CITY COUNCIL MINUTES

August 9, 2021

Standard Purchasing Resolution 2: Award to Sole Bidder Meeting Specifications – 2021 Street Tree Planting

Resolution #2021-08-122-J-4b

RESOLVED, That Troy City Council hereby **AWARDS** a contract to provide and install on as needed basis ball and burlap or container grown trees to the sole bidder meeting specifications; *Marine City Nursery Company of Marine City, MI*, at unit prices contained in the bid tabulation opened July 22, 2021; not to exceed budgetary limitations; a copy of which shall be **ATTACHED** to the original Minutes of this meeting, with the contract expiring June 30, 2022.

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

PURCHASE ORDER

Bill 7

CITY OF TROY

Building Operations 4693 ROCHESTER ROAD TROY, MI 48085 No. 2022-00000195 DATE: 08/17/2021 PAGE: 1 of 1 FOB DESTINATION

EXPIRATION DATE 06/30/2022 COUNCIL RESOLUTION 2021-08-122-J-4b

VENDOR NO. 100518

CITY OF TROY

TROY, MI 48085

Building Operations

4693 ROCHESTER ROAD

Vend

MARINE CITY NURSERY COMPANY 5304 MARINE CITY HIGHWAY PO BOX 189 MARINE CITY, MI 48039

QUANTITY	UNIT	DESCRIPTION	UNIT COST	
	Each	Purchase and Planting of Street Trees Street Trees and Tree Planting - Provide and Plant for the City of Troy Ball and Burlap or Container Grown Trees as needed, as per the direction of the City Forester and as per the bid specifications and unit pricing of ITB-COT 21-42. Your bid deposit check #31690474 in the amount of \$5,000.00 shall be retained as a performance surety until successful completion of all contract requirements. The surety will remain on deposit for a period of two (2) years or until all necessary tree replacements have been made. Deposit #2022-00004836	386.0000	\$157,488.00
Special Instru		Entered By: Emily Frontera		\$157,488.00

City Council Award Date: 8/9/2021. Street Trees to be delivered and planted as per bid specifications ITB-COT 21-42. CERTIFICATE OF INSURANCE AND ENDORSEMENT SHALL BE ON FILE FOR DURATION OF CONTRACT.

TERMS & CONDITIONS

Purchases of Municipalities are exempt from State Sales and Federal Excise Taxes.

Prior to acceptance, vendor agrees to provide City with information under the Right-to-Know Law, P.A. 1986, No. 80, and fully comply with all terms and conditions of the Michigan Occupational Safety and Health Act, MCL 408.1001, et seq. including vendor shall provide City with an "MSDS". Vendor also agrees to be responsible for all required labeling.

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 codefendant 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.

Endy Frontera

CITY OF TROY BID TABULATION STREET TREES

ITB-COT 21-42 Pg 1 of 1

VENDOR NAME:	Marine City Nursery Co.	Davey Resource Group, Inc.	Crimboli Nursery Inc.
CITY:	China, MI	Kent, OH	Canton, MI
CHECK AMT:	\$5,000.00		
CHECK #:	34954941	None	Bid bond 5%

PROPOSAL: To Provide and plant for the City of Troy Ball and Burlap or Container Grown Trees in accordance with the bid specifications.

	Price Per Planted Tree:		\$386.00	\$369.00	\$800.00
	Proposal A Total Cost (unit price x 500):		\$193,000.00	\$184,500.00	\$400,000.00
ALL 2021					
	LIST OF NINE TREE TYPES:	Y/N	Y	Y	Ÿ
	HOW MANY TREES LISTED:		9	9	11
	HOURS OF OPERATION:	a	8AM-5PM	8AM-5PM M-F	9AM-5PM
	24 HOUR PHONE #:		810-650-0676	612-753-0464	734-495-1700
	STATEMENT OF GUARANTEE:		None	None	2 Years
	REFERENCES:	Y/N	Υ	Υ	Υ
	PROPOSED PAYMENT SCHEDULE:		Net 30	90% Upon completion 10%	NET 30
	INSURANCE MET:	Y/N	Υ	Y	Υ
	PAYMENT TERMS:		Net 30	NET 30	NET 30
	DELIVERY:		N/a	Directly to site	FALL 2021
	EXCEPTIONS:	Y/N	N	N	N
	ACKNOWLEDGEMENT:	Y/N	Υ	Υ	Υ
	FORMS:	Y/N	Υ	Υ	Y

No submitted bid check and bid bonds not acceptable

Attest:

(*Bid Opening conducted via a Go-To Meeting)

Heather Chomiak

Dennis Trantham

Emily Frontera

Andrew Chambliss

Emily Frontera

Purchasing Manager



CITY OF TROY BID PROPOSAL

ITB-COT 21-42 Page 1 of 7

The undersigned proposes to PROVIDE AND PLANT FOR THE CITY OF TROY BALL AND BURLAP OR CONTAINER GROWN TREES, in accordance with the attached specifications to be considered an integral part of this proposal at the following prices:

COMPANY NAME: MARINE CITY NURSERY CO.

