

Odor: Pleasant

Molecular Formula: MIXTURE

Solubility: 100%

Softening Point: Not determined

Percent Volatile: 1.02%

Heat Value: Not determined

Freezing/Melting Pt.: Not determined

Flash Point: DNA

Octanol: Not determined

Vapor Density: (air = 1): Not determined

Glass Gleam-3™

VOC: 10.3 g/l

Bulk Density: Not determined

Auto-Ignition Temp: Not determined

UFL/LFL: Not determined

10. STABILITY AND REACTIVITY

Stability: Product is stable under normal conditions.

Conditions to Avoid: Incompatibilities, flames, ignition sources.

Materials to Avoid: Strong acids, strong bases, strong oxidizing agents, strong reducing agents, Alcohols, Amines, reactive metals (Zinc & Aluminum) and their alloys (Brass, etc.), Copper and its alloys, Iron, rubber, and materials that are reactive with Hydroxyl compounds.

Hazardous Decomposition: Aldehydes, Carbon Oxides, Hydrocarbon particulate, Hydrogen Chloride gas, Nitrogen Oxides (NOx), Phosphine gas, Phosphorous Oxides and Sodium Oxides.

Hazardous Polymerization: Will not occur.

11. TOXICOLOGICAL INFORMATION

Component(s): Alcohols, C9-11, ethoxylated; Poly(oxy-1,2-ethanediyl), .alpha.-hydro.-omega.-hydroxy-, mono-C8-10-alkyl ethers, phosphates; Phosphonic acid, [nitrilotris(methylene)]tris-

CAS No(s): 68439-46-3; 68130-47-2; 6419-19-8

Acute Toxicity:

LD50 Oral - Rat: 2,910 mg/kg

LD50 Dermal - Rabbit: > 5,000 mg/kg

Skin Corrosion/Irritation: Rabbit skin - Corrosive (4 h).

Serious Eye Damage/Eye Irritation: Rabbit eyes - Severe eye irritation.

Respiratory or Skin Sensitization: No data available. **Germ Cell Mutagenicity:** No data available. **Carcinogenicity:**

IARC: No component of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by IARC.

ACGIH: No component of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by ACGIH.

NTP: No component of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by NTP.

OSHA: No component of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by OSHA.

Reproductive Toxicity: No data available.

Specific Target Organ Toxicity - Single Exposure: No data available. **Specific Target Organ Toxicity - Repeated Exposure:**

No data available. **Aspiration Hazard:** No data available.

Additional Information:

Component: Alcohols, C9-11, ethoxylated; RTECS: AX8100000

Component: Poly(oxy-1,2-ethanediyl), .alpha.-hydro.-omega.-hydroxy-, mono-C8-10-alkyl ethers, phosphates; RTECS: 1001516AS

Component: Phosphonic acid, [nitrilotris(methylene)]tris-; RTECS: SZ9860000

12. ECOLOGICAL INFORMATION

Component(s): Alcohols, C9-11, ethoxylated; Poly(oxy-1,2-ethanediyl), .alpha.-hydro-.omega.-hydroxy-, mono-C8-10-alkyl ethers, phosphates; Phosphonic acid, [nitrilotris(methylene)]tris-

CAS No(s): 68439-46-3; 68130-47-2; 6419-19-8

Toxicity:

Toxicity to fish:

LC50 - Oncorhynchus mykiss (Rainbow Trout): 5.5 mg/l (96 h) LC50 - Pimephales promelas (Fathead Minnow): 8.5 mg/l (144 h)

LC50 - Salmo gairdneri: 160 mg/l (96 h)

Toxicity to daphnia and other aquatic invertebrates:

EC50 - Daphnia magna (Water Flea): 5.3 mg/l (48 h)

Immobilization EC50 - Daphnia magna (Water flea): 297 mg/l (48 h)

Toxicity to algae:

Static test EC50 - Skeletonema costatum: 80 mg/l (72 h)

Persistence and Degradability:

No data available.

Bioaccumulative potential:

No data available.

Mobility in Soil:

No data available.

Results of PBT and vPvB assessment:

Not required/conducted.

Other Adverse Effects:

An environmental hazard cannot be excluded in the event of unprofessional handling or disposal. Toxic to aquatic life.

13. DISPOSAL CONSIDERATIONS

Product: Hazardous wastes shall be managed responsibly. All entities that store, transport or handle hazardous waste shall take the necessary measures to prevent risks of pollution, release into the environment or damage to people and animals. Contact a licensed professional waste disposal service to dispose of this material.

Contaminated Packaging: Dispose of as unused product.

14. TRANSPORT INFORMATION

DOT (US)

Non-regulated material, liquid

IMDG

Non-regulated material, liquid

IATA

Non-regulated material, liquid

15. REGULATORY INFORMATION

COMPONENT / (CAS/PERC) / CODES

*Alcohols, C9-11, ethoxylated (68439463 20-25%) SARA311/312, TSCA

*Poly(oxy-1,2-ethanediyl), .alpha.-hydro-.omega.-hydroxy-, mono-C8-10-alkyl ethers, phosphates (68130472 1-5%) TSCA

*Phosphonic acid, [nitrilotris(methylene)]tris- (6419198 1-5%) TSCA

REGULATORY KEY DESCRIPTIONS

SARA311/312 = SARA 311/312 Toxic Chemicals

TSCA = Toxic Substances Control Act

16. OTHER INFORMATION**Disclaimer:**

The data in this Safety Data Sheet relates only to the specific material designated herein and does not relate to use in combination with any other material in any process. The information set forth herein is furnished free of charge and is based on technical data that Titan Laboratories believes to be reliable. It is intended for use by persons having technical skill and at their own discretion and risk. Since conditions of use are outside of Titan Laboratories' control, Titan Laboratories makes no warranties, expressed or implied, and assumes no liability in connection with any use of this information. Nothing herein is to be taken as a license to operate under, or a recommendation to infringe upon, any patents.

1. PRODUCT AND COMPANY IDENTIFICATION

Manufacturer

Titan Laboratories
2935 Irving Blvd., #209
Dallas, TX 75247

Contact: Titan Laboratories

Phone: 800-475-3300 // 214-638-1200

Email: info@titanlabs.net

Web: www.titanlabs.net

Product Name: Glass Gleam-4 RTU

Revision Date: January 3, 2022

Version: 1.8

SDS Number: 541

Common Name: Ready-to-Use Cleaner

CAS Number: MIXTURE

Chemical Family: Cleaner

Chemical Formula: *** PROPRIETARY ***

Product Use: Glass cleaning

Emergency Phone: +1-800-255-3924

2. HAZARDS IDENTIFICATION

NFPA:
HMIS III:



Health = 0, Fire = 0, Reactivity = 0
H0/F0/PH0

HMIS III	
HEALTH	0
FLAMMABILITY	0
PHYSICAL HAZARDS	0
PERSONAL PROTECTION A Safety Glasses	

PERSONAL PROTECTION INDEX			
A	Goggles	G	Goggles + Gloves + Respirator
B	Goggles + Gloves	H	Goggles + Gloves + Clothing + Respirator
C	Goggles + Gloves + Clothing	I	Goggles + Gloves + Clothing + Respirator
D	Goggles + Gloves + Clothing + Respirator	J	Goggles + Gloves + Clothing + Respirator
E	Goggles + Gloves + Clothing + Respirator	K	Goggles + Gloves + Clothing + Respirator
F	Goggles + Gloves + Clothing + Respirator	X	Consult your supervisor or S.O.P. for "SPECIAL" handling directions
A	Safety Glasses	n	Eye Protection
t	Hand Protection	U	Respiratory Protection
U	Respiratory Protection	w	Body Protection
w	Body Protection	y	Foot Protection
y	Foot Protection	z	Additional Information

GHS Precautionary Statements:

P261 - Avoid breathing dust/fume/gas/mist/vapors/spray.

P262 - Do not get in eyes, on skin, or on clothing.

P264 - Wash skin thoroughly after handling.

P270 - Do not eat, drink or smoke when using this product.

P273 - Avoid release to the environment.

P301+312 - IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell.

P301+330+331 - IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.

Safety Data Sheet (SDS)

Titan Laboratories, Inc.

Glass Gleam-4™ Ready To Use

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P302+350 - IF ON SKIN: Gently wash with soap and water.

P305+351+338 - IF IN EYES: Rinse continuously with water for several minutes. Remove contact lenses if present and easy to do. Continue rinsing.

P332+313 - If skin irritation occurs: Get medical advice/attention.

