

b) **Standard Purchasing Resolution 2: Award to Low Bidder Meeting Specifications – Flooring for Fire Department Offices**

Resolution #2018-09-132-J-4b

RESOLVED, That Troy City Council hereby **AWARDS** a contract to the sole bidder meeting specifications; *United Flooring Center of Troy, MI* to provide and install flooring for the Fire Department Offices; for an estimated total cost of \$29,019.98 not to exceed budgetary limitations at the unit prices as contained in the bid tabulation opened August 30, 2018, a copy of which shall be **ATTACHED** to the original Minutes of this meeting.

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

# PURCHASE ORDER

**Ship To**  
 CITY OF TROY  
 Fire  
 500 W BIG BEAVER RD  
 TROY, MI 48084

**Bill To**  
 CITY OF TROY  
 Fire  
 500 W BIG BEAVER RD  
 TROY, MI 48084

No. 2019-00000100  
 DATE: 09/18/2018  
 PAGE: 1 of 1  
 FOB DESTINATION

**VENDOR NO.** 109373

**COUNCIL RESOLUTION**  
 2018-09-132-J-4b

**Vendor**  
 UNITED FLOORING CENTER  
 3806 ROCHESTER RD  
 TROY, MI 48083

QUANTITY	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
1	Lump Sum	FLOORING FOR FIRE DEPARTMENT OFFICES PROPOSAL B: Remove all existing flooring and cove wall base. Install Mohawk 24 x 24 carpet tiles (Bending Earth II Color: Lateral Surface 7948 Granite Installation pattern: Quarter Turn) and vinyl plank flooring (Grainiac-Color:TBD) as detailed in Floor Plan B. Prices should include furnishing and install 4" vinyl cove wall base and reducer where needed. Price will include take up of existing glue-down carpet tile with disposal in dumpster furnished by bidder. Bidder will remove and reset furniture and lift modular walls, as per the direction of Lt. Hullinger and as per all specifications and pricing of ITB-COT 18-42. Your bid deposit check #001261526 in the amount of \$1,500.00 shall be retained as a performance surety until successful completion of all requirements.	29,019.9800	\$29,019.98
1	Lump Sum	Alternate Use Secoya in lieu of Grainiac, add: \$1,143.90	1,143.9000	\$1,143.90

Entered By: MaryBeth Murz

**Special Instructions:**

\$30,163.88

CITY COUNCIL AWARD DATE: 9/10/18. CERTIFICATE OF INSURANCE AND ENDORSEMENT SHALL BE ON FILE FOR DURATION OF INSTALL.

**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*

**UNITED FLOORING CENTER**  
3806 Rochester Road  
Troy, MI 48083  
248-528-1900; 248-528-3976 (fax)

September 18, 2018

Lieutenant Peter Hullinger  
City of Troy Fire Department  
500 West Big Beaver Road  
Troy, MI 48084



Re: Proposal B - Bid # ITB-COT 18-42 - **REVISED**

Dear Lieutenant Hullinger:

For Proposal B, as an alternative to using Mohawk's Grainiac vinyl plank, we would recommend using Mohawk's Secoya vinyl plank. This would eliminate the need for transition pieces between the carpet and plank.

The manufacturer came back with a rarely-given discount. The new price is reflected below.

If using Secoya in lieu of Grainiac, add: \$ 1,143.90

Total Proposal B: \$30,163.88

Thank you for your time and interest in working with United Flooring. If you have any questions, please call.

Sincerely,

Dan Reckker

Opening Date: 08/30/2018  
 Reviewed Date: 08/30/2018

BID TABULATION  
 CITY OF TROY  
 FLOORING - FIRE DEPARTMENT

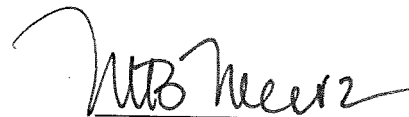
ITB-COT 18-42  
 Page 1 of 1

Vendor Name:	United Flooring Center
Check #:	Troy, MI 1261526

**PROPOSAL: Remove all existing flooring and cove wall base. Install Mohawk 24 x 24 carpet tiles and vinyl plank flooring. Prices should include furnishing and the install of 4" vinyl cove wall base and reducer where needed. Price shall include the removal of existing glue-down carpet tile with disposal in dumpster furnished by bidder. Bidder will remove and reset furniture and lift modular walls. Installation of flooring will be direct glued to floor.**

Total Cost Proposal A (Includes Install):	\$26,855.28
Total Cost Proposal B (Includes Install):	\$29,019.98
Carpet Sq. Ft. Price:	\$2.93
Vinyl Sq. Ft. Price:	\$2.23
Set completion date:	Y or N Y
Attended Pre Bid meeting:	Y or N Y
Vendor Questionnaire	Y or N Y
Schedule of Values Form	Y or N Y
Hours of Operation:	9AM to 5PM
24 Hour Phone #:	(248) 321-0705
References:	Y or N Y
Insurance Met:	Y or N Y
Warranty:	Y or N Y
Exceptions:	Y or N N
Acknowledgement:	Y or N Y
Forms:	Y or N Y
<i>Sole Bidder Meeting Specifications.</i>	

ATTEST:  
 Susan Riesterer  
 Tonya Braden  
 Peter Hullinger

  
 MaryBeth Murz,  
 Purchasing Manager



CITY OF TROY  
BID PROPOSAL

The undersigned proposes to furnish ALL EQUIPMENT, MATERIAL AND LABOR TO PROVIDE AND INSTALL FLOORING AT THE TROY FIRE DEPARTMENT in accordance with the attached specifications, which are to be considered an integral part of this bid proposal, at the following prices:

