

J-4 Standard Purchasing Resolutions:

a) Standard Purchasing Resolution 2: Low Bidders Meeting Specifications – Fitness Equipment

Resolution #2017-12-192-J-4a

RESOLVED, That Troy City Council hereby **AWARDS** a contract to the low bidder meeting specifications to provide fitness equipment for the Troy Community Center to *All Pro Exercise and Fitness Things of Livonia, MI*, as detailed below for an estimated total cost (less one to one trade-ins) for an estimated grand total of \$34,110.00 all at prices contained in the bid tabulation dated November 16, 2017, a copy of which shall be **ATTACHED** to the original Minutes of this meeting.

		All Pro Exercise and Fitness Things
TOTAL COST FOR NEW EQUIPMENT		\$39,960.00
	Deduct Trade-Ins	\$5,850.00
Estimated Grand Total Cost bid as specified less Trade-in Items:		<u>\$34,110.00</u>
Estimated Grand Total Cost:		<u>\$34,110.00</u>

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

2018-738

PURCHASE ORDER

Ship To

CITY OF TROY
Parks and Recreation
3179 LIVERNOIS
TROY, MI 48083

Bill To

CITY OF TROY
Parks and Recreation
3179 LIVERNOIS
TROY, MI 48083

No. 2018-00000738

DATE: 12/11/2017

PAGE: 1 of 1

FOB DESTINATION

COUNCIL RESOLUTION
2017-12-192-J-4a

VENDOR NO. 133436

Vendor

ALL-PRO EXERCISE INC
45255 FIVE MILE RD
PLYMOUTH, MI 48170

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Lot	Fitness Equipment for Community Center Fitness Room	34,110.0000	\$34,110.00
1	Each	Fitness Equipment less trade-ins. Fitness equipment to be furnished and installed in the Troy Community Center Fitness Room. All items to be furnished in accordance with all bid specifications as per ITB-COT 17-50 and your accepted proposal. Itemized pricing and trade-in information is attached to this purchase order. PAYMENT TERMS: NET30 Days.	0.0000	\$0.00

Entered By: MaryBeth Murz

\$34,110.00

Special Instructions:

Deliver as per Bid Specifications in accordance with ITB-COT 17-50. Contact Brian Goul, Assistant Recreation director at 248 524 3529 prior to delivery. City Council approval Date 12/4/2017. Acceptable Certificate of Insurance and Enmdorsement required to be on file prior to delivery and installation of equipment.

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.

MaryBeth Murz

CITY OF TROY
 BID TABULATION
 FITNESS EQUIPMENT

ITB-COT 17-50
 Pg 1 of 1

VENDOR NAME:

All Pro & Fitness Things

Livonia, MI

TO PURCHASE AND INSTALL (8) EIGHT PIECES OF PHYSICAL FITNESS EQUIPMENT FOR THE TROY COMMUNITY CENTER FITNESS ROOM LESS TRADE-INS IN ACCORDANCE WITH THE ATTACHED SPECIFICATIONS AS FOLLOWS:

EQUIPMENT TO PURCHASE (1 FOR 1 TRADE-IN EXCHANGE)

DESCRIPTION- (No Substitutions)			Unit Price	Total Cost
ITEM #1	2	Cybox 625AT Arc Trainer	\$5,370.00	\$10,740.00
ITEM #2	3	Octane XT4700 Elliptical w/standard Console	\$5,070.00	\$15,210.00
ITEM #3	1	Octane XR6000 X Ride Recumbent w/ standard console	\$3,870.00	\$3,870.00
ITEM #4	2	Octane XT-One Elliptical w/ standard console	\$5,070.00	\$10,140.00
ESTIMATED TOTAL COST:				\$39,960.00

TRADE-INS

DESCRIPTION			Estimated Trade-in Amount (each)	Estimated trade-in Amount Total
ITEM #2	2	PreCor EFX 885-2014	\$750.00	\$1,500.00
ITEM #6	5	Octane Pro 4700- 2014	\$750.00	\$3,750.00
ITEM #7	1	Octane XR6000 X Ride Seated Total Body Elliptical- 2014	\$600.00	\$600.00
DEDUCT:				\$5,850.00

ESTIMATED NET TOTAL COST:

\$34,110.00

DELIVERY SCHEDULE: Yes or No

Yes

AUTHORIZED DEALER: Yes or No

Yes

SERVICE FACILITY: Location:

Livonia, MI

Miles

33.5 miles

Response

24 hours

CONTACT INFORMATION: Names

Ryan Ritendale

24Hr Phone

734 455 8790

Hrs of Operation

9am - 5pm

WARRANTY: Document Marked

As Specified

All Wear Items

Yes

All Parts & Labor

Yes

Free 2nd Day Parts

Yes

Free Service call

Yes

NO SUBCONTRACTORS: Complies Yes or No

Yes

INSURANCE MET: Yes or No

Yes

REFERENCES: Yes or No

Yes

PAYMENT TERMS:

Net30 days

EXCEPTIONS:

None

FORMS:

Yes

ACKNOWLEDGEMENT: Signed Yes or No

Yes

Opening Date: 11/16/2017
Date Reviewed - 11/16/2017

CITY OF TROY
BID TABULATION
FITNESS EQUIPMENT

ITB-COT 17-50
Pg 1 of 1

VENDOR NAME:	Direct Fitness, LLC	All Pro & Fitness Things
	Mundelein, IL	Livonia, MI