Tree Selection Specifications shall be as follows:

- All balled and burlap or container grown trees shall be 2.5" to 3" in caliper
- · Minimum of three (3) genera
- At least nine (9) different tree types (Genera/Species) shall be bid
- Cultivars and hybrids may be used for diversity within the nine (9) required types but shall not count as a tree type.
- Trees shall be deciduous
- Trees shall be single trunked with branching at planting, occurring at a minimum of three (3) feet above root flair
- Trees shall have a minimum mature height of 35 feet
- Trees shall be hardy to zone 5b (as per USDA Plant Hardiness Zone map)
- · Trees shall have no thorns
- If trees are deciduous, only male trees will be accepted
- Large fruiting types will not be accepted
- Genotype of trees provided should be similar to that found in Lower Peninsula Michigan. Proof of origin shall be provided upon request.
- Minimum tree quantity per each tree type shall be no less than twenty (20) trees.
- City reserves the right to reject tree types for additional reasons, as deemed in the City's best interest.

The following genus <u>will not be accepted</u>: Aesculus, Allanthus, Catalpa, Betula, Linden (excluding tomentosa 'Sterling'), Malus, Morus, Platanus (excluding x acerifolia), Populus, Salix, Sorbus and Ulmus (excluding cultivars of U. parvifolia & U. americana that are DED resistant). The City shall reserve the right to add or delete from this list at its discretion.

On page 2 of this Bid Proposal, list at least nine (9) tree types and cultivar/hybrid (if used) of each type, which your company can provide.

PROPOSAL A:

COST FOR THE PURCHASE AND PLANTING OF 500 BALL AND BURLAP TREES

Trees shall be delivered and planted as needed and as per the direction of the City Forester.

PRICE PER PLANTED TREE

In accordance with the specifications

TOTAL COST (Unit Cost x Quantity of 500)

\$<u>/93, 800 . 00</u> Total Cost

UNIT PRICE: Unit prices will prevail. The City of Troy Purchasing Department will correct all extension errors.

Bid Proposal Street Trees Page 2 of 7

TREE SELECTION

Please provide a list of nine (9) tree types and cultivar/hybrid (if used) of each type that your Company can provide under this contract: Attach additional sheets if necessary.

FALL 2021

LIST (9) NINE TREE TYPES	LIST CULTIVARS/HYBRIDS PER TREE TYPE (if used)
1. Acer	x 'Feffersred' (Autumn Blaze) r. 'Franksred' (Red Sunset) r. 'Brandywine'
2. Carpinus	Caroliniana betnius 'Fastigista'
3. Celtis	occidentalis
4. Fagus	grandifolia
5. Ginkgo	bilobes Autumn Gold
6. Platanus	1 Exclamatron
7. Syringa	'Ivorg Silk'
8. Tilia	x tomentosa Stetling
9. Ulmus	x 'Morton' (Accolade) x 'Morton Glossy (Triumph) a. 'Princeton'

NOTE: The Tree Selection List (above) will be tentative. The Final Tree Selection List shall be sent to the City for final approval at least thirty (30) days prior to planting. Trees not meeting these specifications will be rejected. Failure to provide the required tree types in accordance with the specifications, in the quantities stated, would be considered in breach of contract.

Bid Proposal Street Trees Page 3 of 7

ADDITIONAL INFORMATION:

For additional information or questions concerning this project, please contact Mr. Dennis Trantham, Facilities and Grounds Operations Manager at (248) 524-3503 or Dennis.Trantham@troymi.gov.

CONTACT INFORMATION:

Hours of operation: 8 Am - 5 PM 24 Hr. Contact Phone No. (810) 650-6676

DELIVERY:

All items shall be in accordance with the specifications and F.O.B. delivered freight paid to the City of Troy Parks and Recreation Garage, 4695 Rochester Road, Troy, MI 48085 or work locations within Troy city limits. FORTY EIGHT (48) HOURS NOTICE WILL BE GIVEN PRIOR TO DELIVERY.