COMPANY NAME: United Flooring Center

<b>PROPOSAL A:</b> Remove all existing flooring and cove wall base. Install Mohawk 24 x 24 carpet tiles and vinyl plank flooring as detailed in Floor Plan A. Prices should include furnishing and install 4" vinyl cove wall base and reducer where needed. Price will include take up of existing glue-down carpet tile with disposal in dumpster furnished by bidder. Bidder will remove and reset furniture and lift modular walls. If additional floor preparations are needed they should be priced out separately. Installation of flooring will be direct glued to floor. NO ALTERNATIVES ACCEPTED. BID AS SPECIFIED.	
CARPET Description	Mohawk 24 x 24 carpet tiles Style: Bending Earth II Color: Lateral Surface 7948 Granite Installation pattern: Quarter Turn
VINYL Description	Vinyl Floor shall be Mohawk Style: Grainiac-Color: TBD

Proposal A - Floor Plan Complete for the Sum of: \$ 26,855.28

<b>PROPOSAL B:</b> Remove all existing flooring and cove wall base. Install Mohawk 24 x 24 carpet tiles and vinyl plank flooring as detailed in Floor Plan B. Prices should include furnishing and install 4" vinyl cove wall base and reducer where needed. Price will include take up of existing glue-down carpet tile with disposal in dumpster furnished by bidder. Bidder will remove and reset furniture and lift modular walls. If additional floor preparations are needed they should be priced out separately. Installation of flooring will be direct glued to floor. NO ALTERNATIVES ACCEPTED. BID AS SPECIFIED.	
CARPET Description	Mohawk 24 x 24 carpet tiles Style: Bending Earth II Color: Lateral Surface 7948 Granite Installation pattern: Quarter Turn
VINYL Description	Vinyl Floor shall be Mohawk Style: Grainiac-Color: TBD

Proposal B - Floor Plan Complete for the Sum of: \$ 29,019.98

Carpet Sq Ft. Price     \$ 2.93  
Vinyl Sq Ft. Price     \$ 2.23

**FLOOR PLANS ARE ATTACHED.**

**COLOR SAMPLES:**

The awarded bidder will provide full size color samples of both carpet and vinyl flooring.

- Our Company can provide full size color samples of both carpet and vinyl flooring.
- Our Company cannot provide full size color samples of both carpet and vinyl flooring.

COMPANY NAME: United Flooring Center

**IMPORTANT:** Measurements are not being provided. It will be the responsibility of the bidder to take and verify all field measurements as needed.

**SCHEDULE OF VALUES:**

A unit price schedule shall be attached to your bid document at the time of bid submission that indicates unit prices for all items and the labor to install them for items to be used during the course of the project. These rates will be used to determine the cost for any additional work required.

**A SCHEDULE OF VALUES FORM IS ATTACHED AND MUST BE COMPLETED AND RETURNED WITH THE BID AT THE TIME OF SUBMISSION.**

**NOTE:**

The vendor further declares that he/she has familiarized him/herself with the Troy Fire Department, and the conditions under which the flooring must be installed and completed. Bidder acknowledges that he has carefully examined the specifications, which he understands and accepts as sufficient for the purpose of this flooring project.

**INFORMATION:**

For additional general information or questions concerning this project please contact **MaryBeth Murz, Purchasing Manager**, at (248) 680-7291, [m.murz@troymt.gov](mailto:m.murz@troymt.gov) between the hours of 8:00 a.m. and 4:00 p.m., Monday thru Friday.

**DESIGNATED CITY REPRESENTATIVE:**

**Peter Hullinger, Lieutenant (248) 524-3417, [Peter.Hullinger@troymt.gov](mailto:Peter.Hullinger@troymt.gov)** is the designated City Representative for this project.

**MANDATORY SITE INSPECTION:**

All bidders are required to examine the Fire Department building to determine the amount of work to be done in accordance with the bid specifications by attending the **MANDATORY PRE-BID MEETING** scheduled for **THURSDAY, AUGUST 23, 2018 at 11:30 A.M.** EDT, located at the Troy Fire Department, Conference Room, 500 West Big Beaver Troy, MI 48084. **An opportunity to view and inspect the rooms/areas will be provided during the Pre-Bid Meeting.**

Our company attended the Mandatory Pre-Bid meeting 8/23/2018  
 Our company did not attend the Mandatory Pre-Bid meeting \_\_\_\_\_

**BID DEPOSIT AND FORFEITURE:**

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

**LABOR:** Prevailing wages are not required for this project.

**AWARD:**

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

The City of Troy reserves the right to award this bid to the lowest responsible total bidder meeting specifications; to reject low bids which have major deviations from specifications; to accept a higher bid which has only minor deviations.

COMPANY NAME: United Flooring Center

**COMPLETION DATE:**

The Contractor may move supplies and materials to the work site upon City Council approval and issuance of Purchase Order. Work shall be completed by Friday, November 30, 2018. The City of Troy is the only party to this contract that may authorize amendment to this schedule.

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

The City of Troy is the only party to this contract that may authorize amendment to this schedule.

**APPROVED ALTERNATES:**

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

**PURCHASE ORDER:**

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

**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. All subcontracts will need to be approved by the Purchasing Manager.

**CONDITION OF ITEMS:**

All items shall be new, in first class condition, including containers suitable for shipment and storage, unless otherwise indicated herein. Verbal agreements to the contrary will not be recognized.