TO PURCHASE AND INSTALL (8) EIGHT PIECES OF PHYSICAL FITNESS EQUIPMENT FOR THE TROY COMMUNITY CENTER FITNESS ROOM LESS TRADE-INS IN ACCORDANCE WITH THE ATTACHED SPECIFICATIONS AS FOLLOWS:

EQUIPMENT TO PURCHASE (1 FOR 1 TRADE-IN EXCHANGE)

DESCRIPTION- (No Substitutions)			Unit Price	Total Cost	Unit Price	Total Cost	Unit Price	Total Cost
ITEM #1	2	Cybox 625AT Arc Trainer	\$4,610.00	\$9,220.00	\$5,370.00	\$10,740.00		
ITEM #2	3	Octane XT4700 Elliptical w/standard Console	\$3,750.00	\$11,250.00	\$5,070.00	\$15,210.00		
ITEM #3	1	Octane XR6000 X Ride Recumbent w/ standard console	\$4,423.00	\$4,423.00	\$3,870.00	\$3,870.00		
ITEM #4	2	Octane XT-One Elliptical w/ standard console	\$4,890.00	\$9,780.00	\$5,070.00	\$10,140.00		
ESTIMATED TOTAL COST:				\$34,673.00		\$39,960.00		

TRADE-INS

DESCRIPTION			Estimated Trade-in Amount (each)	Estimated Trade-in Amount Total	Estimated Trade-in Amount (each)	Estimated Trade-in Amount Total	Estimated Trade-in Amount (each)	Estimated Trade-in Amount Total
ITEM #2	2	PreCor EFX 885-2014	\$1,200.00	\$2,400.00	\$750.00	\$1,500.00		
ITEM #6	5	Octane Pro 4700- 2014	\$800.00	\$4,000.00	\$750.00	\$3,750.00		
ITEM #7	1	Octane XR6000 X Ride Seated Total Body Elliptical- 2014	\$800.00	\$800.00	\$600.00	\$600.00		
DEDUCT:				\$7,200.00		\$5,850.00		
ESTIMATED NET TOTAL COST:				\$27,473.00		\$34,110.00		

DELIVERY SCHEDULE:	Yes or No	Yes	Yes
AUTHORIZED DEALER:	Yes or No	Yes	Yes
SERVICE FACILITY:	Location:	Shelby Township, MI	Livonia, MI
	Miles	10 miles	33.5 miles
	Response	24-48 hours	24 hours
CONTACT INFORMATION:	Names	Jerry Saputa	Ryan Ritendale
	24Hr Phone	847 680 9300	734 455 8790
	Hrs of Operation	8am - 5pm	9am - 5pm
WARRANTY:	Document Marked	As Specified	As Specified
	All Wear Items	Yes	Yes
	All Parts & Labor	Yes	Yes
	Free 2nd Day Parts	Yes	Yes
	Free Service call	Yes	Yes
NO SUBCONTRACTORS:	Complies Yes or No	Yes	Yes
INSURANCE MET:	Yes or No	Yes	Yes
REFERENCES:	Yes or No	Yes	Yes
PAYMENT TERMS:		Net30 days	Net30 days
EXCEPTIONS:		Yes	None
FORMS:		Yes	Yes
ACKNOWLEDGEMENT:	Signed Yes or No	Yes	Yes

Low Bidder as Specified.

ATTEST:

Enna Bachelor
Brian Goul
Susan Riesterer

MaryBeth Murz,
Purchasing Manager



**CITY OF TROY
BID PROPOSAL**

ITB-COT 17-50

Page 1 of 6

The undersigned proposes to purchase and install **NEW PHYSICAL FITNESS EQUIPMENT FOR THE TROY COMMUNITY CENTER LESS TRADE-INS**, in accordance with the specifications, which are to be considered an integral part of this proposal, at the following prices:

COMPANY NAME: All Pro & Fitness Things

PROPOSAL: TO PURCHASE AND INSTALL (8) EIGHT PIECES OF PHYSICAL FITNESS EQUIPMENT FOR THE TROY COMMUNITY CENTER FITNESS ROOM LESS TRADE-INS IN ACCORDANCE WITH THE ATTACHED SPECIFICATIONS AS FOLLOWS:

The undersigned, as bidder, declares that he/she has examined the specifications, including related documents. Being familiar with the conditions in the City of Troy and the type of work required, the bidder hereby proposes to furnish all labor, materials, equipment and supplies, to provide the services specified in the bid proposal documents, at the prices stated below. These prices are to cover all expenses incurred in performing the work required:

		EQUIPMENT TO PURCHASE (1 for 1 trade-in exchange)		
	Quantity	Description (No Substitutions)	Unit Cost (Each)	Estimated Total Cost
1	Two (2)	Cybox 625AT Arc Trainer	\$ 5370.00 /ea	\$ 10740.00
2	Three (3)	Octane XT4700 Elliptical w/ standard console	\$ 5070.00 /ea	\$ 15210.00
3	One (1)	Octane XR6000 X Ride Recumbent w/ standard console	\$ 3870.00 /ea	\$ 3870.00
4	Two (2)	Octane XT-One Elliptical w/standard console	\$ 5070.00 /ea	\$ 10140.00
A		TRADE-INS		
	Quantity	Description	Estimated Amount (Each)	Estimated Trade-In Amount Total
	Two (2)	PreCor EFX 885 - 2014	(\$ 750)	(\$ 1500)
	Five (5)	Octane Pro 4700 - 2014	(\$ 750)	(\$ 3750)
	One (1)	Octane XR6000 X Ride Seated Total Body Elliptical - 2014	(\$ 600)	(\$ 600)
		DEDUCT:	(\$ 1)	(\$ 5850)
			Estimated Net Total Cost	\$ 34,110.00

IMPORTANT:

In order to be considered for an award and your company is bidding on any items 1 – 7; it is **required** that items listed **under Item A** as a Trade-in have a corresponding purchase price.