P337+313 - If eye irritation persists: Get medical advice/attention.

P405 - Store locked up.

P410+412 - Protect from sunlight. Do not expose to temperatures exceeding 50 °C/122 °F

P501 - Dispose of contents/container to an approved waste disposal plant.

3. COMPOSITION/INFORMATION ON INGREDIENTS

Ingredients:

CAS #	Percentage	Chemical Name
N/A	100%	Proprietary, non-hazardous, non-regulated

4. FIRST AID MEASURES

Inhalation: Give oxygen or artificial respiration if needed. If symptoms develop, move victim to fresh air. If symptoms persist, obtain medical attention.

Skin Contact: Promptly flush skin with water for at least 15 minutes to ensure all chemical is removed. If reddening develops and/or persists, obtain medical attention.

Eye Contact: Flush with large amounts of water for at least 15 minutes, lifting upper and lower lids occasionally. Remove contact lenses if present and easy to do so. If eye irritation persists, obtain medical attention.

Ingestion: Rinse mouth with water. Do NOT induce vomiting unless instructed to do so. Never give anything by mouth to an unconscious person. If symptoms persist, obtain medical attention.

Most important symptoms and effects, both acute and delayed: The most important known symptoms and effects are described in the labelling (see Section 2) and/or Section 11.

Indication of any immediate medical attention and special treatment needed: No data available.

5. FIRE FIGHTING MEASURES

Flammability	No data available
Flash Point	DNA
Flash Point Method	DNA
Burning Rate	No data available
Autoignition Temp	No data available
LEL	DNA
UEL	DNA

Extinguishing Media:

Water Spray

Water Fog

Carbon Dioxide

Alcohol-Resistant Foam

Dry Chemical

Special Hazards Arising From the Substance or Mixture: Aldehydes Carbon Oxides Hydrocarbon particulate Hydrogen Chloride gas Nitrogen Oxides (NOx) Phosphine gas Phosphorous Oxides Sodium Oxides.

Advice for Firefighters: Firefighters should wear full-face, positive-pressure respirators.

Further Information:

If incinerated, may release toxic fumes.

Use water spray to cool unopened containers.

See Section 7 for more information on safe handling.

See Section 8 for more information on personal protection equipment. See Section 13 for disposal information.

6. ACCIDENTAL RELEASE MEASURES

Personal Precautions, Protective Equipment and Emergency Procedures:

Use personal protective equipment. Keep from contacting skin or eyes. Avoid breathing vapors, mist or gas. Ensure adequate ventilation. Evacuate personnel to safe areas.

Environmental Precautions:

Prevent further release (leakage/spillage) if safe to do so. Do not allow product to enter drains.

Do not allow to drain to environment.

Methods and Materials for Containments and Cleaning Up:

Absorb with liquid-binding material (sand, diatomite, universal binders, sawdust). Place contaminated material into suitable, closed containers for disposal. Dispose of contaminated material according to Section 13.

After spillage has been collected, area may be flushed with water or wet-brushed. Ensure adequate ventilation.

Reference to Other Sections:

See Section 7 for information on safe handling.

See Section 8 for information on personal protection equipment. See Section 13 for information on proper disposal.

7. HANDLING AND STORAGE

Handling Precautions: Avoid breathing vapors or mist. Avoid contact with eyes, skin, or clothing. Keep containers closed when not in use. Do not expose containers to open flame, excessive heat, or direct sunlight. Keep away from sources of ignition. Do not smoke while using material. Do not puncture or drop containers. Handle with care and avoid spillage on the floor (slippage). Keep material out of reach of children. Keep material away from incompatible materials. Wash thoroughly after handling.

Storage Requirements: Keep container tightly closed. Store in a well-ventilated place. Do not store at temperatures exceeding 50 °C/122 °F. Do not store in direct sunlight. Store away from strong acids, strong bases, strong oxidizing agents, strong reducing agents, Alcohols, Amines, reactive metals (Zinc & Aluminum) and their alloys (Brass, etc.), Copper and its alloys, Iron, rubber, and materials that are reactive with Hydroxyl compounds.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Engineering Controls: All ventilation should be designed in accordance with OSHA standard (29 CFR 1910.94). Use local exhaust at filling zones and where leakage and dust formation is probable. Use mechanical (general) ventilation for storage areas. Use appropriate ventilation as required to keep Exposure Limits in Air below TLV & PEL limits.

Personal Protective Equip:

Eye/face protection:

When using material use safety glasses according to HMIS PP, A. All safety equipment should be tested and approved under appropriate government standards such as NIOSH (US) or EN 166 (EU).

Skin protection: Handle with gloves made from PVC, Neoprene or Nitrile, if desired. Gloves are not needed for normal use. Gloves must be inspected prior to use. Use proper glove removal technique (without touching glove's outer surface) to avoid skin contact. Dispose of contaminated gloves according to applicable laws and laboratory practices.

Body Protection: Chemically resistant safety glasses are recommended. Type of protective equipment should be selected based

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on concentration amount and conditions of use of this material.

Respiratory protection: None required.

Control of environmental exposure: Prevent leakage or spillage if safe to do so. Do not let material enter drains.

Components with workplace control parameters:

Contains no substances with occupational exposure limit values.

Biological occupational exposure limits:

Contains no substances with biological occupational exposure limits values.

9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance: Clear, orange liquid

Physical State: Liquid

Odor Threshold: Not determined

Particle Size: Not determined

Spec Grav./Density: 1.001 g/ml (8.35 lbs/gal)

Viscosity: Not determined

Sat. Vap. Conc.: Not determined

Boiling Point: 100.0 °C (212 °F)

Flammability: (solid, gas): Not determined

Partition Coefficient: Not determined

Vapor Pressure: (mm Hg @ 25 °C): Not determined

pH: @ 1%: 7.1

Evap. Rate: (N-Butyl Acetate = 1): Not determined

Molecular weight: MIXTURE

Decomp Temp: Not determined

Odor: Odorless

Molecular Formula: MIXTURE

Solubility: 100%

Softening Point: Not determined

Percent Volatile: DNA

Heat Value: Not determined

Freezing/Melting Pt.: Not determined

Flash Point: DNA

Octanol: Not determined

Vapor Density: (air = 1): Not determined

VOC: DNA

Bulk Density: Not determined

Auto-Ignition Temp: Not determined

UFL/LFL: Not determined

10. STABILITY AND REACTIVITY

Stability: Product is stable under normal conditions.

Conditions to Avoid: Incompatibilities, flames, ignition sources.

Materials to Avoid: Strong acids, strong bases, strong oxidizing agents, strong reducing agents, Alcohols, Amines, reactive metals (Zinc & Aluminum) and their alloys (Brass, etc.), Copper and its alloys, Iron, rubber, and materials that are reactive with Hydroxyl compounds.

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Hazardous Decomposition: Aldehydes, Carbon Oxides, Hydrocarbon particulate, Hydrogen Chloride gas, Nitrogen Oxides, (NOx), Phosphine gas, Phosphorous Oxides and Sodium Oxides.

Hazardous Polymerization: Will not occur.

11. TOXICOLOGICAL INFORMATION

Component(s): N/A

CAS No(s): N/A

Acute Toxicity: No data available.

Skin Corrosion/Irritation: Generally this product does not irritate the skin.

Serious Eye Damage/Eye Irritation: Generally this product does not irritate the eyes.

Respiratory or Skin Sensitization: No data available. **Germ Cell Mutagenicity:** No data available. **Carcinogenicity:**

IARC: No component of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by IARC.

ACGIH: No component of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by ACGIH.

NTP: No component of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by NTP.

OSHA: No component of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by OSHA.

Reproductive Toxicity: No data available.

Specific Target Organ Toxicity - Single Exposure: No data available. **Specific Target Organ Toxicity - Repeated Exposure:** No data available. **Aspiration Hazard:** No data available.

Additional Information: No data available.

12 ECOLOGICAL INFORMATION

Component(s): N/A

CAS No(s): N/A

Toxicity:

Toxicity to fish:

No data available.

Toxicity to daphnia and other aquatic invertebrates:

No data available.

Persistence and Degradability:

Readily biodegradable.

Bioaccumulative potential:

No data available.

Mobility in Soil:

No data available.

Results of PBT and vPvB assessment:

Not required/conducted.

Other Adverse Effects:

An environmental hazard cannot be excluded in the event of unprofessional handling or disposal. Product does not present any hazards to aquatic life.