GUARANTEE: Statement of your Guarantee is required if other than that specified by the City.

GUARANTEE PERIOD AND REPLACEMENTS:

All plant material shall be guaranteed by for a period of two (2) years from the date of acceptance. Acceptable trees shall be sound, healthy, vigorous, with full crowns free of dead or dying branches and branch tips, and shall bear foliage of a normal density, size, and color.

The contractor shall replace, without cost to the City, all trees determined by the designated City of Troy representative to be unacceptable at the end of the guarantee period. Replacement shall be subject to all requirements stated in accordance with the specifications.

The City of Troy reserves the right to consider the successful bidder in default of contract if poor quality materials (not in compliance with specifications) are delivered during the course of the contract. His/her decision will be deemed in the City of Troy's best interest and will be final. If the successful bidder is considered in default of contract, the City may rescind the award, and make an award to the next low bidder or re-bid the contract.

DOWNPAYMENTS AND PREPAYMENTS:

Any proposal 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.

ACCEPTANCE:

At the completion of the project, the designated City of Troy representative shall inspect all work for acceptance upon written request of the contractor.

Acceptance of plant material by the designated City of Troy representative shall be for conformance to specified size, species, cultivar, conditions, and quality, and shall not relieve the contractor of responsibility for full conformance to the contract documents.

Upon completion and approval of all repairs or corrections necessary in the judgment of the designated City of Troy representative, the Parks Department shall accept the project. The contract amount (less 10% retainer) for the project will be payable to the contractor upon acceptance of the work. The date of payment will be considered as the date of acceptance.

ESTIMATED QUANTITIES:

Quantities stated are estimated and are to be used for award purposes only. The numbers stated are based on past experience and may be increased or decreased depending on the actual number of removals completed prior to the proposed tree planting and is within budget limitations.

Bid Proposal Street Trees Page 4 of 7 AWARD:

The City of Troy reserves the right to award this bid to the lowest responsible bidder(s) meeting specifications by proposal, to reject low bids which have major deviations from specifications; to accept a higher bid that has only minor deviations; to reject a bidder whose ability to provide the materials is deemed inadequate by the designated City representative(s), or in whatever manner is deemed to be in the City's best interest.

LOCAL PREFERENCE:

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

REFERENCES: The City of Troy requires that your company list at least three (3) clients who have recently had similar work performed by your company.

COMPANY: ADDRESS: PHONE: EMAIL	City of Berkley 3238 Bacon Berkley M1 48072 (248)658-3490 CONTACT: Shawn Young Syoung @ berkley mich. net
COMPANY: ADDRESS: PHONE: EMAIL	City of Madison Heights 881 Ajax Drive Madison Heights M1 4807 (248) 589-7294 CONTACT: Sean Ballantine Sta Scanballantine @ madison - heights. Org
COMPANY: ADDRESS: PHONE: EMAIL:	City of Northville 215 West Main Street Northville MI 48068 (248) 421-8912 CONTACT: Mike Domine Moomine Cci. northville . Mi & us

PURCHASE ORDER:

A Notice of Award letter will be sent by the Purchasing Department to the successful bidder(s) upon approval by the Troy City Council. The purchase order issued will create a bilateral contract between the parties and commit the successful bidder(s) to perform the contract in accordance with specifications. The purchase order will be released upon the City's acceptance of the specified insurance and bonds. A contract document/ agreement will not be issued.

PROGRESS PAYMENTS:

The City of Troy will consider a progress payment schedule for work as completed in accordance with specifications. The Public Works Director will have final approval of the schedule as presented. No payments for work will be made until the designated City representative approves the work as complete in accordance with specifications and acceptance. Prior to release of the final payment, consent of surety document (AIA Document G707) will be required and signed by the surety Company. The City of Troy reserves the right to reject the payment schedule if deemed necessary, and determine the final schedule.

Proposed Payment Schedule:	Net	30	Days	

CONTRACT FORMS:

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

COMPANY NAME:	Marine	City	Nursery	Co.	

Bid Proposal Street Trees Page 5 of 7

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 ca () We ca	an meet the specified insurance requirements. Innot meet the specified insurance requirements.	
	not carry the specified limits but can obtain the additional insurance coverage of, at the cost of \$ Please note the amendments on a sample insurance certificate and attach it to your sal.	r bid
() Our p NOTE: Pleas	proposal is reduced by \$ if we lower the requirement to \$ se note the amendments on a sample insurance certificate and attach it to your bid propo	oou.