**WORKMANSHIP AND INSPECTION:**

All work under the resulting purchase order shall be performed in a skillful and workmanlike manner. The City may, in writing, require the Contractor to remove any employee from work that the City deems incompetent or careless.

Further, the City may, from time to time, make inspections of the work performed under the purchase order. Any inspection by the City does not relieve the Contractor from any responsibility regarding defects or other failures to meet the contract requirements.

**MATERIAL AVAILABILITY:**

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

**COMMERCIAL WARRANTY/MANUFACTURER'S RECOMMENDATIONS:**

The bidder agrees that supplies or services furnished shall be covered by the most favorable commercial warranties the bidder gives to any customer for such supplies or services. All warranty information and certificates shall be furnished and become the property of the City upon delivery of said items and all rights and remedies stated in the warranties must be honored by the contractor or his manufacturer.

COMPANY NAME: United Flooring Center

All items are new manufacture unless otherwise specifically stated or called for in the bid.

All products offered must have passed the first line quality standards as set by the manufacturer and no seconds, blemished articles, or items containing defective workmanship are included.

Warranty shall also cover any problems due to manufacturing and/or installation of the floor covering. Entire installation shall meet or exceed manufacturer specifications.

**QUESTIONNAIRE:**

The attached questionnaire has been completed and returned with bid documents. (X) Yes ( ) No

**DELIVERY:**

Materials and equipment are to be FOB delivered inside, freight paid to the work site once the project is to commence - Fire Department, 500 West big Beaver, Troy, MI 48063, Attn: Peter Hullinger. All delivered materials will be off loaded by the installer and stored in an area designated by the City.

**PROGRESS PAYMENTS:**

Partial payments shall be made at the discretion of the designated City Representative. The City of Troy reserves the right to withhold payments until acceptance of the portion of work completed which is being invoiced.

**MANDATORY:**

THE SUCCESSFUL BIDDER MUST HAVE EXPERIENCE WITH COMMERCIAL FLOORING INSTALLATION PROJECTS.

United Flooring Center has 54 (#) years of experience in the FLOORING field.  
(Company Name)

**IMPORTANT:**

Under normal circumstances, it is assumed that the flooring install will need to be scheduled around use of the facility and as per outlined dates.

**DESCRIPTIVE LITERATURE:**

Please attach to your bid proposal any pertinent descriptive material relevant to the item bid.

**CONTACT INFORMATION:**

Hours of operation: 9am - 5pm 24 Hr. Phone No. 248-321-0705

**BID INFORMATION CONTROLLING:**

The City of Troy intends that all bidders have equal access to information relative to the bid, and that the bid contains adequate information. Part of the bid preparation has included discussions with selected prospective bidders; however each bidder shall prepare its bid based only on the information contained in the bid, notwithstanding any information that may have been previously provided. A prospective bidder noting any inconsistency between the information contained in the bid and any information previously provided should request clarification. No information communicated, either verbally or in writing, to or from a bidder shall be effective unless confirmed by written communication contained in the bid, an addendum to the bid, a request for clarification or written response thereto, or in the bid.

**REFERENCES:**

Please submit a list of FIVE CUSTOMERS who have had similar work performed by your company in the last five (5) years in the State of Michigan. Include the name of the company, the address, phone number, contact person, and email:

COMPANY: United Flooring Center



**COMPANY:** St. Joseph Catholic Church & School, 715 N. Lapeer Rd.,  
**ADDRESS:** Lake Orion, MI 48362  
**PHONE:** 248-693-0440 **CONTACT:** Jill Barrett  
**EMAIL:** J.Barrett@stjosephlakeorion.org

**COMPANY:** City of Troy Police  
**ADDRESS:** 500 W. Big Beaver Road, Troy, MI 48084  
**PHONE:** 248-524-3300 **CONTACT:** Sgt Joe Haddad  
**EMAIL:** Haddadj@troymt.gov

**COMPANY:** St. Clements  
**ADDRESS:** 343 S. Main Street Romeo MI 48065  
**PHONE:** 586-752-9611 **CONTACT:** Father Steve  
**EMAIL:** NA

**COMPANY:** Property Management By Design  
**ADDRESS:** PO Box 102 Birmingham, MI 48012  
**PHONE:** 248-203-9404 **CONTACT:** Jordan  
**EMAIL:** CustomerService@mgbydesign.com

**COMPANY:** Kiwi Building Company  
**ADDRESS:** 3963 Far Hill Drive Bloomfield Hills, MI 48304  
**PHONE:** 248-765-7788 **CONTACT:** Blair Gough  
**EMAIL:** NA

**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 and Certification regarding Debarment forms and return with their bid proposal.

**BID DEPOSIT AND FORFEITURE:**

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

**DOWNPAYMENTS AND PREPAYMENTS:**

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

**IMPORTANT:**

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

**COMPANY NAME:** United Flooring Center

Bid Proposal  
Flooring – Fire Department  
Page 6 of 9

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

COMPANY NAME: United Flooring Center

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.

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

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

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

COMPANY NAME:

United Flooring Center

**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 48064

**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: United Flooring Center

**SIGNATURE PAGE**

**PRICES:**

Prices quoted shall remain firm for 60 days or bid award, whichever comes first, except the successful bidder whose prices shall remain firm through project completion and final acceptance in accordance with specifications.

**SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE:** Dan Recker

**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#:** 38-1911865

**COMPANY:** United Flooring Center

**ADDRESS:** 3806 Rochester Rd **CITY:** Troy **STATE:** MI **ZIP:** 48083

**PHONE:** 248 528-1900 **FAX NUMBER:** 248 528-3976

**REPRESENTATIVE'S NAME:** Dan Recker  
(Print)

**SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE:** Dan Recker

**PAYMENT TERMS:** \_\_\_\_\_ **WARRANTY:** As specified.

**CHECK NUMBER:** \_\_\_\_\_ **COMPLETION DATE:** BY FRIDAY, NOVEMBER 30, 2018.

**E-MAIL:** reckkerd@gmail.com

**EXCEPTIONS:**

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

**ACKNOWLEDGEMENT:**

I, Dan Recker, 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.mitn.info](http://www.mitn.info) and is an official copy of the Authorized Version.

**SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE:** Dan Recker

**NOTE:**

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

**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 are to be quoted in U. S. Currency.



**VENDOR QUESTIONNAIRE**

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

FIRM NAME: United Flooring Center

TYPE OF ORGANIZATION: (Circle One)

- a. Individual
- b. Partnership
- c. Corporation S Corp
- d. Joint Venture
- e. Other \_\_\_\_\_

If applicable:

FORMER FIRM NAME(S)

U.C., Inc.

NOTE: If additional space is needed throughout the questionnaire, please attach additional sheets numbered appropriately for identification.

1. Your company is an authorized reseller of Mohawk Industries Carpet:

Yes ( ) No

2. Has your company been in Chapter 7 during the last ten (10) years?

( ) Yes When: \_\_\_\_\_  No

3. How many years of experience do you have in installing Mohawk brand carpet tiles?

54 Years

4. Will a certified trained installer be performing the installation work on this project?

Yes ( ) No

5. Evidence that your company is licensed to do business in the State of Michigan.

no license needed

6. Current Contracts:

Please provide a list of all open contracts your company currently holds. Include contract name, organization, location, type, size, required date of completion, percentage of completion to date of each job and value of each contract.

see attached

UC Inc. dba United Flooring Center  
Open Commercial Contracts

Contract Name	Organization	Location	Type	Size	Required date of Completion	% of Completion	Value
St. Clements	Same	Romeo MI	Carpet	288 sf	Fall, 2018	0.00%	\$ 1,450.00
Nextech	Same	Southfield MI	Cpt Tile/Vinyl TI	1415 sf	Fall, 2018	28.00%	\$ 7,146.73
St. Joseph Catholic	Same	Lake Orion MI	Cpt Tile/Vinyl TI	6057 sf		100.00%	\$ 23,136.75
Prop Mgmt by Design	Same	Birmingham MI	Carpet	1200 sf		100.00%	\$ 4,091.60
United Industries	Same	Sterling Heights MI	Carpet tiles	1800 sf		100.00%	\$ 5,121.58
Prop Mgmt by Design	Same	Detroit MI	Cpt Tile	Repair		100.00%	\$ 200.00
Lonero Engineering	Same	Troy MI	LVT	200 sf		100.00%	\$ 770.00
Lonero Engineering	Same	Troy MI	Carpet	1992 sf	Fall, 2018	0.00%	\$ 5,605.00
Prop Mgmt by Design	Same	Sterling Heights MI	Carpet	1440 sf	Fall, 2018	0.00%	\$ 5,722.00
Open Residential Files						100.00%	\$ 41,070.80
Open Residential Files						Various	\$ 118,859.55

7. Provide an itemized list of your company's equipment to be used to complete this project.  
Mostly hand tools, carts, Furniture moving equipment  
will be needed

8. If applicable, list all proposed subcontractors to be used in the performance of this contract and the work to be performed by each. Include a complete list and references of all subcontractors and sub-subcontracts.  
Cornerstone Floors, LLC - installation of carpet tile + vinyl planks  
References - United Industries, Chris Klupp, 33782 Sterling Ponds Blvd, Sterling  
City of Troy Police Department - Sgt. Hedded Hgts 48312

9. Provide a project schedule based on starting the work within ten (10) days after receiving "Notification to Proceed".  
to be coordinated with on-site rep from office

10. Please describe your recycling program, if any, and/or disposal method for the existing flooring.  
off-site in dumpster provided by United Flooring

11. Personnel who would be assigned to this project:  
Please provide the name and title of the person(s) who will be supervising the work and will be responsible for "on the job" decisions.

TITLE	NAME	DEGREE / CERTIFICATION	EXPERIENCE / YEARS
Installer	Dave Collins	(Cornerstone Floors)	35+ years

THE FOREGOING QUESTIONNAIRE IS A TRUE STATEMENT OF FACTS:

Signature of Authorized Company Representative:

Company:

Address:

Phone Number:

Representative's Name:

Date:

Dan Recker  
United Flooring Center  
3806 Rochester Rd.  
Troy, MI 48083  
248-528-1900  
Dan Recker  
(Print)  
8/29/2018





SCHEDULE OF VALUES

Your company **MUST** complete this form.

PRODUCTS:	UNIT OF MEASURE	UNIT COST
Mohawk cpt tile Benang Earth II, 2'x2'	SF	\$ 2.93
Mohawk Express adhesive for cpt tile	4 gal	\$ 120.00
Mohawk vinyl plank - Grainsac	SF	\$ 2.23
Mohawk M700 vinyl plank adhesive	1 gal.	\$ 43.43
SERVICES:	UNIT OF MEASURE	UNIT COST
Install carpet tile, inc. takeup + furnished	SY	\$ 13.70
Install vinyl plank, inc. takeup	SF	\$ 1.95

**Note:** Individual equipment prices and labor costs to install those items are requested if the quantity changes during the project.