13. DISPOSAL CONSIDERATIONS

Product: Hazardous wastes shall be managed responsibly. All entities that store, transport or handle hazardous waste shall take the necessary measures to prevent risks of pollution, release into the environment or damage to people and animals. Contact a licensed professional waste disposal service to dispose of this material.

Contaminated Packaging: Dispose of as unused product.

14. TRANSPORT INFORMATION

DOT (US)

Non-regulated material, liquid

IMDG

Non-regulated material, liquid

IATA

Non-regulated material, liquid

15. REGULATORY INFORMATION

COMPONENT / (CAS/PERC) / CODES

Proprietary, non-hazardous, non-regulated (None 100%) None - Reporting not required

REGULATORY KEY DESCRIPTIONS

None - Not applicable

16 OTHER INFORMATION

Disclaimer:

The data in this Safety Data Sheet relates only to the specific material designated herein and does not relate to use in combination with any other material in any process. The information set forth herein is furnished free of charge and is based on technical data that Titan Laboratories believes to be reliable. It is intended for use by persons having technical skill and at their own discretion and risk. Since conditions of use are outside of Titan Laboratories' control, Titan Laboratories makes no warranties, expressed or implied, and assumes no liability in connection with any use of this information. Nothing herein is to be taken as a license to operate under, or a recommendation to infringe upon, any patents.

Section 1: IDENTIFICATION**Product Name:** Simple Green® All-Purpose Cleaner**Additional Names:****Manufacturer's Part Number:** **Please refer to Section 16***Recommended Use:** Cleaner & Degreaser for water tolerant surfaces.**Restrictions on Use:** Do not use on non-rinseable surfaces.**Company:** Sunshine Makers, Inc.
15922 Pacific Coast Highway
Huntington Beach, CA 92649 USA**Telephone:** 800-228-0709 • 562-795-6000 *Mon – Fri, 8am – 5pm PST***Fax:** 562-592-3830**Email:** info@simplegreen.com**Emergency Phone:** Chem-Tel 24-Hour Emergency Service: 800-255-3924**Section 2: HAZARDS IDENTIFICATION****This product is not considered hazardous under 2012 OSHA Hazard Communication Standard (29 CFR 1910.1200).**OSHA HCS 2012Label Elements**Signal Word:** None**Hazard Symbol(s)/Pictogram(s):** None required**Hazard Statements:** None**Precautionary Statements:** None**Hazards Not Otherwise Classified (HNOC):** None**Other Information:** None Known**Section 3: COMPOSITION/INFORMATION ON INGREDIENTS**

<u>Ingredient</u>	<u>CAS Number</u>	<u>Percent Range</u>
Water	7732-18-5	> 80.698%*
C9-11 Alcohols Ethoxylated	68439-46-3	< 5.000%*
Surfactant	Proprietary	< 5.000%*
Sodium Citrate	68-04-2	< 5.000%*
Sodium Carbonate	497-19-8	< 1.000%*
Tetrasodium Glutamate Diacetate	51981-21-6	< 1.000%*
Citric Acid	77-92-9	< 1.000%*
Blend of Polyoxyalkylene Substituted Chromophores (Cyan and Yellow)	Proprietary Mixture	< 0.100%*
Fragrances	Proprietary Mixture	< 1.000%*
Anethole	104-46-1	< 0.100%*
Eucalyptol	470-82-6	< 0.100%*
Methylchlorisothiazolinone	26172-55-4	< 0.001%*
Methylisothiazolinone	2682-20-4	< 0.0001%*

specific percentages of composition are being withheld as a trade secret*Section 4: FIRST-AID MEASURES****Inhalation:** Not expected to cause respiratory irritation. If adverse effect occurs, move to fresh air.**Skin Contact:** Not expected to cause skin irritation. If adverse effect occurs, rinse skin with water.**Eye Contact:** Not expected to cause eye irritation. If adverse effect occurs, flush eyes with water.**Ingestion:** May cause upset stomach. Drink plenty of water to dilute. See section 11.**Most Important Symptoms/Effects, Acute and Delayed:** None known.

Section 4: FIRST-AID MEASURES - continued

Indication of Immediate Medical Attention and Special Treatment Needed, if necessary: Treat symptomatically

Section 5: FIRE-FIGHTING MEASURES

Suitable & Unsuitable Extinguishing Media: Use Dry chemical, CO₂, water spray or "alcohol" foam. Avoid high volume jet water.

Specific Hazards Arising from Chemical: In event of fire, fire created carbon oxides may be formed.

Special Protective Actions for Fire-Fighters: Wear positive pressure self-contained breathing apparatus; Wear full protective clothing.

This product is non-flammable. See Section 9 for Physical Properties.

Section 6: ACCIDENTAL RELEASE MEASURES

Personal Precautions, Protective Equipment and Emergency Procedures: *For non-emergency and emergency personnel:* See section 8 – personal protection. Avoid eye contact. Safety goggles suggested.

Environmental Precautions: Do not allow into open waterways and ground water systems.

Methods and Materials for Containment and Clean Up: Dike or soak up with inert absorbent material. See section 13 for disposal considerations.

Section 7: HANDLING AND STORAGE

Precautions for Safe Handling: Ensure adequate ventilation. Keep out of reach of children. Keep away from heat, sparks, open flame and direct sunlight. Do not pierce any part of the container. Do not mix or contaminate with any other chemical. Do not eat, drink or smoke while using this product.

Conditions for Safe Storage including Incompatibilities: Keep container tightly closed. Keep in cool dry area. Avoid prolonged exposure to sunlight. Do not store at temperatures above 109°F (42.7°C). If separation occurs, mix the product for reconstitution.

Section 8: EXPOSURE CONTROLS / PERSONAL PROTECTION

Exposure Limit Values: No components listed with TWA or STEL values under OSHA or ACGIH.

Appropriate Engineering Controls: Showers, eyewash stations, ventilation systems

Individual Protection Measures / Personal Protective Equipment (PPE)

Eye Contact: Use protective glasses or safety goggles if splashing or spray-back is likely.

Respiratory: Use in well ventilated areas or local exhaust ventilations when cleaning small spaces.

Skin Contact: Use protective gloves (any material) when used for prolonged periods or dermally sensitive.

General Hygiene Considerations: Wash thoroughly after handling and before eating or drinking.

Section 9: PHYSICAL AND CHEMICAL PROPERTIES

Appearance:	Green Liquid	Partition Coefficient: n-octanol/water:	Not determined
Odor:	Added sassafras odor	Autoignition Temperature:	Non-flammable
Odor Threshold:	Not determined	Decomposition Temperature:	42.7°C (109°F)
pH:	8.5 – 9.2	Viscosity:	Like water
Freezing Point:	0-3.33°C (32-38°F)	Specific Gravity:	1.01 – 1.03
Boiling Point & Range:	101°C (213.8°F)	VOCs:	**Water & fragrance exemption in calculation

Section 9: PHYSICAL AND CHEMICAL PROPERTIES - continued

Flash Point:	> 212°F	SCAQMD 304-91 / EPA 24:	0 g/L	0 lb/gal	0%
Evaporation Rate:	Not determined	CARB Method 310**:	< 5 g/L	<0.0417lb/gal	<0.5%
Flammability (solid, gas):	Not applicable	SCAQMD Method 313:	Not tested		
Upper/Lower Flammability or Explosive Limits:	Not applicable	VOC Composite Partial Pressure:	Not determined		
Vapor Pressure:	0.60 PSI @77°F, 2.05 PSI @100°F	Relative Density:	8.42 – 8.59 lb/gal		
Vapor Density:	Not determined	Solubility:	100% in water		

Section 10: STABILITY AND REACTIVITY

Reactivity:	Non-reactive.
Chemical Stability:	Stable under normal conditions 70°F (21°C) and 14.7 psig (760 mmHg).
Possibility of Hazardous Reactions:	None known.
Conditions to Avoid:	Excessive heat or cold.
Incompatible Materials:	Do not mix with oxidizers, acids, bathroom cleaners, or disinfecting agents.
Hazardous Decomposition Products:	Normal products of combustion - CO, CO ₂ .

Section 11: TOXICOLOGICAL INFORMATION

Likely Routes of Exposure:	Inhalation -	Overexposure may cause headache.
	Skin Contact -	Not expected to cause irritation, repeated contact may cause dry skin.
	Eye Contact -	Not expected to cause irritation.
	Ingestion -	May cause upset stomach.

Symptoms related to the physical, chemical and toxicological characteristics: no symptoms expected under typical use conditions.

Delayed and immediate effects and or chronic effects from short term exposure: no symptoms expected under typical use conditions.