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: Marine City Nursery Co.

Bid Proposal Street Trees Page 6 of 7

ADDITIONAL INSURED:

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

CANCELLATION NOTICE:

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

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

PROOF OF INSURANCE COVERAGE:

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

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

LETTER VERIFICATION:

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

FINAL INSURANCE CERTIFICATE SUBMISSION:

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

COMPANY NAME: Marine City Nursery Co.

Bid Proposal Street Trees Page 7 of 7

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 from the date of award and continue until all acceptable trees are planted according to the specifications.
SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: (our trey). Laforthan
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 addendum as issued.
COMPANY MARINE CITY NURSERY CO.
ADDRESS <u>5304 MARINE CIT</u> RITY <u>CHNA</u> STATE <u>MI</u> ZIP <u>4805</u> . PHONE: (810) 765-5533 FAX: (810) 765-8806
PHONE: (810) 765-5533 FAX: (810) 765-8806
REPRESENTATIVE'S NAME COURTNEY & LABUHN
REPRESENTATIVE'S NAME COURTNEY S. LABUHN SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: Further S. Labuhn 11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
CHECK INCLUDED: 9es DELIVERY:
TERMS NET 30 GUARANTEE: AS SPECIFIED
EMAIL <u>ndietlin@marinecity</u> nursery.com
EXCEPTIONS: Any exceptions, substitutions, deviations, etc. from the City specifications and this proposal <u>must</u> be stated below and reason for the exception. The exceptions, substitutions, deviations, etc. are an integral part of this bid offer.
ACKNOWLEDGEMENT: I, Lourtney LaBuhn, 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 and is an official copy of the Authorized Version.
SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE: our her Sefon
NOTE: The City of Troy, at their discretion, may require the bidder(s) to supply a Financial Report from an impartial Financial Credit Reporting Service before award of contract.
IMPORTANT: All City of Troy purchases require a SAFETY DATA SHEET, where applicable, in compliance with the MIOSHA "Right to Know" Law. <u>Please include a copy of any relevant SDS at the time of bid submission.</u>
U.S. FUNDS: All prices quoted are to be in U.S. Currency.



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.

Name of Agency/Company/Firm (Please Print)

Name and title of authorized representative (Please Print)

Signature of authorized representative

Date

1/21/21

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



Legal Status of Bidder:

The Bidder shall fill out the appropriate form and strike out the other two.			
Marine City Nursery Co	•		
J	1. 1.		
A corporation duly organized and doing business under the laws of the State of <u>Archigan</u> for whom <u>bur they S. La Buhn</u> , bearing the office title of <u>PRESIDENT</u> whose signature is affixed to this proposal, is duly authorized to execute contracts.			
whom four trens. La Buhn, bea	aring the office title of YRESIDENT		
whose signature is affixed to this proposal, is duly a	uthorized to execute contracts.		
	•		
A partnership, all members of which, with addresse	es, is:		
, parameter property and the same of the s	•		
,			
•			
AN INDIVIQUAL, WHOSE SIGNATURE IS AFFIXED TO THE	PROPOSAL:		
/ \			



CITY OF TROY OAKLAND COUNTY, MICHIGAN NON-COLLUSION AFFIDAVIT

TO WHOM IT MAY CONCERN:
(Print Full Name)
is <u>Controller</u> . The party making the foregoing proposal or bid, (State Official Capacity in Firm)
that such bid is genuine and not collusion or sham; that said bidder has not colluded, conspired, connived, or agree, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding and has not in any manner directly or indirectly sought by agreement or collusion, or communication or conference, with any person to fix the bid price or affiant or any other bidder, or to fix any overhead, profit, or cost element of said bid price, or that of any other bidder, or to secure the advantage against the City of Troy or any person interested in the proposed contract; and that all statements contained in said proposal or bid are true.
SIGNATURE OF PERSON SUBMITTING BID
Debra L. Gilbert NOTARY'S SIGNATURE
Subscribed and sworn to before me this day of day of
, 2021 in and for
County.
My commission expires:
4/17/2026



G:\ BidLanguage_IranLinkedBusiness

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	MARINE CITY NURSERY CO.
Street Address	5304 MARINE OITH HIGHWAY
City	CHINA
State, Zip	m, 48054
Corporate I.D. Number/State	38-181-7379
Taxpayer I.D. #	38 - 181 - 7379