COMPANY NAME: United Flooring Center



**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 Dan Beckker, bearing the office title of Operations Manager whose signature is affixed to this proposal, is duly authorized to execute contracts.

\_\_\_\_\_

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

XXXXXXXXXX \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AN INDIVIDUAL, WHOSE SIGNATURE IS AFFIXED TO THE PROPOSAL:

XXXXXXXXXX \_\_\_\_\_



CITY OF TROY  
OAKLAND COUNTY, MICHIGAN  
NON-COLLUSION AFFIDAVIT

TO WHOM IT MAY CONCERN:

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

is Operations Manager 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.

Daniel J Recker  
SIGNATURE OF PERSON SUBMITTING BID

Leslie M Therrian  
NOTARY'S SIGNATURE

Subscribed and sworn to before me this 29 day of August, 2018 in and for Oakland County.

My commission expires:  
Feb 25, 2019

LESLIE M. THERRIAN  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF OAKLAND  
MY COMMISSION EXPIRES Feb 25, 2019  
ACTING IN COUNTY OF Oakland



**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.

United Flooring Center  
Name of Agency/Company/Firm (Please Print)

Dan Recker, Operations Manager  
Name and title of authorized representative (Please Print)

Dan Recker 8/29/18  
Signature of authorized representative Date

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



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

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

Vendor	
Legal Name	U.C., Inc. dba United Flooring Center
Street Address	3806 Rochester Road
City	Troy
State, Zip	MI 48083
Corporate I.D. Number/State	151783 Michigan
Taxpayer I.D. #	38-1911865

The undersigned, with: 1.) full knowledge of all of Vendor's 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:

Dan Reckker

Printed Name of Vendor's Authorized Agent:

Dan Reckker

Witness Signature:

Katharine Alambert

Printed Name of Witness:

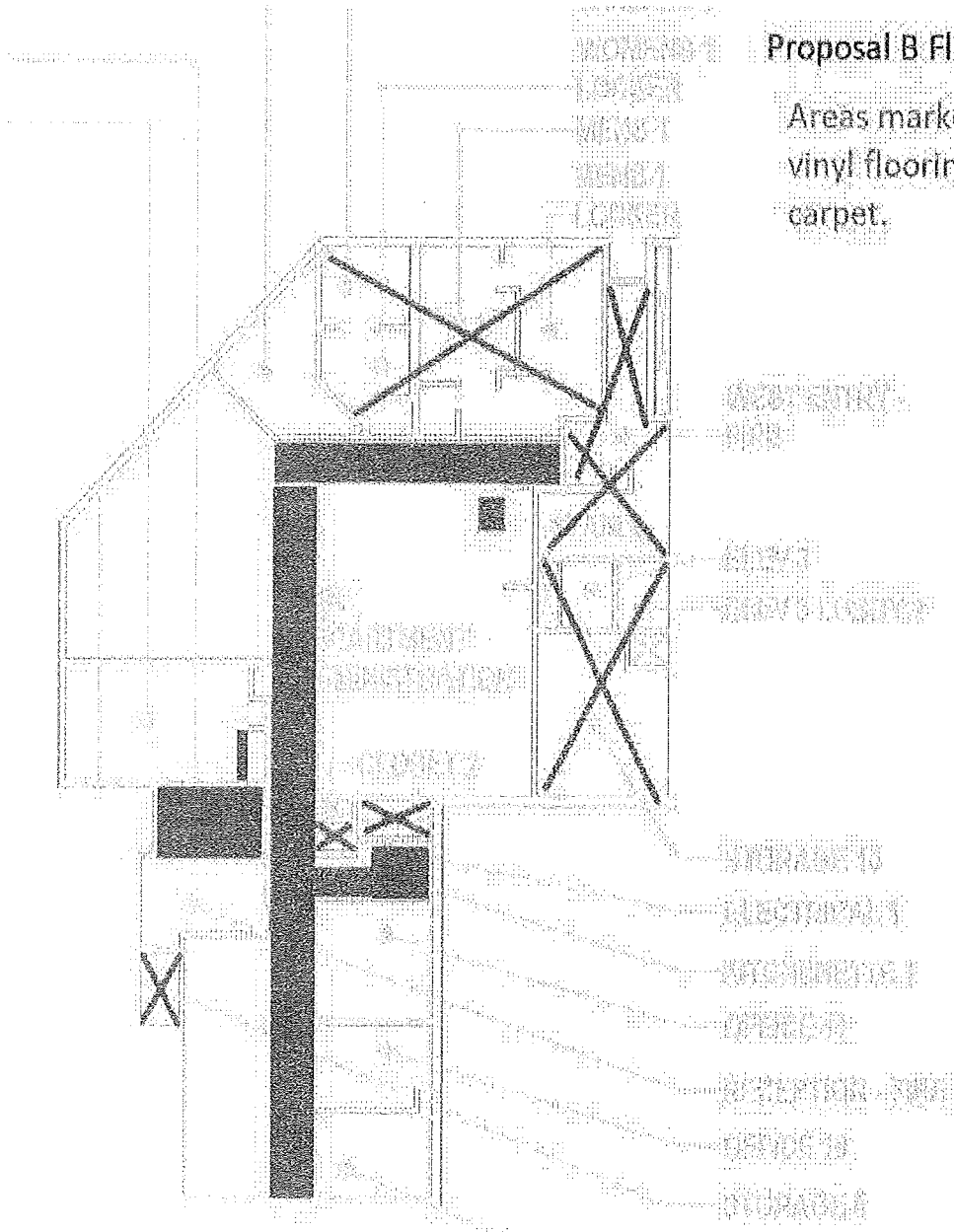
Katharine Alambert

CA BidLanguage\_IranLinkedBusiness



## Proposal B Floor Plan

Areas marked in GREEN would be vinyl flooring. All other area would be carpet.