Delayed and immediate effects and or chronic effects from long term exposure: headache, dry skin, or skin irritation may occur.

Interactive effects: Not known.

Numerical Measures of Toxicity

Acute Toxicity:	Oral LD ₅₀ (rat)	> 5 g/kg body weight
	Dermal LD ₅₀ (rabbit)	> 5 g/kg body weight
<i>Calculated via OSHA HCS 2012 / Globally Harmonized System of Classification and Labelling of Chemicals</i>		

Skin Corrosion/Irritation:	Non-irritant per Dermal Irritation® assay modeling. No animal testing performed.
Eye Damage/Irritation:	Non-irritant per Ocular Irritation® assay modeling. No animal testing performed.
Germ Cell Mutagenicity:	Mixture does not classify under this category.
Carcinogenicity:	Mixture does not classify under this category.
Reproductive Toxicity:	Mixture does not classify under this category.
STOT-Single Exposure:	Mixture does not classify under this category.
STOT-Repeated Exposure:	Mixture does not classify under this category.
Aspiration Hazard:	Mixture does not classify under this category.

Section 12: ECOLOGICAL INFORMATION

Ecotoxicity:	Volume of ingredients used does not trigger toxicity classifications under the Globally Harmonized System of Classification and Labelling of Chemicals.
Aquatic:	Aquatic Toxicity - Low, based on OECD 201, 202, 203 + Microtox: EC ₅₀ & IC ₅₀ ≥100 mg/L. Volume of ingredients used does not trigger toxicity classifications under the Globally Harmonized System of Classification and Labelling of Chemicals.
Terrestrial:	Not tested on finished formulation.

Section 12: ECOLOGICAL INFORMATION - continued

Persistence and Degradability:	Readily Biodegradable per OCED 301D, Closed Bottle Test. Reaches 100% biodegradation within 60 days.
Bioaccumulative Potential:	No data available.
Mobility in Soil:	No data available.
Other Adverse Effects:	No data available.

Section 13: DISPOSAL CONSIDERATIONS

Unused or Used Liquid: May be considered hazardous in your area depending on usage and tonnage of disposal – check with local, regional, and or national regulations for appropriate methods of disposal.

Empty Containers: May be offered for recycling.

Never dispose of used degreasing rinsates into lakes, streams, and open bodies of water or storm drains.

Section 14: TRANSPORT INFORMATION

U.N. Number:	Not applicable
U.N. Proper Shipping Name:	Cleaning Compound, Liquid NOI
Transport Hazard Class(es):	Not applicable
Packing Group:	Not applicable
Environmental Hazards:	Marine Pollutant - NO
Transport in Bulk (according to Annex II of MARPOL 73/78 and IBC Code):	Unknown.
Special precautions which user needs to be aware of/comply with, in connection with transport or conveyance either within or outside their premises:	None known.

U.S. (DOT) / Canadian TDG:	Not Regulated for shipping.	ICAO/ IATA:	Not classified as Hazardous
IMO / IDMG:	Not classified as Hazardous	ADR/RID:	Not classified as Hazardous

Section 15: REGULATORY INFORMATION

All components are listed on: TSCA and DSL Inventory.

SARA Title III: Sections 311/312 Hazard Categories – Not applicable.
Sections 313 Superfunds Amendments and Reauthorizations Act of 1986 – Not applicable.
Sections 302 – Not applicable.

Clean Air Act (CAA): Not applicable

Clean Water Act (CWA): Not applicable

State Right To Know Lists: No ingredients listed

California Proposition 65: No ingredients listed

This product has been classified as “not classifiable as hazardous” in accordance with Consumer Product Safety Commission (16 CFR Chapter 2) and labelled and packaged accordingly.

US Consumer Product Safety Commission Regulations

This product is labeled in accordance with regulations administered by the Consumer Product Safety Commission (CPSC). However, the use pattern and exposure in the workplace are generally not consistent with those experienced by consumers. Therefore, the requirements of the Occupational Safety and Health Administration applicable to this SDS differ from the labeling requirements of the CPSC, and this SDS may contain additional health hazard information not pertinent to consumer use and not found on the product label.

Section 16: OTHER INFORMATION

<u>Size</u>	<u>UPC</u>	<u>Size</u>	<u>UPC</u>
2 fl. oz.	043318131035	67.6 fl. oz.	043318000393
4 fl. oz.	043318130014	67.6 fl. oz.w/ dilution bottle	043318005442
16 fl. oz.	043318130021	140 fl. oz.	043318001390
22 fl. oz.	043318130229	140 fl. oz. w/ dilution bottle	043318001468
24 fl. oz.	043318006241	1 gallon	043318000799
24 fl. oz.	043318130137	1 gallon	043318004957
32 fl. oz.	043318000652	1 gallon	043318130052
32 fl. oz.	043318002557	1 gallon w/ dilution bottle	043318480416
32 fl. oz.	043318130335	1 gallon w/ dilution bottle	043318480492
67.6 fl. oz.	043318130144	2.5 gallon	043318004889

USA items listed only. Not all items listed. USA items may not be valid for international sale.

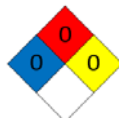
NFPA:

Health – None

Flammability – Non-flammable

Stability – Stable

Special - None

**Acronyms**

NTP National Toxicology Program

OSHA Occupational Safety and Health Administration

TSCA Toxic Substances Control Act

IARC International Agency for Research on Cancer

CPSC Consumer Product Safety Commission

DSL Domestic Substances List

Prepared / Revised By: Sunshine Makers, Inc., Regulatory Department.

This SDS has been revised in the following sections: Aligned Section 3 with California Ingredient Disclosure and minor fixes.

DISCLAIMER: The information provided in this Safety Data Sheet is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material used in combination with any other materials or in any process, unless specified in the text.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/05/2025

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 ROBERT J ROLL AGENCY LLC AGENT NUMBER 4652 18618 FORT ST RIVERVIEW MI 48193		CONTACT NAME: MEGAN BOYLAN PHONE (A/C No. Ext): 734-284-9500 FAX (A/C, No): 734-284-6616 E-MAIL ADDRESS: MBOYLAN@FBINSMI.COM	
INSURED MOELLER PROPERTY SERVICES INC DBA PREMIER WINDOW CLEANING INC 3127 VASSAR DEARBORN MI 48124		INSURER(S) AFFORDING COVERAGE INSURER A: FARM BUREAU INSURANCE 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"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: FIRE LEGAL	X		BO-11443407	11/12/2024	11/12/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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 EACH FIRE \$ 50,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> 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						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

We will endeavor to mail written notice of cancellation at least ten (10) days before the date of cancellation if we cancel for non-payment of premium, thirty (30) days before the cancellation date if we cancel for any other reason, as provided in policy language. Coverage extended to the scheduled Additional Insured, City of Troy as afforded in the Comprehensive General Liability coverage, is provided on a primary, noncontributory basis only as defined in the policy language.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF TROY PURCHASING MANAGER 500 W BIG BEAVER RD 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 ROBERT J ROLL

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VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
09/05/2025

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER  James Fedewa 24409 Eureka Rd Taylor, MI 48180	CONTACT NAME: James Fedewa PHONE (A/C, No, Ext): 734-946-1100 FAX (A/C, No): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #:																		
INSURED RACHAL & NATHAN MOELLER 3127 VASSAR ST DEARBORN, MI 48124	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>State Farm Mutual Automobile Insurance Company</td><td>25178</td></tr><tr><td>INSURER B :</td><td></td><td></td></tr><tr><td>INSURER C :</td><td></td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	State Farm Mutual Automobile Insurance Company	25178	INSURER B :			INSURER C :			INSURER D :			INSURER E :		
INSURER(S) AFFORDING COVERAGE		NAIC #																	
INSURER A :	State Farm Mutual Automobile Insurance Company	25178																	
INSURER B :																			
INSURER C :																			
INSURER D :																			
INSURER E :																			

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
2021	Ram	1500	P/U	1C6SRFJT6MN670128
DESCRIPTION			VEHICLE/EQUIPMENT VALUE	SERIAL NUMBER
			\$	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		<input checked="" type="checkbox"/> VEHICLE LIABILITY	096 2653-F17-22T	06/17/2025	12/17/2025	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$ 1,000,000
						BODILY INJURY (Per accident)	\$ 1,000,000
						PROPERTY DAMAGE	\$ 1,000,000
		GENERAL LIABILITY				EACH OCCURENCE	\$
		<input type="checkbox"/> OCCURRENCE				GENERAL AGGREGATE	\$
		<input type="checkbox"/> CLAIMS MADE					\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
A		<input checked="" type="checkbox"/> VEH COLLISION LOSS	096 2653-F17-22T	06/17/2025	12/17/2025	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
A		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	096 2653-F17-22T	06/17/2025	12/17/2025	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 200 DED
		EQUIPMENT				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
		<input type="checkbox"/> BASIC <input type="checkbox"/> BROAD				<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED
		<input type="checkbox"/> SPECIAL					

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

CANCELLATION

Select one of the following:			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
<input type="checkbox"/>	The additional interest described below has been added to the policy(ies) listed herein by policy number(s).			
<input type="checkbox"/>	A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).			
VEHICLE / EQUIPMENT INTEREST:	LEASED	FINANCED	DESCRIPTION OF THE ADDITIONAL INTEREST	
NAME AND ADDRESS OF ADDITIONAL INTEREST CITY OF TROY 500 W BIG BEAVER RD TROY, MI 48084			<input type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE
			<input type="checkbox"/> LENDER'S LOSS PAYEE	
			LOAN / LEASE NUMBER	
AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.				