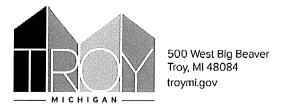
The undersigned, with: 1.) full knowledge of all of Vendors business activities, 2.) full knowledge of the requirements and possible penalties under the law MCL 129.311 et seq. and 3.) the full and complete authority to make this certification on behalf of the Vendor, by his/her signature below, certifies that: the Vendor is NOT an "IRAN LINKED BUSINESS" as require by MCL 129.311 et seq., and as such that Vendor is legally eligible to submit a bid and be considered for a possible contract to supply goods and/or services to the City of Troy.

Signature of Vendor's Authorized Agent:
Printed Name of Vendor's Authorized Agent:
Witness Signature: Debia Z. Gilbelt
Printed Name of Witness: Debra L. Gilbert
Fillitied Ivallie of vvittless.



<u>Proposer's Sworn and Notarized Familial Disclosure</u> (to be provided by the Proposer)

The undersigned, the owner or authorize	d officer of _	Natine City Nussey Cothe
"Proposer"), pursuant to the familial dis	sclosure rec	as provided below, that no familial
relationships exist between the owner(s	s) or anv er	nployees of Maria City Mulvery Cond any member of the City of Troy City
Council or City of Troy management.		
List any Familial Relationships:		
4/		en e
None		
		BIDDER:
		Marine City Nursery Co
		By: Dom Cuth
		Its: Controller
STATE OF MICHIGAN)	
)ss.	
COUNTY OF St. Clair	_)	
This instrument was acknowledged bef	ore me on th	ne 2 I day of July , 2021, by
		. ()
Dominic Diefler	STATE OF COUNTY	michian of stadis
	The foreg	oing instrument was acknowledged before
	DAL	of Culbust Delva F. Cilber
	Notary Pul	Notary Name Notary Name



CITY COUNCIL AGENDA ITEM

Date:

August 2, 2021

To:

Mark F. Miller, City Manager

From:

Robert J. Bruner, Assistant City Manager

Lisa Burnham, Controller

Kurt Bovensiep, Public Works Director

Dennis Trantham, Facilities and Grounds Operations Manager

Emily Frontera, Purchasing Manager

Subject:

Standard Purchasing Resolution 2 - Award to Sole Bidder Meeting Specifications -

2021 Street Tree Planting

History

- The Parks Division is responsible for the maintenance of the City's urban forest. This responsibility includes making additions to the urban forest through a tree-planting program.
- The Parks Division continues to make progress on a more aggressive tree-planting program.
- The division facilitates a program that fills vacancies in the Rights-of-Way (ROW) that could support a tree while adhering to City of Troy Ordinance Chapter 28.
- Chapter 28 regulates that trees planted in the ROW should not be planted any closer than 50' of an existing tree within the ROW, no closer than 15' from any driveway approach, no closer than 3.5' of any curb, and no closer than 3' to any sidewalk.
- The Parks Division also is proposing to continue with planting more substantial trees in the ROW
 resulting in a request from vendors for trees with a minimum of 2.5" in diameter and a 2-year
 warranty from the date of planting.

Purchasing

- On July 22, 2021 a bid opening was conducted as required by the City Charter/Code for one (1) year requirements of Street Trees.
- The bid was posted on the Michigan Intergovernmental Trade Network (MITN); www.mitn.info. Sixty-one (61) vendors were notified via the MITN website. Three (3) bids were received. Below is a detail summary of the vendor responses.

Companies notified via MITN	61
Troy Companies notified via MITN	1
Troy Companies - Active email Notification	1
Troy Companies - Active Free	0
Companies that viewed the bid	11
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.



CITY COUNCIL AGENDA ITEM

Purchasing (continued)

- Marine City Nursery Company of Marine City, MI was the low bidder, meeting all bid specifications
 for the purchase and installation of Balled and Burlap or Container Grown Trees, and is being
 recommended.
- Marine City Nursery Company has successfully provided trees for the City of Troy and meets all requirements.

Financial

Funds are budgeted and available in the General Fund under the Parks Department Local Tree Planting account number 101.751.30.778.7740.120 in the amount of \$157,820 for the 2022 Fiscal Year. In addition, City staff continues to apply for grants to assist in its tree-planting program when it is in the best interest of the City of Troy..