The City intends to award this bid on a (1) one for (1) one exchange. For every piece of equipment purchased by the City from a vendor, that vendor **will be required** to purchase one (1) trade-in from the equipment listed under Item A. The decision as to which trade-ins will be awarded to what vendor will be made in the City of Troy's best interest and will be final.

NOTE: Include all delivery costs, handling, packaging, and service charges.

UNIT PRICES:

Unit prices prevail. The City of Troy Purchasing Department will correct all mathematical errors.

DESCRIPTIVE LITERATURE:

Please attach descriptive or pertinent literature relevant to your company's bid proposal at the time of bid submission. It is attached and marked _____ for your identification.

ADDITIONAL INFORMATION:

For questions about the specifications, please contact **Mr. Brian Goul**, Assistant Recreation Director at **(248) 524-3484**, between the hours of 8:00 AM and 4:30 PM, Monday through Friday.

DELIVERY:

All items are to be F.O.B. delivered, freight paid with inside delivery, to the Troy Community Center, 3179 Livernois Rd, Troy, MI 48083, ATTN: Brian Goul.

DELIVERY SCHEDULE:

It is preferred all equipment be delivered and installed at the Troy Community Center **by December 15, 2017**. It will be the successful bidder's responsibility to work with the department representative to establish an acceptable delivery and installation schedule. Installation shall be within two (2) business days after receipt of the equipment at the City's location. The equipment should not be delivered to the City's site unless the equipment is to be installed and made ready for use within the above parameters. The City of Troy is the only party to this contract that may authorize amendment to this schedule.

☒ Our Company can meet this delivery and installation schedule

☐ Our company cannot meet this delivery and installation schedule but offers: _____

DOWN-PAYMENTS OR PREPAYMENTS:

Any bid proposal submitted which requires a down-payment or prepayment prior to delivery and full acceptance of the item(s) as being in conformance with specifications will not be considered for award.

AWARD:

The evaluation and award of this bid shall be a combination of factors, including but not limited to: cost, professional competence, equipment as specified, warranties, and the correlation of the proposal submitted to the needs of the City of Troy.

The City of Troy reserves the right to award this bid to the lowest responsible bidder(s) meeting specifications for the purchase of Physical Fitness Equipment when combined with an equal number of equipment pieces from the trade-in list under Item #7, or to combine the items in whatever manner is deemed to be in the City of Troy's best interest; to reject low bids which have major deviations from the specifications; to accept a higher bid which has only minor deviations; to accept or reject the trade-in offers.

COMPANY NAME: All Pro and Fitness Things

LOCAL PREFERENCE:

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

PURCHASE ORDER:

After approval of the successful bidder(s) by the Troy City Council, the purchase order issued from the City of Troy will create a bilateral contract between the parties and commit the successful bidder(s) to perform the contract in accordance with specifications. The Purchase orders will be released upon the City's acceptance of the specified insurance. A contract document/ agreement will not be issued.

CONTRACT FORMS:

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

AUTHORIZED DEALER:

- (☒) Our company is an authorized distributor of the equipment specified
(☐) Our company is not an authorized distributor of the equipment specified

SERVICE FACILITY:

Location: 35539 Schoecraft Rd Livonia 48150

Number of miles from City of Troy: 33.5

Response Time for Service Calls: Within 24 hours to be onsite after initial request for service by a factory trained technician.
(Number)

CONTACT INFORMATION:

Name(s): Ryan Ritondale
Dee Ball

24 Hr. Phone No. 734 455 8790
EXT 208

Hours of operation: 9am - 5pm

WARRANTY:

Please indicate the warranty items included in the bid price for the equipment bid. Each item must be completed with a Yes or No response.

WARRANTY DESCRIPTION	WARRANTY DURATION (Minimum)	INCLUDED	
		YES	NO
All "wear items"	3 Years	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All parts and labor coverage	3 Years	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Free second day parts shipping	3 Years	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Free service call and technician travel at no additional cost to the City	3 Years	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If your company can supply the warranty as described at an additional cost, please indicate this on supporting documentation marked _____ for identification.

SUBCONTRACTORS:

Service and warranty work cannot be subcontracted. The successful bidders(s) must be able to service and repair the equipment bid with in-house personnel.

Our Company complies with this requirement: (Circle one) YES or NO

COMPANY NAME: All Pro & Fitness Things

REFERENCES:

Please submit a list of *THREE CUSTOMERS* that currently use the make and model of the equipment bid. Include the name of the company, the address, phone number, contact person and email. The references are as follows:

COMPANY	ADDRESS	CONTACT PERSON	EMAIL	PHONE	YEAR PURCHASED
Macomb Twp P&R	20699 Macomb St Macomb MI 48044	Gina Muszynski	MUSZYNSKI@MACOMB-MI.GOV	586-992-2900	2016
Eastern Mich Univ	100 OLD S HOLL YPSI MI 48197	Kyle McAlear	kmcAlear@emich.edu	734-487-8050	2017
Dearborn P&R	15801 Michigan Ave Dearborn MI 48120	Erica Lyght	E.Lyght@ci.dearborn.mi.us	313 943 2191	2015

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.

- ☒ 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.

COMPANY NAME: All Pro Fitness Things

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

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

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

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.