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Additional Insured:

**ADDITIONAL INTEREST NOTICE
BUSINESSOWNERS POLICY
RENEWAL**

CITY OF TROY
500 W BIG BEAVER RD
TROY MI 48084-5285

Policy Number: **BO-11443407**
Policy Period (12:01 a.m. standard time):
11/12/2024 TO 11/12/2025
Effective Date: **November 12, 2024**

Agent: **Robert Roll # 4652**
18618 FORT ST
RIVERVIEW MI 48193-7443
734-284-9500
rroll@fbinsmi.com

THIS IS NOT A BILLING.

Subject to all applicable policy provisions, the Additional Insured named above has an interest in this policy, as indicated by the endorsement listed below.

Named Insured and Mailing Address

MOELLER PROPERTY SERVICES INC
PREMIER WINDOW CLEANING INC
3127 VASSAR ST
DEARBORN MI 48124-3535

An Additional Interest is included in all or part of the following.

Liability Coverage Limits

	<u>Limit of Insurance</u>
Liability and Medical Expenses	\$ 1,000,000
Personal and Advertising Injury	INCLUDED
Medical Expenses (Per Person)	\$ 10,000
Damage to Premises Rented to You (Each Occurrence)	\$ 50,000
Other than Products-Completed Operations Aggregate Limit	\$ 2,000,000
Products-Completed Operations Aggregate Limit	\$ 2,000,000

Applicable Additional Insured Endorsement

Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization (BP 04 50)
Location(s) of Covered Operations:
All Locations

Additional Insured Name

CITY OF TROY

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:

BUSINESSOWNERS COVERAGE FORM

Section II - Liability is amended as follows:

A. The following is added to Paragraph C. Who Is An Insured:

3. Any person(s) or organization(s) shown in the Declarations is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. 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:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. 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 Paragraph D. Liability And Medical Expenses Limits Of Insurance:**

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

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

whichever is less.

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

dfcu
FINANCIAL
400 TOWN CENTER DRIVE
DEARBORN, MICHIGAN 48126

PLEASE DETACH AND RETAIN FOR YOUR RECORDS

09-8679
0724

No. 110523

Date: September 08, 2025

Pay to the
Order of City of Troy

Amount \$ *****1,000.00

One Thousand and 00/100 ***** DOLLARS

CASHIER'S CHECK

NON-NEGOTIABLE

Premier bid check
Memo

Authorized Signature

MEMBER COPY

dfcu
FINANCIAL
400 TOWN CENTER DRIVE
DEARBORN, MICHIGAN 48126

THIS DOCUMENT HAS AN AUTHENTIC WATERMARK PRINTED ON THE BACK. THE FRONT OF THE DOCUMENT HAS A HEAT REACTIVE
THERMOCHROMIC ICON. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.

09-8679
0724

No. 110523

VOID 90 DAYS AFTER THIS DATE

Date: September 08, 2025

Pay to the
Order of City of Troy

Amount \$ *****1,000.00

One Thousand and 00/100 ***** DOLLARS

CASHIER'S CHECK



Premier bid check
Memo

Authorized Signature

⑈ 110523 ⑈ ⑆07248679⑆ ⑆01564507⑈



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM



Date: September 23, 2025

To: Frank Nastasi, City Manager

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

Subject: Standard Purchasing Resolution 2: Award to Low Bidder Meeting Specifications – Window Cleaning Services

History

- The Facilities Division is responsible for overseeing Window Cleaning Services for City facilities.
- Window Cleaning Services are routinely performed during the spring and fall seasons. Services are currently provided at City Hall, Police Department, Library, District Court, Community Center, Transit Center, Training Center, and the Department of Public Works.
- Window Cleaning Services at other City facilities are utilized on an as-needed basis.
- Premier Window Cleaning of Dearborn, MI has successfully been providing these services at most facilities since 2014.
- Annual Window Cleaning Services for Fire Stations 1-6 have been included.

Purchasing

- On September 18, 2025, a bid opening was conducted as required by the City Charter/Code for three (3) year requirements of Window Washing Services with an option to renew for two (2) additional years.
- The bid was posted on the MITN Purchasing Group website; www.bidnetdirect.com/city-of-troy-mi.
- Two hundred and eight (208) vendors were notified via the MITN website.
- Four (4) bid responses were received which one did not meet specifications regarding the bid surety requirements. One additional bid was considered non-responsive as they failed to submit the bid surety as required. Below is a detailed summary of the vendor responses.

Companies notified via MITN	208
Troy Companies notified via MITN	9
Troy Companies - Active email Notification	8
Troy Companies - Active Free	1
Companies that viewed the bid	33
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.



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Purchasing (continued)

- *Premier Window Cleaning Inc. of Dearborn, MI* is the low bidder meeting specifications and is being recommended for award.

Financial

Funds are available in various department operating budgets.

Recommendation

City Management recommends awarding a three (3) year contract with two one-year renewal options for Window Cleaning Services to *Premier Window Cleaning Inc. of Dearborn, MI* for an estimated annual cost of \$29,950 for Proposal A for two annual cleanings and \$5,480 for Proposal B Fire Stations for one annual cleaning at unit prices contained in the bid tabulation opened September 18, 2025; not to exceed budgetary limitations; contract to expire June 30, 2030.