Recommendation

City Management recommends awarding a contract to purchase and have installed on as needed basis balled and burlap or container grown trees to the sole bidder meeting specifications; *Marine City Nursery Company* of *Marine City, MI* at the unit prices contained in the bid tabulation opened July 22, 2021 not to exceed budgetary limitations.

CITY OF TROY BID TABULATION STREET TREES

ITB-COT 21-42 Pg 1 of 1

VENDOR NAME:	Marine City Nursery Co.	Davey Resource Group, Inc.	Crimboli Nursery Inc.
CITY:	China, MI	Kent, OH	Canton, MI
CHECK AMT:	\$5,000.00		
CHECK #:	34954941	**None	**Bid bond 5%

PROPOSAL: To Provide and plant for the City of Troy Ball and Burlap or Container Grown Trees in accordance with the bid specifications.

PROPOSAL A: Cost for the Purchase and Planting of 500 Ball and Burlap Trees

	Price Per Planted Tree:		\$386.00	\$369.00	\$800.00
	Proposal A Total Cost (unit price x	500):	\$193,000.00	\$184,500.00	\$400,000.00
FALL 2021					
	LIST OF NINE TREE TYPES:	Y/N	Υ	Υ	Y
	HOW MANY TREES LISTED:		9	9	11
	HOURS OF OPERATION:		8AM-5PM	8AM-5PM M-F	9AM-5PM
	24 HOUR PHONE #:		810-650-0676	612-753-0464	734-495-1700
	STATEMENT OF GUARANTEE:		None	None	2 Years
	REFERENCES:	Y/N	Υ	Υ	Υ
	PROPOSED PAYMENT SCHEDULE:	· ·	Net 30	90% Upon completion 10%	NET 30
	INSURANCE MET:	Y/N	Υ	Υ	Y
	PAYMENT TERMS:		Net 30	NET 30	NET 30
	DELIVERY:		N/a	Directly to site	FALL 2021
	EXCEPTIONS:	Y/N	N	N	N
	ACKNOWLEDGEMENT:	Y/N	Υ	Y	Υ
	FORMS:	Y/N	Υ	Υ	Υ

**No submitted bid check and bid bonds not acceptable

Attest:

(*Bid Opening conducted via a Go-To Meeting)