STATEMENT OF NO BID  
CITY OF TROY

N.A.

BID NUMBER: ITB-COT 18-42  
TITLE: Flooring – Fire Department

Please Send or Fax To:  
City of Troy Purchasing Department  
500 W. Big Beaver Rd.  
Troy, MI 48084

FAX NUMBER: (248) 619-7608

We, the undersigned, have declined to bid on the subject bid for the following reasons:

Check All That Apply	REASON
<input type="checkbox"/>	Our company does not handle the type of product / service
<input type="checkbox"/>	We cannot meet the specifications nor provide an approved alternate -- please explain below
<input type="checkbox"/>	Our company is not interested in bidding at this time
<input type="checkbox"/>	Job is too small
<input type="checkbox"/>	Job is too large
<input type="checkbox"/>	Cannot be competitive
<input type="checkbox"/>	Liability issues such as insurance, bonding, indemnification, hold harmless
<input type="checkbox"/>	Insufficient time to respond -- please explain below
<input type="checkbox"/>	Our company's schedule would not permit performance of the specifications
<input type="checkbox"/>	Other -- describe below

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMPANY INFORMATION:**

COMPANY NAME: \_\_\_\_\_  
SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

**IMPORTANT NOTE:** To qualify as a respondent to the bid, the vendor must submit a bid or return this completed form.

**VENDOR REGISTRATION:** The City of Troy uses the MITN website for vendor registration, bid and tabulation posting, award information and other processes. Final bid results will be posted on the MITN website after award. Please register to see results - [www.mitn.info](http://www.mitn.info).





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/29/2018

**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).**

<b>PRODUCER</b>  AUTOMATIC DATA PROCESSING INSURANCE AGCY INC 1 ADP BLVD MS 625 ROSELAND, NJ 07068 (877) 677-0428	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (877) 677-0428      FAX (A/C, No): (877) 677-0430 E-MAIL ADDRESS: spobicadp@travelers.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
INSURER A : THE TRAVELERS INDEMNITY COMPANY OF CONNECTICUT	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

**COVERAGES**    **CERTIFICATE NUMBER:** 468362911151142    **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	
	<b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b>  <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 <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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		UB-0J399990-18	01/01/2018	01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							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: ITB-COT 18-42 FLOORING-FIRE DEPARTMENT

<b>CERTIFICATE HOLDER</b>  THE CITY OF TROY 500 WEST BIG BEAVER TROY, MI 48084	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE
--	--

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/30/2018

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 Brown & Brown of Detroit 35735 Mound Road  Sterling Heights MI 48310	CONTACT NAME: Heather Miller
	PHONE (A/C, No, Ext): (586) 977-6300 FAX (A/C, No): (586) 977-6780 E-MAIL ADDRESS: hmiller@bbdetroit.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Westfield Insurance Company	NAIC # 24112
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

**COVERAGES** CERTIFICATE NUMBER: CL1843008155 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	BOP4037980	05/01/2018	05/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			BOP4037980	05/01/2018	05/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	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	N/A			PER STATUTE OTH-ER 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)

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 are included as an additional insured for general liability as required by written contract.

Project: ITB-COT 18-42 Flooring-Fire Department

<b>CERTIFICATE HOLDER</b>  City of Troy 500 W. Big Beaver Rd.  Troy MI 48084	<b>CANCELLATION</b>  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   Brian Piarzki

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August 28, 2018

**Addendum 1  
ITB-COT 18-42  
Flooring- Fire Dept.  
Page 1 of 3**

To All Bidders:

Please be advised that as a result of the Mandatory Pre-Proposal Meeting conducted on Thursday, August 23, 2018 at 11:30 AM E.S.T. the Purchasing Department for the City of Troy authorized the following clarification(s) and or change(s) to the specifications for **ITB-COT 18-42, Flooring for the Fire Department**. The clarification(s) and or change(s) will be considered an integral part of the original proposal document. The Mandatory Pre-Proposal Meeting was conducted at the City of Troy City Hall Fire Department.

Items from the bid documents to be aware of and that were REVIEWED in the meeting:

- Sealed Proposals for **FLOORING AND FLOORING INSTALLATION FOR THE CITY OF TROY FIRE DEPARTMENT** will be received by the City of Troy at the office of the City Clerk, 500 W. Big Beaver Road, Troy, MI 48084 until **THURSDAY, AUGUST 30, 2018 at 10:00 AM, EDT** after which time they will be publicly opened in the Troy City Offices. Late proposal submittals will not be accepted or considered for award.
- When submitting bids, mark Envelopes with the Bid Number, Name, and the Opening Date.
- **Opening of Proposals:** At the specified time and date stated above, all submitted Proposals shall be opened. The names and pricing shall be read aloud.
- If further information regarding this proposal is required, please contact the Purchasing Manager and submit questions in writing to MaryBeth Murz, Purchasing Manager; [m.murz@troymi.gov](mailto:m.murz@troymi.gov).
- All bidders are required to examine the site to determine the amount of work to be done in accordance with the ITB specifications by attending the Mandatory Pre-Proposal Meeting that was scheduled for THURSDAY, August 28, 2018 at 11:30 AM EDT LOCATED at Troy City Hall. An opportunity to view and inspect the existing sites was provided during the Pre-Proposal Meeting. Also refer to building floorplans which are provided in the ITB.
- **COMPLETION SCHEDULE:** The designated City representative shall approve the work schedule prior to the start of the project. 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. The Project completion date which is on Page 3 of the ITB was reviewed.
- **INSURANCE:** If awarded - Insurance needs to be submitted to the City's Purchasing Manager, and approved prior to the start of the contract. (Page 7)
- **SIGNATURE PAGE** – Sign all three areas 1) Price Clause, 2) Company Info, & 3) Acknowledgement.
- **EXCEPTIONS:** Any exceptions, substitutions, deviations to the proposal need to be stated including the reason.