COMPANY NAME: All Pro & Fitness Things

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 through equipment delivery, trade-in pick-up, and final acceptance as operational in accordance with specifications.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE:

Anthony Dixon

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#:

382898732

COMPANY NAME:

All Pro & Fitness Things

ADDRESS

35539 Schoolcraft Rd

CITY

Livonia

STATE

MI

ZIP

48150

PHONE NUMBER

734 455 8790

FAX NUMBER

REPRESENTATIVE'S NAME

Anthony Dixon
(Print)

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE

Anthony Dixon

PAYMENT TERMS:

Net 30

WARRANTY:

AS SPECIFIED

E-MAIL:

eric@fitnessthings.com

DELIVERY DATE:

AS SPECIFIED

EXCEPTIONS:

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



Check this box if your bid is not to be broken up by item and based on an all or none award.

ACKNOWLEDGEMENT:

I, Anthony Dixon, certify that I have read the **Instructions to Bidders** (2 Pages) and that the bid proposal documents contained herein were obtained directly from the City's Purchasing Department or MITN website, www.mtn.info and is an official copy of the Authorized Version.

SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE:

Anthony Dixon

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

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

G:\Bid\FitnessEquipment ITB-COT 17-50.doc



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 Anthony Dixon, bearing the office title of Sales Rep, whose signature is affixed to this proposal, is duly authorized to execute contracts.

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

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



CITY OF TROY
OAKLAND COUNTY, MICHIGAN
NON-COLLUSION AFFIDAVIT

TO WHOM IT MAY CONCERN:

Anthony Dixon, being duly sworn deposed, says that he/she
(Print Full Name)

is Sales Rep. 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.

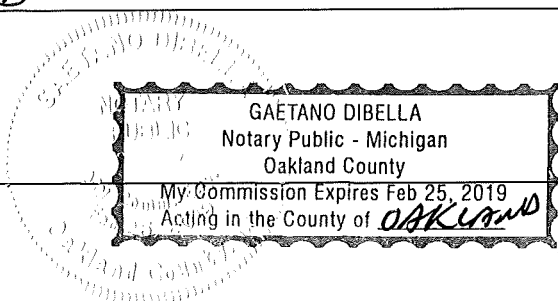
Anthony Dixon
SIGNATURE OF PERSON SUBMITTING BID

Gaetano Dibella
NOTARY'S SIGNATURE

Subscribed and sworn to before me this 15TH day of
NOVEMBER, 2017 in and for
OAKLAND
County.

My commission expires:

FEB. 25, 2019





**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	All Pro & Fitness Things
Street Address	35539 Schoolcraft Rd
City	Livonia
State, Zip	MI 48150
Corporate I.D. Number/State	493055
Taxpayer I.D. #	382898732

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:

Anthony Dixon

Printed Name of Vendor's Authorized Agent:

Anthony Dixon

Witness Signature:

Kristen Tasselli

Printed Name of Witness:

Kristen Tasselli

G:\ BidLanguage_IranLinkedBusiness



**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.**

All pro & fitness things
Name of Agency/Company/Firm (Please Print)

Sales Representative Anthony Dixon
Name and title of authorized representative (Please Print)

Anthony Dixon
Signature of authorized representative
Date

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2017

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).

PRODUCER HBL Insurance Agency 31600 W. 13 Mile Rd. Suite 130 Farmington Hills MI 48334	CONTACT NAME: Debbie Warden PHONE (A/C, No, Ext): (248) 539-3003 FAX (A/C, No): (248) 539-1880 E-MAIL ADDRESS: debbie@hblinsurance.com														
INSURED Push, Pedal, Pull, Inc.; DBA Fitness Things All Things Fitness LLC; DBA All-Pro Exercise 1160 W. Ann Arbor Road Plymouth MI 48170	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Frankenmuth Mutual Ins. Co.</td><td>13986</td></tr><tr><td>INSURER B: Accident Fund of Michigan</td><td>12305</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></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Frankenmuth Mutual Ins. Co.	13986	INSURER B: Accident Fund of Michigan	12305	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Frankenmuth Mutual Ins. Co.	13986														
INSURER B: Accident Fund of Michigan	12305														
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** CL1712001504 **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	X		BOP6245641	2/1/2017	2/1/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input checked="" type="checkbox"/> Contractual Liability						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Primary/Non-Contributory						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
A	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		BA6245641	2/1/2017	2/1/2018	PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB			BOP6245641	2/1/2017	2/1/2018	PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						Underinsured motorist \$ 1,000,000
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ 3,000,000
							AGGREGATE \$ 3,000,000
							\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		WCV6129239	7/1/2017	7/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

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 are named as additional insured when required by written contract or agreement and subject to the terms, conditions and limits as specified in the policy. A 30 day written notice of cancellation applies except for non-payment which is 10 days.

CERTIFICATE HOLDER

City of Troy Purchasing Manager 500 West Big Beaver 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 Mark Hatz/DLW
---	---

© 1988-2014 ACORD CORPORATION. All rights reserved.



INSURER: FRANKENMUTH MUTUAL INSURANCE COMPANY

NAMED INSURED
WORKWALKERPOLICY NO.
BA 6245641POLICY TERM
02/01/2017 to 02/01/2018AGENT NO.
0210936

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Additional Insured -- Owners, Lessees or Contractors

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Endorsement effective: 11/14/2017 at 12:01 a.m. standard time	
Endorsement expires: 02/01/2018 at 12:01 a.m. standard time	
Named Insured: WORKWALKER AND OTHER NAMED INSURED 1160 ANN ARBOR RD W PLYMOUTH, MI 48170	Policy Number: BA 6245641

SCHEDULE**Additional Insured:** THE CITY OF TROY500 WEST BIG BEAVER
TROY
MI
48084**Contract or Job Number:****SECTION II -- LIABILITY COVERAGE**

1. "WHO IS AN INSURED" is changed to include as an "INSURED" the person or organization named in the Schedule, but only for liability arising out of the Named Insured's ownership, maintenance or use of covered "autos" in connection with the contract or job designated above.
2. With respect to the insurance afforded the additional insured, the following additional provisions apply:
 - a. This policy shall apply to the additional insured named in the Schedule, but only to the extent of liability resulting from an "accident" arising out of the negligence of the Named Insured.
 - b. Inclusion of such additional interest or interests shall not operate to increase the limits of our liability.