Heather Chomiak

Dennis Trantham

Emily Frontera

Andrew Chambliss

Emily Frontera
Purchasing Manager



DATE (MM/DD/YYYY) 12/08/2020

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 INSUR REPRESENTATIVE OR PRODUCER, AN				ONTRA	CT BETWEE	N THE ISSUI	NG INSURER(S), AUTHO	RIZED	
IMPORTANT: If the certificate holder is	an A	DDITI	ONAL INSURED, the police	y(les) m	nust have AD	DITIONAL II	ISURED provisions or be	endor	sed.
If SUBROGATION IS WAIVED, subject to	the	terms	s and conditions of the po	licy, cer	tain policies	may require	an endorsement. A stat	ement	on
this certificate does not confer rights to	the	certif	cate holder in lieu of such	n endors	sement(s).				
PRODUCER				CONTAC NAME:	T Julie Mos		ΓΕΔΧ	(040) (385-7860
Al Bourdeau Insurance Agency - Port Huron				PHONE (A/C, No, E-MAIL	Ext): (810) 38		FAX (A/C, No):	(810)	385-7860
5651 Lakeshore Road				ADDRES	s: juliem@al	bourdeauinsu	rance.com		
							RDING COVERAGE		NAIC#
Port Huron			MI 48059	INSURE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	rs Mutual Cas			21415 21407
INSURED				INSURE	RB: EMCASO	O Insurance	U0		21407
MARINE CITY NURSERY CO.				INSUREF	₹C:				
5304 MARINE CITY HWY				INSURER	RD;				ļ
				INSURER	RE:	,			
CHINA		_	MI 48054-4609	INSURER	RF:				<u> </u>
COVERAGES CER	TIFIC	ATE	NUMBER: CL201286316		TO THE INCHE	CD MAMED A	REVISION NUMBER:	HOD	
THIS IS TO CERTIFY THAT THE POLICIES OF INDICATED. NOTWITHSTANDING ANY REQUIRENTIFICATE MAY BE ISSUED OR MAY PERTEXCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T	NT, TI	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THE	CONTRA E POLICIE	CT OR OTHER ES DESCRIBEI	DOCUMENT HEREIN IS S	MTH RESPECT TO WHICH T	HIS	
NSR LTR TYPE OF INSURANCE	IADDL	SUBR		-	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
COMMERCIAL GENERAL LIABILITY	10430	,,,,,					EACH OCCURRENCE	\$ 1,00	0,000
CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,	000
PESTICIDE/HERBICIDE							MED EXP (Any one person)	\$ 5,00	0
A X, C and U	Y		5D23708	1	12/06/2020	12/06/2021	PERSONAL & ADV INJURY	ş 1,00	0,000
GEN'L AGGREGATE LIMIT APPLIES PER:				Į			GENERAL AGGREGATE		0,000
POLICY PRO-	Ì			1	,		PRODUCTS - COMP/OP AGG	\$ 2,00	0,000
OTHER:				1			Employee Benefits	\$.1,00	0,000
AUTOMOBILE LIABILITY	1				_		COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000
X ANY AUTO					12/06/2020	12/06/2021	BODILY INJURY (Per person)	\$	
B OWNED SCHEDULED AUTOS ONLY AUTOS	Y		5E23708	-			BODILY INJURY (Per accident)	\$	
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
AUTOS ONET								\$	
✓ UMBRELLA LIAB ✓ OCCUR							EACH OCCURRENCE	9	0,000
A EXCESS LIAB CLAIMS-MADE			5J23708		12/06/2020	12/06/2021	AGGREGATE	\$ 3,00	0,000
DED RETENTION \$ 0	1							\$	
WORKERS COMPENSATION			-				PER OTH- STATUTE ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	,,,,						E,L, DISEASE - EA EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DESCRIPTION OF OPERATIONS // SO TROVE (15-17-17-17-17-17-17-17-17-17-17-17-17-17-	10 /11	OPP	04 Additional Damarks Cabadata	may be all	ached if more co	ace is required.			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) PER THE ENDORSEMENT ISSUED BY THE COMPANY AND THE POLICY CONDITIONS, THE CITY OF TROY IS INCLUDED AS ADDITIONAL INSURED FOR GENERAL LIABILITY ON A PRIMARY AND NON-CONTRIBUTORY BASIS AND ADDITIONAL INSURED WITH RESPECTS TO AUTO LIABILITY, INSURER WILL ENDEAVOR TO MAIL A THIRTY DAYS WRITTEN NOTICE OF CANCELLATION TO THE CITY OF TROY WITH REGARDS TO GENERAL LIABILITY.									
			· · · · · · · · · · · · · · · · · · ·	-					
CERTIFICATE HOLDER				CANCE	LLATION				
CITY OF TROY 500 W, BIG BEAVER ROAD				THE E	EXPIRATION D PRDANCE WIT	ATE THEREOF H THE POLICY	SCRIBED POLICIES BE CAN ; NOTICE WILL BE DELIVER PROVISIONS.) BEFORE
				AUTHOR	IZED REPRESEN		بسي.		
TROY			MI 48084				Bordian		
			· —		(1988-2015	ACORD CORPORATION.	All rig	nts reserved.



DATE (MM/DD/YYYY) 12/08/2020

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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). CONTACT NAME: Julie Moss PHONE (A/C, No, Ext): E-MAIL FAX (A/C, No): (810) 385-7860 (810) 385-4417 Al Bourdeau Insurance Agency - Port Huron juliem@albourdeauinsurance.com 5651 Lakeshore Road ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# 21415 MI 48059 Employers Mutual Casualty Co Port Huron INSURER A: 21407 EMCASCO Insurance Co INSURED INSURER B: MARINE CITY NURSERY CO. INSURER C: 5304 MARINE CITY HWY INSURER D: INSURER E: MI 48054-4609 INSURER F: CL2012863168 **REVISION NUMBER: CERTIFICATE NUMBER:** COVERAGES 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. ADDLISUBR POLICY EFF (MM/DD/YYYY) POLICY EXP TYPE OF INSURANCE POLICY NUMBER 1,000,000 COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 300,000 CLAIMS-MADE X OCCUR 5,000 PESTICIDE/HERBICIDE MED EXP (Any one person) 12/06/2021 1,000,000 12/08/2020 X, C and U 5D23708 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** 2,000,000 POLICY PRO-PRODUCTS - COMP/OP AGG Employee.Benefits \$ 1,000,000 OTHER: COMBINED SINGLE LIMIT 1,000,000 AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO OWNED AUTOS ONLY SCHEDULED 12/06/2021 12/06/2020 BODILY INJURY (Per accident) 5E23708 Ś В AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) HIRFO \$ AUTOS ONLY 3,000,000 UMBRELLA LIAB X occur EACH OCCURRENCE

