

**BLANKET ORDER**

No. 2012-00002193

DATE: 08/29/2012

PAGE: 1 of 1

FOB DESTINATION

Ship To

CITY OF TROY  
Engineering  
500 W BIG BEAVER RD  
TROY, MI 48084

Bill To

CITY OF TROY  
Engineering  
500 W BIG BEAVER RD  
TROY, MI 48084COUNCIL RESOLUTION  
< \$10K

VENDOR NO. 162133

**CHANGE ORDER**

Vendor

UNIVERSAL CONSOLIDATED ENTERPRISES  
17625 E. TEN MILE RD  
ROSEVILLE, MI 48066

COPY

QUANTITIES ARE ESTIMATED AND WILL BE ORDERED AS NEEDED

QUANTITY	UNIT	DESCRIPTION	STATUS	UNIT COST	TOTAL COST
1	Each	Bid Surety:	New Item	0.0000	\$0.00
		----- Your bid deposit check #502095278 in the amount of \$1,600.00 will be retained as performance surety until successful completion of all contract requirements.			
1	Lump Sum	Demolition of 6695 John R COMPLETION DATE: To commence within ten (10) working days of notice to proceed and be completed within one calendar-week DISPOSAL SITE: Metro Sanitation (586)756-1006 PAYMENT TERMS: Net 45 Days ----- RESIDENTIAL BUILDERS' AND MAINTENANCE & ALTERATION CONTRACTORS' BOARD RESIDENTIAL BUILDER LICENSE A1255042	Open	9,989.0000	\$9,989.00

Entered By: Susan Leirstein

\$9,989.00

## Special Instructions:

Contract to furnish all Labor, Materials, and Equipment for the Demolition of Various Buildings and Structures located at 6695 John R Road in the City of Troy, in accordance with the specifications and addendum for ITB-COT 12-14 at the prices stated above .... INSURANCE ON FILE ...

## TERMS &amp; 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.



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*Susan Leirstein*

SBP: 12-14

DATE RECIEVED: 8/13/12

NAME: Demolition of Bldgs + Structures

DATE of recommended award: 8/13/12 SL

DATE of letter stating vendor will provide certificate of insurance if awarded all or part of the bid: \_\_\_\_\_

DATE of certificate of insurance meeting specs: 8/28/12

DATE of completion: 8/28/12

NOTES:

8/13/12 Recommendation

Universal Consolidated  
Enterprises;

Bradley Wolfbower  
586-772-4854

8/16/12 Left message for Bradley to call or send cert.

8/27/12 Email request to have cert sent corrected and forwarded.

8/28/12 Ins okay



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/27/2012

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 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).

<b>PRODUCER</b> Morris Insurance Group, Inc. Little-Killebrew-Steiger 22440 Hall Road Clinton Township MI 48036	<b>CONTACT NAME:</b> Susan Pauley <b>PHONE (A/C, No. Ext):</b> (586) 569-0440 <b>FAX (A/C, No):</b> (586) 569-0384 <b>E-MAIL ADDRESS:</b> sue.pauley@morrisinsurancegroup.com <b>PRODUCER CUSTOMER ID#:</b> 00012651														
<b>INSURED</b> Universal Consolidated Enterprises, Inc. & Bradley A. Wolfbauer DBA Universal Consolidated Enterprises 17625 E. 10 Mile Rd. Roseville MI 48066	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Cincinnati Insurance Companies</td><td></td></tr><tr><td>INSURER B: Accident Fund of MI</td><td>10166</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Cincinnati Insurance Companies		INSURER B: Accident Fund of MI	10166	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**

CERTIFICATE NUMBER: CL1251004043

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		EPP 0024891	5/16/2012	5/16/2013	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> City of Troy	X				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOG					GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMPROP AGG \$ 2,000,000
						\$
A	AUTOMOBILE LIABILITY					
	<input checked="" type="checkbox"/> ANY AUTO		EPP 0024891	5/16/2012	5/16/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS					PIP-Basic \$
						Uninsured motorist combined \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB					
	<input type="checkbox"/> EXCESS LIAB					EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> DEDUCTIBLE					AGGREGATE \$ 3,000,000
	<input type="checkbox"/> RETENTION \$		EPP 0024891	5/16/2012	5/16/2013	\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N <input type="checkbox"/>	N/A			WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below		WCV6058874	8/21/2012	8/21/2013	E.L. EACH ACCIDENT \$ 1,000,000
A	Leased or Rented Equipment		EPP 0024891	5/16/2012	5/16/2013	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
						\$1000 Ded 450,000

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

Additional Insured: City of Troy including architects and Engineers, all elected and appointed officials, all employees and volunteers, boards, commissions and/or authorities and their board members, employees and volunteers additional insured on ISO form B or broader. A 30 day notice of cancellation will apply.

**CERTIFICATE HOLDER**

(248) 524-3328

City of Troy  
Stephen Cooperrider  
500W. Big Beaver Rd  
Troy, MI 48084

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

James Burger/SLP

## Susan A Leirstein

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**From:** City of Troy - MI [Eproc\_Awards@bidnet.com]  
**Sent:** Wednesday, August 29, 2012 1:07 PM  
**To:** Purchasing Distribution  
**Subject:** Message from City of Troy - MI

Ms Susan Leirstein:

City of Troy - MI has awarded ITB-COT 12-14, Demolition, that was originally issued on 7/24/2012 @ 8:16 AM.

### Original Document Information:

<b>Title of Notice:</b>	Demolition
<b>Solicitation Number:</b>	ITB-COT 12-14
<b>Deadline:</b>	8/8/2012 prior to 10:00 AM E.D.T.

Company Name	Estimated Award	Comments
Universal Consolidated Enterprises	\$9,989.00	Complete for the sum of - Low Bidder

DO NOT FORWARD this message to any unauthorized user or another person outside of your company. This information is only intended for the recipient shown at MITN Buyer Account.

Click here to log in to see more detailed information. Please feel free to call me with any questions at (248) 524 - 3338.

Sincerely,

Ms Susan Leirstein  
Purchasing Director

This message may contain information which is privileged or confidential. If you are not the named addressee of this message please destroy it without reading, using, copying or disclosing its contents to any other person.