Since attendance at the Pre-Bid Meeting was **Mandatory**, everyone signed in. The following Firms were represented and in attendance:

United Flooring  
Six Brothers Construction

Introduced: Kristine Kallek, Associate Buyer  
Peter Hullinger, Fire Staff Lieutenant  
Dennis Trantham, Facilities & Grounds Operations Manager

Clarifications were discussed as follows:

- Sealed Proposals for **FLOORING AND FLOORING INSTALLATION FOR THE CITY OF TROY FIRE DEPARTMENT** will be received by the City of Troy at the office of the City Clerk, 500 W. Big Beaver Road, Troy, MI 48084 until **THURSDAY, AUGUST 30, 2018 at 10:00 AM**, EDT after which time they will be publicly opened and read in the Troy City Offices. Late bid submittals are not accepted. *Bid responses are not accepted via fax transmission.*
- *Late bid submittals will not be accepted. The City does not accept bid responses via fax transmission.*
- **PROJECT COMPLETION:** The project completion is detailed on page 3. Work shall be completed by November 30, 2018. The City of Troy is the only party to this contract that may authorize amendment of this Timeline.
- Kristine Kallek gave a brief overview of the Instructions to Bidders and the requirements for Bid Submission.
- It is the proposers' responsibility to have examined and made themselves familiar with the site and floorplans.
- **INSURANCE:** Insurance Requirements were reviewed.
- The Scope of Work was highlighted by Kristine Kallek, Associate Buyer.

---

Clarifications were discussed and Questions answered as follows:

**QUESTION:** How will the old carpet and flooring be disposed of?

**ANSWER:** The vendor shall provide a dumpster to be located outside of the back door of the Fire Department.

**QUESTION:** When will work commence; AM or PM?

**ANSWER:** The City of Troy Fire Department will work with the vendor to coordinate the installation schedule.

**QUESTION:** Who will be moving the furniture?

**ANSWER:** The vendor shall move and reset furniture. The Fire Department will assist in the move of the furniture if necessary.

**QUESTION:** Is removal of the Cove Base the vendor's responsibility?

**ANSWER:** The Fire Department recently had painting renovations done. In order to minimize repairs and touchups; the painting company will remove all existing Cove Base. However, the awarded flooring vendor shall install the new Cove Base.

**QUESTION:** Will any of the locker rooms be included in this bid?

**ANSWER:** No, the locker rooms will not be included in any flooring updates. The offices and conference rooms as well as any other spaces indicated and included are detailed on the maps provided for proposal A and B.

Proposers observed office areas, conference rooms and the space in its entirety as detailed in Proposal A and Proposal B maps included in this bid.

---

Kristine Kallek gave everyone an additional opportunity to ask any other questions; which there were none. Further questions should be emailed directly to Kristine; which if required will necessitate an additional Addendum; which would include the QUESTION and the ANSWER.

All Addendums will be sent to all Firms who attended the Mandatory Pre-Bid Meeting.

---

I, the undersigned bidder, have read this Addendum 1 and have integrated the clarification(s) and or change(s) into the *Invitation to bid* and *Specifications* for ITB-COT 18-42, FLOORING AND FLOORING INSTALLATION. All other items in the original ITB (Invitation to Bid) remain the same. This Addendum 1 should be attached to the top of the Bid Proposal packet at the time of submission, on or before **Thursday, August 30, 2018 at 10:00 AM EST** in the office of the City Clerk.

COMPANY:

United Flooring Center

NAME OF AUTHORIZED COMPANY REPRESENTATIVE:

Don Reckker

SIGNATURE:

Don Reckker

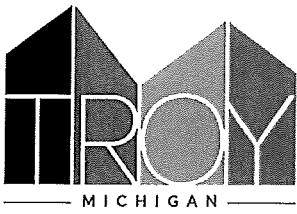
ADDRESS:

3806 Rochester Road

Troy, MI 48083

DATE:

8/29/2018



500 West Big Beaver  
Troy, MI 48084  
troymi.gov

# CITY COUNCIL AGENDA ITEM

Date: September 5, 2018

To: Mark F. Miller, City Manager

From: MaryBeth Murz, Purchasing Manager *MBM*  
David Roberts, Fire Chief  
Peter Hullinger, Staff Lieutenant *PH*

Subject: Standard Purchasing Resolution 2 - Award to Low Bidder meeting Specifications - Flooring for Fire Department Offices

### History

The current Fire Department offices in City Hall were relocated there over 14 years ago. When this was done, carpeting was installed in the entire office area and pathways. Over the years, the carpet has worn and faded. A contributing factor is that the Fire Department offices connect to the Police Department building and therefore are used as a common thoroughfare with going outside. The result is that the carpet has worn out due to foot and cart traffic, winter salt, as well as fading due to the sunlight coming in.