94160(2-95)

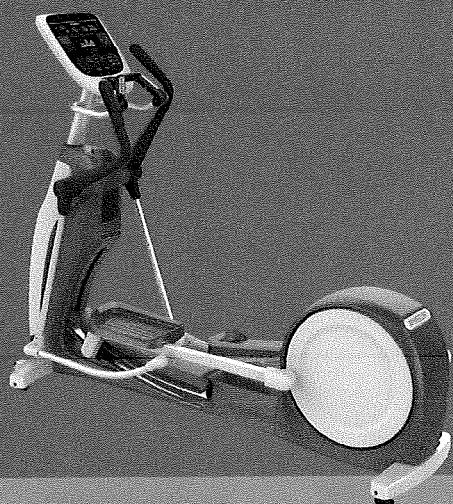


EFX[®] 835 Elliptical Fitness Crosstrainer[®] Experience[™] Series

The EFX[®] 835 with Converging CrossRamp combines essential reliability and ease-of-use with a natural, low-impact stride to add value to your facility. Design enhancements ensure easy cleaning and maintenance for you while the unique adjustable Converging CrossRamp[®] technology, and upper body moving handlebars, deliver a total body workout for your exercisers.

The P30 console complements the line through form and function, with easy-to-use motion controls, an LED display with essential workout stats to keep exercisers moving, and a mobile device charger.

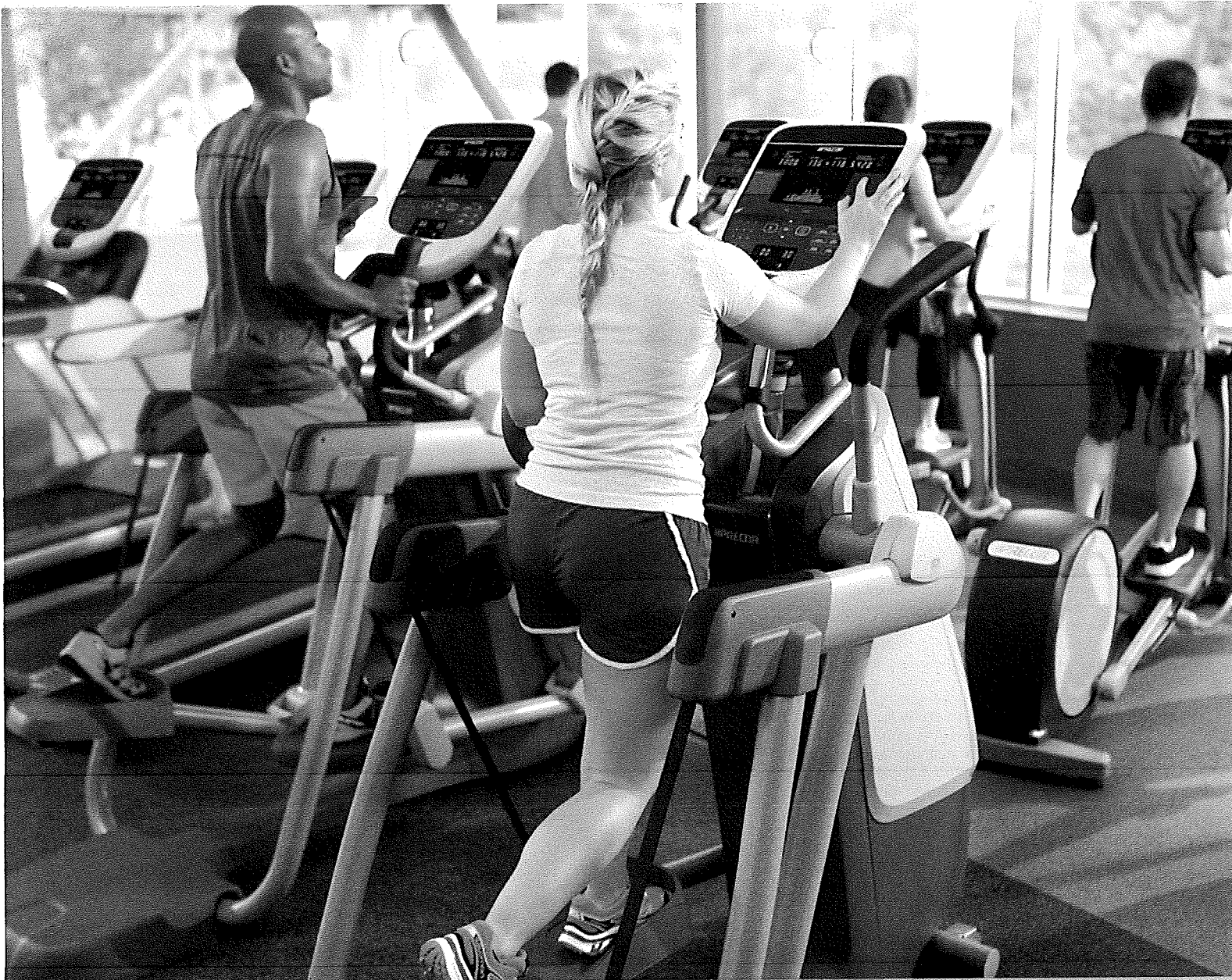
At Precor, we recognize that a great workout is the sum of many parts. In your hands, the products, services, and technologies we offer can be combined in countless ways to complement the programs and atmosphere you're creating.