CITY OF TROY
BID TABULATION
WINDOW CLEANING SERVICES

VENDOR NAME: Allied Building Services			Premier Window Cleaning, Inc.	Martinez Retail Management, Inc. dba All Window Cleaning Services	Frisch Window Cleaning, LLC			
CITY: Detroit, MI			Dearborn, MI	Hinsdale, IL	Lapeer, MI			
CHECK AMOUNT: \$1,000.00			\$1,000.00	\$1,000.00	Certified/Cashier's Check or Money Order not provided			
CHECK #: 1869399			110523.00	3018939882				
PROPOSAL: To provide all necessary equipment, materials and personnel for WINDOW CLEANING SERVICES AT MULTIPLE CITY BUILDINGS for a three (3) year period with two (2) 1-year renewal options								
Description	Price per Cleaning	Total (2 Cleanings)	Price per Cleaning	Total (2 Cleanings)	Price per Cleaning	Total (2 Cleanings)	Price per Cleaning	Total (2 Cleanings)
PROPOSAL A - CITY BUILDINGS								
1. Troy City Hall, 500 W Big Beaver								
Year 1 - Total Price Per Cleaning	\$5,040.00	\$10,080.00	\$2,100.00	\$4,200.00	\$2,795.00	\$5,590.00	\$3,930.00	\$7,860.00
Year 2 - Total Price Per Cleaning	\$5,343.00	\$10,686.00	\$2,100.00	\$4,200.00	\$2,875.00	\$5,750.00	\$3,930.00	\$7,860.00
Year 3 - Total Price Per Cleaning	\$5,557.00	\$11,114.00	\$2,100.00	\$4,200.00	\$2,960.00	\$5,920.00	\$3,930.00	\$7,860.00
3 Year Total:	\$31,880.00		\$12,600.00		\$17,260.00		\$23,580.00	
2. Troy Police Station, 500 W Big Beaver								
Year 1 - Total Price Per Cleaning	\$4,600.00	\$9,200.00	\$3,050.00	\$6,100.00	\$3,295.00	\$6,590.00	\$3,160.00	\$6,320.00
Year 2 - Total Price Per Cleaning	\$4,992.00	\$9,984.00	\$3,050.00	\$6,100.00	\$3,390.00	\$6,780.00	\$3,160.00	\$6,320.00
Year 3 - Total Price Per Cleaning	\$5,119.00	\$10,238.00	\$3,050.00	\$6,100.00	\$3,490.00	\$6,980.00	\$3,160.00	\$6,320.00
3 Year Total:	\$29,422.00		\$18,300.00		\$20,350.00		\$18,960.00	
3. Troy Library, 510 W Big Beaver								
Year 1 - Total Price Per Cleaning	\$990.00	\$1,980.00	\$1,200.00	\$2,400.00	\$1,595.00	\$3,190.00	\$1,500.00	\$3,000.00
Year 2 - Total Price Per Cleaning	\$1,059.00	\$2,118.00	\$1,200.00	\$2,400.00	\$1,640.00	\$3,280.00	\$1,500.00	\$3,000.00
Year 3 - Total Price Per Cleaning	\$1,102.00	\$2,204.00	\$1,200.00	\$2,400.00	\$1,690.00	\$3,380.00	\$1,500.00	\$3,000.00
3 Year Total:	\$6,302.00		\$7,200.00		\$9,850.00		\$9,000.00	
4. Troy District Court, 520 W Big Beaver								
Year 1 - Total Price Per Cleaning	\$1,890.00	\$3,780.00	\$1,400.00	\$2,800.00	\$1,995.00	\$3,990.00	\$3,260.00	\$6,520.00
Year 2 - Total Price Per Cleaning	\$2,022.00	\$4,044.00	\$1,400.00	\$2,800.00	\$2,050.00	\$4,100.00	\$3,260.00	\$6,520.00
Year 3 - Total Price Per Cleaning	\$2,103.00	\$4,206.00	\$1,400.00	\$2,800.00	\$2,110.00	\$4,220.00	\$3,260.00	\$6,520.00
3 Year Total:	\$12,030.00		\$8,400.00		\$12,310.00		\$19,560.00	
5. Troy Community Center, 3179 Livernois								
Year 1 - Total Price Per Cleaning	\$10,850.00	\$21,700.00	\$4,350.00	\$8,700.00	\$4,795.00	\$9,590.00	\$7,172.00	\$14,344.00
Year 2 - Total Price Per Cleaning	\$11,610.00	\$23,220.00	\$4,350.00	\$8,700.00	\$4,935.00	\$9,870.00	\$7,172.00	\$14,344.00
Year 3 - Total Price Per Cleaning	\$12,074.00	\$24,148.00	\$4,350.00	\$8,700.00	\$5,080.00	\$10,160.00	\$7,172.00	\$14,344.00
3 Year Total:	\$69,068.00		\$26,100.00		\$29,620.00		\$43,032.00	
6. Troy Transit Center, 1201 Doyle								
Year 1 - Total Price Per Cleaning	\$2,520.00	\$5,040.00	\$1,625.00	\$3,250.00	\$795.00	\$1,590.00	\$1,348.00	\$2,696.00
Year 2 - Total Price Per Cleaning	\$2,696.00	\$5,392.00	\$1,625.00	\$3,250.00	\$815.00	\$1,630.00	\$1,348.00	\$2,696.00
Year 3 - Total Price Per Cleaning	\$2,804.00	\$5,608.00	\$1,625.00	\$3,250.00	\$840.00	\$1,680.00	\$1,348.00	\$2,696.00
3 Year Total:	\$16,040.00		\$9,750.00		\$4,900.00		\$8,088.00	
7. Troy Fire and Police Training Center, 4850 John R								
Year 1 - Total Price Per Cleaning	\$990.00	\$1,980.00	\$600.00	\$1,200.00	\$795.00	\$1,590.00	\$870.00	\$1,740.00
Year 2 - Total Price Per Cleaning	\$1,059.00	\$2,118.00	\$600.00	\$1,200.00	\$815.00	\$1,630.00	\$870.00	\$1,740.00
Year 3 - Total Price Per Cleaning	\$1,102.00	\$2,204.00	\$600.00	\$1,200.00	\$840.00	\$1,680.00	\$870.00	\$1,740.00
3 Year Total:	\$6,302.00		\$3,600.00		\$4,900.00		\$5,220.00	
8. Department of Public Works, 4693 Rochester Road								
Year 1 - Total Price Per Cleaning	\$630.00	\$1,260.00	\$300.00	\$600.00	\$500.00	\$1,000.00	\$876.00	\$1,752.00
Year 2 - Total Price Per Cleaning	\$674.00	\$1,348.00	\$300.00	\$600.00	\$515.00	\$1,030.00	\$876.00	\$1,752.00
Year 3 - Total Price Per Cleaning	\$701.00	\$1,402.00	\$350.00	\$600.00	\$530.00	\$1,060.00	\$876.00	\$1,752.00
3 Year Total:	\$4,010.00		\$1,800.00		\$3,090.00		\$5,256.00	
9. DPW Parks Garage, 4695 Rochester Road								
Year 1 - Total Price Per Cleaning	\$315.00	\$630.00	\$350.00	\$700.00	\$50.00	\$100.00	\$500.00	\$1,000.00
Year 2 - Total Price Per Cleaning	\$337.00	\$674.00	\$350.00	\$700.00	\$50.00	\$100.00	\$500.00	\$1,000.00
Year 3 - Total Price Per Cleaning	\$351.00	\$702.00	\$350.00	\$700.00	\$50.00	\$100.00	\$500.00	\$1,000.00
3 Year Total:	\$2,006.00		\$2,100.00		\$300.00		\$3,000.00	
Proposal A: Year 1 Total	\$55,650.00		\$29,950.00		\$33,230.00		\$45,232.00	
Proposal A: Year 2 Total:	\$59,584.00		\$29,950.00		\$34,170.00		\$45,232.00	
Proposal A: Year 3 Total:	\$61,826.00		\$29,950.00		\$35,180.00		\$45,232.00	
Proposal A Renewal Price Increase per year	3.0%		2.0%		3.0%		0.0%	

CITY OF TROY
BID TABULATION
WINDOW CLEANING SERVICES

ITB-COT 25-25
Page 2 of 2

VENDOR NAME: Allied Building Services		Premier Window Cleaning, Inc.	Martinez Retail Management, Inc. dba All Window Cleaning Services	Frisch Window Cleaning, LLC
CITY: Detroit, MI		Dearborn, MI	Hinsdale, IL	Lapeer, MI
Description	Price per Cleaning	Price per Cleaning	Price per Cleaning	Price per Cleaning
PROPOSAL B - FIRE STATIONS				
1. Troy Fire Station 1, 1019 East Big Beaver				
Year 1 - Total Price Per Cleaning	\$720.00	\$460.00	\$450.00	\$510.00
Year 2 - Total Price Per Cleaning	\$770.00	\$460.00	\$460.00	\$510.00
Year 3 - Total Price Per Cleaning	\$801.00	\$460.00	\$470.00	\$510.00
3 Year Total:	\$2,291.00	\$1,380.00	\$1,380.00	\$1,530.00
2. Troy Fire Station 2, 5600 Livernois				
Year 1 - Total Price Per Cleaning	\$630.00	\$430.00	\$400.00	\$600.00
Year 2 - Total Price Per Cleaning	\$674.00	\$430.00	\$410.00	\$600.00
Year 3 - Total Price Per Cleaning	\$701.00	\$430.00	\$420.00	\$600.00
3 Year Total:	\$2,005.00	\$1,290.00	\$1,230.00	\$1,800.00
3. Troy Fire Station 3, 2400 West Big Beaver				
Year 1 - Total Price Per Cleaning	\$1,550.00	\$1,800.00	\$1,995.00	\$2,090.00
Year 2 - Total Price Per Cleaning	\$1,659.00	\$1,800.00	\$2,050.00	\$2,090.00
Year 3 - Total Price Per Cleaning	\$1,725.00	\$1,800.00	\$2,110.00	\$2,090.00
3 Year Total:	\$4,934.00	\$5,400.00	\$6,155.00	\$6,270.00
4. Troy Fire Station 4, 2117 East Maple				
Year 1 - Total Price Per Cleaning	\$1,652.00	\$1,900.00	\$1,795.00	\$1,406.00
Year 2 - Total Price Per Cleaning	\$1,768.00	\$1,900.00	\$1,850.00	\$1,406.00
Year 3 - Total Price Per Cleaning	\$1,838.00	\$1,900.00	\$1,900.00	\$1,406.00
3 Year Total:	\$5,258.00	\$5,700.00	\$5,545.00	\$4,218.00
5. Troy Fire Station 5, 6399 John R				
Year 1 - Total Price Per Cleaning	\$810.00	\$460.00	\$350.00	\$540.00
Year 2 - Total Price Per Cleaning	\$867.00	\$460.00	\$360.00	\$540.00
Year 3 - Total Price Per Cleaning	\$901.00	\$460.00	\$370.00	\$540.00
3 Year Total:	\$2,578.00	\$1,380.00	\$1,080.00	\$1,620.00
6. Troy Fire Station 6, 5901 Coolidge				
Year 1 - Total Price Per Cleaning	\$720.00	\$430.00	\$350.00	\$462.00
Year 2 - Total Price Per Cleaning	\$770.00	\$430.00	\$360.00	\$462.00
Year 3 - Total Price Per Cleaning	\$801.00	\$430.00	\$370.00	\$462.00
3 Year Total:	\$2,291.00	\$1,290.00	\$1,080.00	\$1,386.00
Proposal B: Year 1 Total:	\$6,082.00	\$5,480.00	\$5,340.00	\$5,608.00
Proposal B: Year 2 Total:	\$6,508.00	\$5,480.00	\$5,490.00	\$5,608.00
Proposal B: Year 3 Total:	\$6,767.00	\$5,480.00	\$5,640.00	\$5,608.00
Proposal B Renewal Price Increase per year	3.0%	2.0%	3.0%	0.0%
Proposal A & B: Grand Total Year 1:	\$61,732.00	\$35,430.00	\$38,570.00	\$50,840.00
Proposal A & B: Grand Total Year 2:	\$66,092.00	\$35,430.00	\$39,660.00	\$50,840.00
Proposal A & B: Grand Total Year 3:	\$68,593.00	\$35,430.00	\$40,820.00	\$50,840.00
Grand Total Proposals A & B Years 1-3:	\$196,417.00	\$106,290.00	\$119,050.00	\$152,520.00
Contact Information Provided:	Y/N	Y	Y	Y
Site Inspection:	Y/N	Y	Y	N
References:	Y/N	Y	Y	Y
Can begin work Sept/Oct 2025:	Y/N	Y	Y	Y
Insurance:	Y/N	Y	Y	Y
Payment Terms:	Net 30	30 days from invoice date	Net 30 Days	Net 30
Warranty:	60 Days	N/A	48 hours	1 Year
Exceptions:	None	None	None	None
Acknowledgement:	Y	Y	Y	Y
Vendor Questionnaire:	Y	Y	Y	Y
Forms:	Y	Y	Y	2 forms not notarized