### Purchasing

On August 30, 2018, a bid opening was conducted as required by City Charter and Code to provide and install flooring for the Fire Department. The bid was posted on the Michigan Inter-governmental Trade Network (MITN) website at [www.MITN.info](http://www.MITN.info). One (1) bid was received. The following information is a detailed summary of potential vendors:

Companies notified via MITN	107	<p><i>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.</i></p> <p><b>Active MITN</b> 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.</p> <p><b>Active MITN non-paying</b> members are responsible to monitor and check the MITN website for opportunities to do business with the City.</p> <p><b>Inactive MITN member</b> 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.</p>
Troy Companies notified via MITN	3	
Troy Companies - Active email Notification	3	
Troy Companies - Active Free	0	
Companies that viewed the bid	22	
Troy Companies that viewed the bid	3	

A Mandatory Pre-Bid Meeting was held on Thursday, August 23, 2018 in order to view the Fire Department, take field measurements and ask questions. Two (2) companies were in attendance at the Pre-Bid Meeting:

United Flooring Center	Troy, MI
Six Brothers Construction	Shelby Township, MI

*United Flooring Center, of Troy MI is the sole bidder meeting specifications. United Flooring Center has also successfully supplied and installed carpet in other areas for the City of Troy.*



500 West Big Beaver  
Troy, MI 48084  
troymi.gov

## CITY COUNCIL AGENDA ITEM

The flooring was bid out with two options. Proposal A included vinyl flooring only in small specific areas. Proposal B included vinyl flooring throughout the hallway. It is recommended to award the flooring contract based on Proposal B which includes vinyl flooring in the hallway which costs slightly more but the vinyl planking will wear better than carpet.

### **Financial**

Funds are budgeted for flooring replacement in Account # 101.336.337.7802.150 - Contractual Services Contractor-Equipment Maintenance, for budget year 2019.

### **Recommendation**

City management recommends awarding a contract to the sole bidder meeting specifications; *United Flooring Center of Troy, MI* to provide and install flooring for the Fire Department Offices; for an estimated total cost of \$29,019.98 not to exceed budgetary limitations at the unit prices as contained in the bid tabulation opened August 30, 2018, a copy of which is attached.

**Standard Purchasing Resolution 2 – Sole Bidder Meeting Specifications – Flooring for Fire Department Offices**

RESOLVED, That Troy City Council hereby AWARDS a contract to the sole bidder meeting specifications; *United Flooring Center of Troy, MI* to provide and install flooring for the Fire Department Offices; for an estimated total cost of \$29,019.98 not to exceed budgetary limitations at the unit prices as contained in the bid tabulation opened August 30, 2018, a copy of which shall be ATTACHED to the original Minutes of this meeting.

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/20/2018

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 Brown & Brown of Detroit 35735 Mound Road  Sterling Heights MI 48310	CONTACT NAME: Heather Miller	PHONE (A/C, No, Ext): (586) 977-6300	FAX (A/C, No): (586) 977-6780
	E-MAIL ADDRESS: hmliller@bbdetroit.com		
INSURED  UC, Inc. DBA United Flooring 3806 Rochester Road  Troy MI 48084	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Westfield Insurance Company		24112
	INSURER B:		
	INSURER C:		
	INSURER D:		
INSURER E:			
INSURER F:			

COVERAGES CERTIFICATE NUMBER: CL1843008155 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 WVO	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		BOP4037980	05/01/2018	05/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" 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	Y		BOP4037980	05/01/2018	05/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$


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

Project: ITB-COT 18-42 Flooring - Fire Dept.

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 are included as an additional insured for general liability per form BP14020713 attached and auto liability as required by written contract. This insurance is on a primary & non-contributory basis per form BP14880713 attached, 30 day notice of cancellation, 10 days for non-payment is provided per form BPW02120608 attached.

## CERTIFICATE HOLDER

## CANCELLATION

City of Troy 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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/30/2018

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).

<b>PRODUCER</b> Brown & Brown of Detroit 35735 Mound Road  Sterling Heights MI 48310		<b>CONTACT NAME:</b> Heather Miller <b>PHONE (A/C, No, Ext):</b> (586) 977-6300 <b>E-MAIL ADDRESS:</b> hmliller@bbdetroit.com <b>FAX (A/C, No):</b> (586) 977-6780	
<b>INSURED</b> UC, Inc. DBA United Flooring 3806 Rochester Road  Troy MI 48084		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Westfield Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 24112	

**COVERAGES**      **CERTIFICATE NUMBER:** CL1843008155      **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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		BOP4037980	05/01/2018	05/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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 <input type="checkbox"/>			BOP4037980	05/01/2018	05/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

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 are included as an additional insured for general liability as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

City of Troy 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  Brian Pinski
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**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

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
City of Troy	500 W. Big Beaver Rd. Troy, MI 48084 Fire Dept - Admin
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**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 Schedule 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 Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

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

**B. With respect to the insurance afforded to these additional insureds, the following is added to 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.

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.

POLICY NUMBER: BOP4037980

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

**EARLIER NOTICE OF CANCELLATION  
PROVIDED BY US**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

**SCHEDULE**

Number of Days' Notice 30

<u>Name Of Additional Insured Person(s) Or Organization(s)</u>	<u>Location(s) Of Covered Operations</u>
City of Troy	500 W. Big Beaver Rd. Troy, MI 48084

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

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