Learn More: go.precor.com/efx835

PRECOR
Fitness Made Personal

© 2017 Precor Incorporated



AMT® 733 Adaptive Motion Trainer® Experience™ Series

The AMT® 733 combines essential reliability and ease-of-use with innovative design. With an adaptive stride length, this product provides exercisers of all fitness levels with a wider range of motion for an effective workout. The AMT 733 intuitively responds to exercisers' natural motion, allowing them to change their stride length for a comprehensive cardio workout - all without so much as the push of a button.

The P30 console complements the line through form and function, with easy-to-use motion controls, an LED display with essential workout stats to keep exercisers moving, and a mobile device charger.

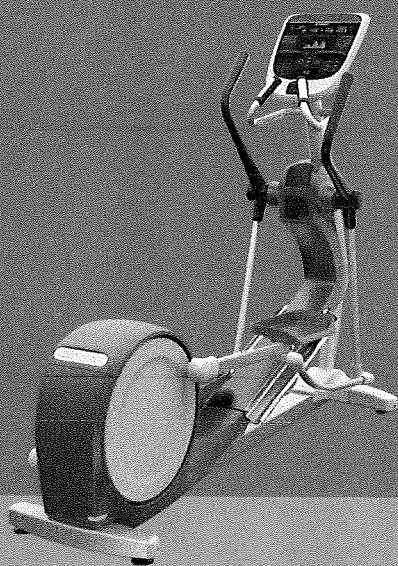
At Precor, we recognize that a great workout is the sum of many parts. In your hands, the products, services, and technologies we offer can be combined in countless ways to complement the programs and atmosphere you're creating.



Learn More: go.precor.com/amt733

PRECOR
Fitness Made Personal

© 2017 Precor Incorporated



EFX[®] 731 Elliptical Fitness Crosstrainer[™] Experience[™] Series

The EFX[®] 731 combines essential reliability and ease-of-use with an intuitive console at a value just right for you. This elliptical is designed to ensure easy cleaning and maintenance for you while providing a comfortable and effective workout for your exercisers. The simple, clean design holds up under heavy commercial use, ensuring your investment will last into the future.

The P30 console complements the line through form and function, with easy-to-use motion controls, an LED display with essential workout stats to keep exercisers moving, and a mobile device charger.

At Precor, we recognize that a great workout is the sum of many parts. In your hands, the products, services, and technologies we offer can be combined in countless ways to complement the programs and atmosphere you're creating.

Learn More: go.precor.com/efx731

PRECOR
Fitness Made Personal

© 2017 Precor Incorporated



Prescribed for Progress™



REX™ Recumbent Elliptical Product Specifications

Order Code: REX7001-INT

FEATURES

Total body movement	Smooth, elliptical motion for efficient total body exercise in both directions
Optimized torso rotation	Knee-to-elbow motion provides core muscle recruitment
Smooth, natural knee movement	Replicates climbing stairs to help improve functional gait
Dependent movement	Allows individuals to use strong limbs to drive weaker limbs through the range of motion
Oversized foot beds	With safety edge for comfort and stability
Foot Straps	Large foot straps help keep feet securely in place
Dual position handles	Provide multiple hand positions and allow muscle change on the fly
Premium seat	Seat adjusts forward/back and swivels for easy entry
Easy to transport	Integrated transport wheels
Heart rate monitoring	Telemetric (chest strap required)

MOVEMENT AND RESISTANCE

Bi-directional movement and resistance	Exercising in forward and reverse provides versatility, helps prolong exercise and promotes reciprocal muscle balance
Low starting resistance	6 watts
Resistance range	191 levels of resistance - 20 levels adjustable in .1 increments
Resistance system	3 phase combination generator & eddy current brake - largest watt range in the industry

INTELLI-FIT™ CONSOLE

7" LCD full color touch screen display	Touch screen with clear, simple screens and large, readable font.
Audible beep	Yes
Tactile buttons	Tactile buttons in addition to touch screen
Resistance levels	191 levels of resistance - 20 levels adjustable in .1 increments
Display feedback	Time, level, distance, METs, heart rate, calories, RPM, watts
One touch quick start	Yes
Control METs - Constant Work Program	Set constant METs level and the workload remains constant throughout the program.
Iso-Strength Program	Isokinetic program for safe, accommodating resistance
Power Burst	8-second burst of high intensity training
Cool down	Automatic cool down begins after each exercise is completed
Administrative mode	User defined settings, metric or US units of measure and other custom settings
User-defined console languages	9 languages - English, Spanish, French, German, Russian, Japanese, Chinese, Italian, Dutch
Download results to USB flash drive	Plug USB flash drive into the Fit-Key® slot to save workout results in a .txt file
CSAFE port and 8-volt DC power port	Yes
USB charger	For phones and other electronic devices



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Date: November 16, 2017

To: Brian Kischnick, City Manager

From: Mark Miller, Director of Economic & Community Development
MaryBeth Murz, Purchasing Manager
Elaine Bo, Recreation Director
Brian Goul, Assistant Recreation Director

Subject: Standard Purchasing Resolution 2: Low Bidders Meeting Specifications - Fitness Equipment

History

- The Community Center Fitness Room offers and maintains sixty two (62) pieces of cardio equipment.
- The fitness equipment is continually monitored and a three to four year life cycle replacement plan is in place based on warranty coverage(s).
- The replacement plan ensures up-to-date equipment for patrons of the fitness room at the Community Center and limited repair expenses.
- Based on the replacement plan it is necessary to purchase and replace twenty (20) pieces of equipment (less trade-ins) that no longer have warranty coverage and are all past their useful life cycle.
- November 13, 2017 City Council approved the purchase of twelve (12) pieces of equipment. (Resolution #2017-11-179-J-4f). The remaining eight (8) pieces of equipment were not bid according to specification which necessitates rebidding the eight (8) pieces of equipment.
- Replacements are specific to brand to replace brand specific equipment. Patrons enjoy having a variety of different types of equipment.