Low Bid Meeting Specifications

Attest:

(*Bid Opening conducted via a Zoom Meeting)

Laura Campbell

Andrew Chambliss

Stephanie Kerr

Emily Frontera

Purchasing Manager



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/05/2025

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 ROBERT J ROLL AGENCY LLC AGENT NUMBER 4652 18618 FORT ST RIVERVIEW MI 48193	CONTACT NAME: MEGAN BOYLAN PHONE (A/C No. Ext): 734-284-9500 FAX (A/C, No): 734-284-6616 E-MAIL ADDRESS: MBOYLAN@FBINSMI.COM
INSURED MOELLER PROPERTY SERVICES INC DBA PREMIER WINDOW CLEANING INC 3127 VASSAR DEARBORN MI 48124	INSURER(S) AFFORDING COVERAGE INSURER A: FARM BUREAU INSURANCE 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"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: FIRE LEGAL	X		BO-11443407	11/12/2024	11/12/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 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 EACH FIRE \$ 50,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> 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						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

We will endeavor to mail written notice of cancellation at least ten (10) days before the date of cancellation if we cancel for non-payment of premium, thirty (30) days before the cancellation date if we cancel for any other reason, as provided in policy language. Coverage extended to the scheduled Additional Insured, City of Troy as afforded in the Comprehensive General Liability coverage, is provided on a primary, noncontributory basis only as defined in the policy language.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF TROY PURCHASING MANAGER 500 W BIG BEAVER RD 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 ROBERT J ROLL
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VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)
09/05/2025

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.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

PRODUCER  James Fedewa 24409 Eureka Rd Taylor, MI 48180		CONTACT NAME: James Fedewa PHONE (A/C, No, Ext): 734-946-1100 FAX (A/C, No): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #:	
INSURED RACHAL & NATHAN MOELLER 3127 VASSAR ST DEARBORN, MI 48124		INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Mutual Automobile Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	
		NAIC # 25178	

DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR 2021	MAKE / MANUFACTURER Ram	MODEL 1500	BODY TYPE P/U	VEHICLE IDENTIFICATION NUMBER 1C6SRFJT6MN670128
DESCRIPTION			VEHICLE/EQUIPMENT VALUE \$	SERIAL NUMBER

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) 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 POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	VEHICLE LIABILITY	096 2653-F17-22T	06/17/2025	12/17/2025	COMBINED SINGLE LIMIT	\$
						BODILY INJURY (Per person)	\$ 1,000,000
						BODILY INJURY (Per accident)	\$ 1,000,000
						PROPERTY DAMAGE	\$ 1,000,000
	<input type="checkbox"/>	GENERAL LIABILITY				EACH OCCURENCE	\$
						GENERAL AGGREGATE	\$
							\$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE	
A	<input checked="" type="checkbox"/>	VEH COLLISION LOSS	096 2653-F17-22T	06/17/2025	12/17/2025	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 500 DED
A	<input checked="" type="checkbox"/>	VEH COMP <input type="checkbox"/> VEH OTC	096 2653-F17-22T	06/17/2025	12/17/2025	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> STATED AMT	\$ 200 DED
	<input type="checkbox"/>	EQUIPMENT				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT	\$ LIMIT
						<input type="checkbox"/> RC <input type="checkbox"/> STATED AMT	\$ DED

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ADDITIONAL INTEREST

CANCELLATION

Select one of the following: <input type="checkbox"/> The additional interest described below has been added to the policy(ies) listed herein by policy number(s). <input type="checkbox"/> A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
VEHICLE / EQUIPMENT INTEREST: <input type="checkbox"/> LEASED <input type="checkbox"/> FINANCED			DESCRIPTION OF THE ADDITIONAL INTEREST		
NAME AND ADDRESS OF ADDITIONAL INTEREST CITY OF TROY 500 W BIG BEAVER RD TROY, MI 48084			<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LOSS PAYEE		
			<input type="checkbox"/> LENDER'S LOSS PAYEE		
			LOAN / LEASE NUMBER		
			AUTHORIZED REPRESENTATIVE Completed by an authorized State Farm representative. If signature is required, please contact a State Farm agent.		

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Additional Insured:

**ADDITIONAL INTEREST NOTICE
BUSINESSOWNERS POLICY
RENEWAL**

CITY OF TROY
500 W BIG BEAVER RD
TROY MI 48084-5285

Policy Number: **BO-11443407**
Policy Period (12:01 a.m. standard time):
11/12/2024 TO 11/12/2025
Effective Date: **November 12, 2024**

Agent: **Robert Roll # 4652**
18618 FORT ST
RIVERVIEW MI 48193-7443
734-284-9500
rroll@fbinsmi.com

THIS IS NOT A BILLING.

Subject to all applicable policy provisions, the Additional Insured named above has an interest in this policy, as indicated by the endorsement listed below.

Named Insured and Mailing Address

MOELLER PROPERTY SERVICES INC
PREMIER WINDOW CLEANING INC
3127 VASSAR ST
DEARBORN MI 48124-3535

An Additional Interest is included in all or part of the following.

Liability Coverage Limits

	<u>Limit of Insurance</u>
Liability and Medical Expenses	\$ 1,000,000
Personal and Advertising Injury	INCLUDED
Medical Expenses (Per Person)	\$ 10,000
Damage to Premises Rented to You (Each Occurrence)	\$ 50,000
Other than Products-Completed Operations Aggregate Limit	\$ 2,000,000
Products-Completed Operations Aggregate Limit	\$ 2,000,000

Applicable Additional Insured Endorsement

Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization (BP 04 50)
Location(s) of Covered Operations:
All Locations

Additional Insured Name

CITY OF TROY

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:

BUSINESSOWNERS COVERAGE FORM

Section II - Liability is amended as follows:

A. The following is added to Paragraph C. Who Is An Insured:

3. Any person(s) or organization(s) shown in the Declarations is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. 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:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. 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 Paragraph D. Liability And Medical Expenses Limits Of Insurance:**

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

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

whichever is less.