Purchasing

On November 16, 2017, a bid opening was conducted as required by City Charter and Code for eight (8) pieces of physical fitness equipment with one (1) for one (1) trade-in exchange on equipment. For every new piece of equipment purchased by the City from a vendor, that vendor was required to purchase one (1) trade-in. The bid was posted on the Michigan Inter-governmental Trade Network (MITN) website; www.mitn.info. Two (2) bid responses were received which included alternate bid responses. The award is recommended *bid as specified* in order to maintain standardized equipment at the Community Center. Below is a detailed summary of potential vendors:

Companies notified via MITN	115
Troy Companies notified via MITN	3
Troy Companies - Active email Notification	3
Troy Companies - Active Free	0
Companies that viewed the bid	13
Troy Companies that viewed the bid	0

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.

After reviewing the bid proposals *All Pro Exercise and Fitness Things of Livonia, MI* was the low bidder meeting specifications; with a one to one trade-in value on individual items and is being recommended for the purchase of eight (8) pieces of physical fitness equipment (less trade-ins).



500 West Big Beaver
Troy, MI 48084
troymi.gov

CITY COUNCIL AGENDA ITEM

Financial

The funds for these purchases are available in the Community Center General Operating Supplies Account.

Recommendation

City management recommends awarding a contract to the low bidder meeting specifications; *All Pro Exercise and Fitness Things of Livonia, MI as detailed below* at an estimated total cost (less one to one trade ins) for an estimated total amount of \$34,110.00 all at prices contained in the bid tabulation.

		All Pro Exercise & Fitness Things
TOTAL COST FOR NEW EQUIPMENT		\$39,960.00
	Deduct Trade-Ins	\$5,850.00
Estimated Grand Total Cost bid as specified less Trade-in Items:		<u>\$34,110.00</u>
Estimated Grand Total Cost:		<u>\$34,110.00</u>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/12/2017

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).

PRODUCER

HBL Insurance Agency

31600 W. 13 Mile Rd.

Suite 130

Farmington Hills MI 48334

INSURED

Push, Pedal, Pull, Inc.; DBA Fitness Things

All Things Fitness LLC; DBA All-Pro Exercise

35539 Schoolcraft Rd

Livonia MI 48150

CONTACT NAME: Debbie Warden

PHONE (A/C, No, Ext): (248) 539-3003

FAX (A/C, No): (248) 539-1880

E-MAIL ADDRESS: debbie@hblinsurance.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Frankenmuth Mutual Ins. Co.

13986

INSURER B: Accident Fund Insurance Company

10166

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL1712001504

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.

EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN

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	X		BOP6245641	2/1/2017	2/1/2018	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input checked="" type="checkbox"/>	Contractual Liability						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/>	Primary/Non-Contributory						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 2,000,000
<input type="checkbox"/>	POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000		
<input type="checkbox"/>	OTHER:						\$		
A		AUTOMOBILE LIABILITY	X		BA6245641	2/1/2017	2/1/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/>	ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person)	\$
	<input type="checkbox"/>	SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/>	HIRED AUTOS <input checked="" type="checkbox"/>						PROPERTY DAMAGE (Per accident)	\$
								Underinsured motorist	\$ 1,000,000
A	<input checked="" type="checkbox"/>	UMBRELLA LIAB	<input checked="" type="checkbox"/>	OCCUR	BOP6245641	2/1/2017	2/1/2018	EACH OCCURRENCE	\$ 3,000,000
		EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$ 3,000,000
	<input type="checkbox"/>	DED <input checked="" type="checkbox"/> RETENTION \$	0					\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y/N	N/A	WCV6129239	7/1/2017	7/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

Project: Troy Community Center

Additional Insured- See Endorsement

Cancellation Notice- See Endorsement

Primary & Non-Contributory- See endorsement

CERTIFICATE HOLDER

City of Troy
500 W. Big Beaver
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

Mark Hatz/DLW

© 1988-2014 ACORD CORPORATION. All rights reserved.

NAMED INSURED
WORKWALKER

POLICY NO.
BOP6245641

POLICY TERM
2/01/2017 to 2/01/2018

AGENT NO.
0210936

Notice given by or on behalf of the insured to our authorized agent, with particulars sufficient to identify the insured, shall be considered notice to us.

b. Paragraph d. is replaced by the following:

d. Failure to:

- (1) Give us notice of an "occurrence", offense, claim or "suit" as soon as practicable; or
- (2) Immediately send us copies of demands, notices, summonses or legal papers received in connection with the claim or "suit";

shall not invalidate the claim made by you if it shall be shown that it was not reasonably possible to give us notice as soon as practicable or to immediately send us copies, and that you gave us notice and sent us copies as soon as was reasonably possible.

c. The following paragraph is added:

- e. No insureds will, except at their own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

C. **Section III -- Common Policy Conditions** is amended as follows:

1. Paragraphs A.1., A.2., A.3. and A.5. **Cancellation** are replaced by the following:

1. The first Named Insured shown in the Declarations may cancel this Policy by giving us or our authorized agent notice of cancellation.
2. We may cancel this Policy by mailing or delivering to the first Named Insured, with postage fully prepaid, written notice of cancellation at least:
 - a. 10 days before the effective date of cancellation if we cancel for non-payment of premium; or
 - b. 30 days before the effective date of cancellation if we cancel for any other reason.
3. We will mail or deliver our notice to the first Named Insured's last mailing address known to us or our authorized agent.
5. If this Policy is cancelled, we will send the first Named Insured any pro rata premium refund due. The minimum earned premium shall not be less than the pro rata premium for the expired time or \$25.00, whichever is greater. The cancellation will be effective even if we have not made or offered a refund.



INSURER: FRANKENMUTH MUTUAL INSURANCE COMPANY

NAMED INSURED
WORKWALKER

POLICY NO.
BOP6245641

POLICY TERM
02/01/2017 to 02/01/2018

AGENT NO.
0210936

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**Primary And Noncontributory --
Other Insurance Condition**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

The following is added to Paragraph H. **Other Insurance** of **Section III -- Common Policy Conditions** and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

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

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

2. You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.



INSURER: FRANKENMUTH MUTUAL INSURANCE COMPANY

NAMED INSURED
WORKWALKER

POLICY NO.
BOP6245641

POLICY TERM
02/01/2017 to 02/01/2018

AGENT NO.
0210936

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**Additional Insured -- Owners, Lessees Or
Contractors -- Automatic Status When Required
In Construction Agreement With You -- Limited
Products-Completed Operations Coverage**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

**A. The following is added to Section II -- Liability,
Paragraph C., Who Is An Insured:**

Any person(s) or organization(s) for whom you are performing operations is also an additional insured, if you and such person(s) or organization(s) have agreed in writing in a contract or agreement that such person(s) or organization(s) be included as an additional insured on your policy. But:

1. Such person(s) or organization(s) is an additional insured only with respect to liability for "bodily injury", "property damage", "personal injury" 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 work" for the additional insured; and

2. Such written contract or agreement must be:

- a. Currently in effect or becoming effective during the term of this policy; and
- b. Executed prior to the "bodily injury", "property damage", or "personal and advertising injury".

- B. The coverage provided the additional insured by this endorsement does not apply to "bodily injury" or "property damage" arising out of the "products-completed operations hazard" unless required by the written contract or written agreement. When coverage does apply to "bodily injury" or "property damage" arising out of the "products-completed operations hazard", such coverage will not apply beyond the lesser of:**

1. The period of time required by the written contract or written agreement; or
2. Five years from the completion of "your work" on the project which is the subject of the written contract or written agreement.



INSURER: FRANKENMUTH MUTUAL INSURANCE COMPANY

NAMED INSURED
WORKWALKER

POLICY NO.
BOP6245641

POLICY TERM
02/01/2017 to 02/01/2018

AGENT NO.
0210936

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured -- Extended Name Endorsement

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
BUSINESS ERRORS AND OMISSIONS INSURANCE POLICY
BUSINESSOWNERS COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE FORM
COMMERCIAL INLAND MARINE COVERAGE FORM
COMMERCIAL PROPERTY COVERAGE FORM
COMMERCIAL CRIME COVERAGE FORM
CYBER AND INFORMATION PROTECTION PLUS INSURANCE POLICY
EMPLOYMENT RELATED PRACTICES LIABILITY POLICY
EMPLOYMENT RELATED PRACTICES LIABILITY POLICY WITH THIRD PARTY COVERAGE
GARAGE COVERAGE FORM
GOLF COURSE DIRECTORS AND OFFICERS LIABILITY COVERAGE FORM
MISCELLANEOUS PROFESSIONAL LIABILITY INSURANCE POLICY

It is agreed and understood that the **named insured** shall read:

WORKWALKER
PUSH PEDAL PULL INC
DBA FITNESS THINGS
ALL THINGS FITNESS LLC
DBA ALL-PRO EXERCISE



INSURER: FRANKENMUTH MUTUAL INSURANCE COMPANY

NAMED INSURED
WORKWALKERPOLICY NO.
BA 6245641POLICY TERM
02/01/2017 to 02/01/2018AGENT NO.
0210936

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Additional Insured -- Owners, Lessees or Contractors

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Endorsement effective: 11/14/2017 at 12:01 a.m. standard time Endorsement expires: 02/01/2018 at 12:01 a.m. standard time	
Named Insured: WORKWALKER AND OTHER NAMED INSURED 1160 ANN ARBOR RD W PLYMOUTH, MI 48170	Policy Number: BA 6245641

SCHEDULE**Additional Insured:** THE CITY OF TROY500 WEST BIG BEAVER
TROY
MI
48084**Contract or Job Number:****SECTION II -- LIABILITY COVERAGE**

1. "WHO IS AN INSURED" is changed to include as an "INSURED" the person or organization named in the Schedule, but only for liability arising out of the Named Insured's ownership, maintenance or use of covered "autos" in connection with the contract or job designated above.
2. With respect to the insurance afforded the additional insured, the following additional provisions apply:
 - a. This policy shall apply to the additional insured named in the Schedule, but only to the extent of liability resulting from an "accident" arising out of the negligence of the Named Insured.
 - b. Inclusion of such additional interest or interests shall not operate to increase the limits of our liability.

94160(2-95)