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

Additional Insured:

**ADDITIONAL INTEREST NOTICE
BUSINESSOWNERS POLICY
POLICY CHANGE**

PMES3J00900565-044578339-
CITY OF TROY
500 W BIG BEAVER RD
TROY MI 48084-5285



Policy Number: **BO-11443407**
Policy Period (12:01 a.m. standard time):
11/12/2024 TO 11/12/2025
Effective Date: **September 5, 2025**



Agent: **Robert Roll # 4652**
18618 FORT ST
RIVERVIEW MI 48193-7443
734-284-9500
rroll@fbinsmi.com

THIS IS NOT A BILLING.

Subject to all applicable policy provisions, the Additional Insured named above has an interest in this policy, as indicated by the endorsement listed below.

Named Insured and Mailing Address

MOELLER PROPERTY SERVICES INC
PREMIER WINDOW CLEANING INC
3127 VASSAR ST
DEARBORN MI 48124-3535

An Additional Interest is included in all or part of the following.

Liability Coverage Limits

	<u>Limit of Insurance</u>
Liability and Medical Expenses	\$ 1,000,000
Personal and Advertising Injury	INCLUDED
Medical Expenses (Per Person)	\$ 10,000
Damage to Premises Rented to You (Each Occurrence)	\$ 50,000
Other than Products-Completed Operations Aggregate Limit	\$ 2,000,000
Products-Completed Operations Aggregate Limit	\$ 2,000,000

Applicable Additional Insured Endorsement

Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization (BP 04 50)
Location(s) of Covered Operations:
All Locations

Additional Insured Name

CITY OF TROY

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:

BUSINESSOWNERS COVERAGE FORM

Section II - Liability is amended as follows:

A. The following is added to Paragraph C. Who Is An Insured:

3. Any person(s) or organization(s) shown in the Declarations is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

- a. Your acts or omissions; or
- b. 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:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. 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 Paragraph D. Liability And Medical Expenses Limits Of Insurance:

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

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

whichever is less.

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



Additional Insured:

**ADDITIONAL INTEREST NOTICE
BUSINESSOWNERS POLICY
POLICY CHANGE**

PMES3J00900564-044578338-
CITY OF TROY
500 W BIG BEAVER RD
TROY MI 48084-5285



Policy Number: **BO-11443407**
Policy Period (12:01 a.m. standard time):
11/12/2024 TO 11/12/2025
Effective Date: **September 5, 2025**
Agent: **Robert Roll # 4652**
18618 FORT ST
RIVERVIEW MI 48193-7443
734-284-9500
rroll@fbinsmi.com



THIS IS NOT A BILLING.

Subject to all applicable policy provisions, the Additional Insured named above has an interest in this policy, as indicated by the endorsement listed below.

Named Insured and Mailing Address

MOELLER PROPERTY SERVICES INC
PREMIER WINDOW CLEANING INC
3127 VASSAR ST
DEARBORN MI 48124-3535

An Additional Interest is included in all or part of the following.

Liability Coverage Limits

	<u>Limit of Insurance</u>
Liability and Medical Expenses	\$ 1,000,000
Personal and Advertising Injury	INCLUDED
Medical Expenses (Per Person)	\$ 10,000
Damage to Premises Rented to You (Each Occurrence)	\$ 50,000
Other than Products-Completed Operations Aggregate Limit	\$ 2,000,000
Products-Completed Operations Aggregate Limit	\$ 2,000,000

Applicable Additional Insured Endorsement

Additional Insured - Owners, Lessees or Contractors - Completed Operations (BP 14 02)
Location And Description Of Completed Operations:
MI

Additional Insured Name

CITY OF TROY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

Section II - Liability is amended as follows:

A. The following is added to Paragraph C. Who Is An Insured:

Any person(s) or organization(s) shown in the Declarations is also an additional insured, 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 Declarations for 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 Paragraph D. Liability And Medical Expenses Limits Of Insurance:

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

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

whichever is less.

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



September 10, 2025

Additional Insured:

PMES3J00900001-044577775-

CITY OF TROY

500 W BIG BEAVER RD

TROY MI 48084-5285



ADDITIONAL INTEREST NOTICE
DISCONTINUATION OF
YOUR INTEREST

Coverage ends on 09/05/2025
for

BUSINESSOWNERS POLICY

Policy Number BO-11443407

Policy Period (12:01 a.m. standard time):
11/12/2024 to 11/12/2025



For Questions, Call: **734-284-9500**

Agent: ROBERT J ROLL #4652

rroll@fbinsmi.com

ATTENTION - DISCONTINUATION OF YOUR INTEREST

All conditions of your interest are discontinued effective:
September 05, 2025 (as of 12:01 a.m. standard time)

We have been advised that you no longer have an interest in the coverages indicated below. Therefore, your interest in those coverages under this policy is discontinued. If we have been advised incorrectly, please contact us immediately.

Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization (BP 04 50)

Location(s) of Covered Operations:

All Locations

Named Insured and Mailing Address:

MOELLER PROPERTY SERVICES INC
PREMIER WINDOW CLEANING INC
3127 VASSAR ST
DEARBORN MI 48124-3535

Additional Insured Name:

CITY OF TROY

Farm Bureau General Insurance Company of Michigan

NOTICE OF EXCLUSION

Michigan Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
PO Box 30016, Lansing, MI 48909
(517) 322-1195

Read instructions and general information sheet prior to completing

A. Employer Name(s) MOELLER PROPERTY SERVICES, INC.	Telephone Number 313-530-6236	D. Federal ID Number 46-3683975	
B. Principal Office Address (Street Number and Name) 3127 VASSAR	City DEARBORN	State MI	ZIP Code 48124

C. Type of Business ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company ☒ Corporation


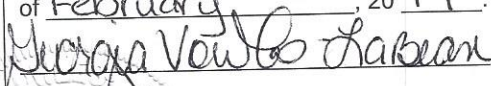
E. Name of sole proprietor, partners, officers of corporation, or members who are also managers of limited liability company.

Name NATHAN MOELLER	Title PRESIDENT
Name	Title
Name	Title
Name	Title

F. PERSONS SIGNING BELOW CERTIFY THAT THEY ARE EMPLOYED BY EMPLOYER AND ARE ELIGIBLE TO BE EXCLUDED UNDER THE MICHIGAN WORKERS' DISABILITY COMPENSATION ACT (SEE INSTRUCTIONS AND GENERAL INFORMATION SHEET). EACH PERSON SIGNING THIS FORM VOLUNTARILY ELECTS TO BE EXCLUDED FROM BEING CONSIDERED AN EMPLOYEE UNDER THE ACT. THIS EXCLUSION REMAINS IN EFFECT NO MORE THAN 20 DAYS AFTER THE NOTICE OF TERMINATION OF EXCLUSION, FORM WC-338, IS RECEIVED BY OUR AGENCY. (SEE R408.41C)

Name of Employee (Type or Print) NATHAN MOELLER	Signature of Employee	Social Security Number XXX-XX-3503
<input checked="" type="checkbox"/> Corporate Officer <input type="checkbox"/> Partner <input type="checkbox"/> Member and Manager <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent		
Name of Employee (Type or Print)	Signature of Employee	Social Security Number XXX-XX-
<input type="checkbox"/> Corporate Officer <input type="checkbox"/> Partner <input type="checkbox"/> Member and Manager <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent		
Name of Employee (Type or Print)	Signature of Employee	Social Security Number XXX-XX-
<input type="checkbox"/> Corporate Officer <input type="checkbox"/> Partner <input type="checkbox"/> Member and Manager <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent		
Name of Employee (Type or Print)	Signature of Employee	Social Security Number XXX-XX-
<input type="checkbox"/> Corporate Officer <input type="checkbox"/> Partner <input type="checkbox"/> Member and Manager <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent		

G. As an authorized representative of the employer, I have read sections 418.161(2), 418.161(3), 418.161(4), and 418.161(5) of the Michigan Workers' Disability Compensation Act of 1969. I have also read rule 408.41b and rule 408.41c. I certify that the excluded employees comprise all of the employees of this employer and are eligible to be excluded. I understand this exclusion shall remain in effect no more than 20 days after the Notice of Termination of Exclusion, Form WC-338, is received by the agency. I further certify that all parties signing this exclusion have received a copy prior to filing.

 Employer Authorized Signature	Subscribed and sworn to before me this 15 day of February , 20 14 .  Notary Public County: Wayne Commission Expires: 5-27-15
Nathan Moeller President Employer Authorized Representative/Title (Please Print)	

LARA is an equal opportunity employer. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: Workers' Disability Compensation Act 418.161(5) Completion: Voluntary Penalty: None
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