12/06/2020

12/06/2021

AGGREGATE

STATUTE

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)

5J23708

CLAIMS-MADE

Y/N

N/A

PROJECT: ITB-COT 18-37 STREET TREES

DED | RETENTION \$ 0

ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)

f yes, describe under DESCRIPTION OF OPERATIONS below

EXCESS LIAB

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

PER THE ENDORSEMENT ISSUED BY THE COMPANY AND THE POLICY CONDITIONS, 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 ADDITIONAL INSURED FOR GENERAL LIABILITY ON A PRIMARY AND NON-CONTRIBUTORY BASIS. INSURER WILL ENDEAVOR TO MAIL A THIRTY DAYS WRITTEN NOTICE OF CANCELLATION TO THE CITY OF TROY WITH REGARDS TO GENERAL LIABILITY.

CERTIFICATE HOLDER	CANCELLATION	<u> </u>				
CITY OF TROY	THE EXPIRATION DATE THEREOF, NOTICE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
500 W. BIG BEAVER ROAD	AUTHORIZED REPRESENTATIVE					
TROY MI	084 Grisla L. Ba	ndac				



DATE (MM/DD/YYYY) 12/08/2020

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INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 Ileu of such endorsement(s). CONTACT NAME: Julie Moss PRODUCER PHONE (A/C, No, Ext): E-MAIL ADDRESS: JL FAX (A/C, No): (810) 385-7860 Al Bourdeau Insurance Agency - Port Huron (810) 385-4417 5651 Lakeshore Road juliem@albourdeauinsurance.com INSURER(S) AFFORDING COVERAGE MI 48059 Employers Mutual Casualty Co 21415 Port Huron INSURER A: INSURER B: EMCASCO Insurance Co INSURED 21407 MARINE CITY NURSERY CO. INSURER C: 5304 MARINE CITY HWY INSURER D : INSURER E: CHINA MI 48054-4609 INSURER F: CL2012863168 COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD

	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		ADDL	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000		
A	PESTICIDE/HERBICIDE X, C and U	Y		5D23708	12/06/2020	12/06/2021	MED EXP (Any one person)	\$ 5,000 \$ 1,000,000		
	GEN'LAGGREGATE LIMIT APPLIES PER:			0020,00	12,00,2020	7270072021	PERSONAL & ADV INJURY GENERAL AGGREGATE	\$ 2,000,000		
	POLICY PRO-						PRODUCTS - COMP/OP AGG Employee Benefits	\$ 2,000,000 \$ 1,000,000		
	OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000		
В	ANY AUTO OWNED SCHEDULED			5E23708	12/06/2020	12/06/2021	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY			0120100	, = , = , = , = ,	12,40,242	PROPERTY DAMAGE (Per accident)	\$		
	➤ UMBRELLA LIAB ➤ COCUR							\$ 3,000,000		
Α	EXCESS LIAB CLAIMS-MADE			5J23708	12/06/2020	12/06/2021	AGGREGATE	\$ 3,000,000		
	DED X RETENTION \$ 0						LBCB LOTH	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						PER OTH- STATUTE ER E.L. EACH ACCIDENT	s		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/A					E.L. DISEASE - EA EMPLOYEE	\$		
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
	,						·			
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	11, Additional Remarks Schedule, may be a	ttached if more sp	ace is required)				

PER THE ENDORSEMENT ISSUED BY THE COMPANY AND THE POLICY CONDITIONS, 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 ADDITIONAL INSURED FOR GENERAL LIABILITY.

CERTIFICATE HOLDER		CANCELLATION
CITY OF TROY 500 W. BIG BEAVER ROAD		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
OUT W. DIO BENYEN NOND		AUTHORIZED REPRESENTATIVE
TROY	MI 48084	Trista R. Barchau



DATE (MM/DD/YYYY) 12/08/2020

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11	SUBROGATION IS WAIVED, subject to is certificate does not confer rights to	o the	terms	and condi	tions of the po	licy, ce	ertain policies					
PRODUCER							CONTACT Julie Moss					
	Bourdeau Insurance Agency - Port Huron					PHONE (A/C, N	. (810) 3	85-4417	FAX (A/C, No)	(810)	385-7860	
l	1 Lakeshore Road					E-MAIL ADDRE	o, Ext): \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ibourdeauinsu				
						AUDRE			RDING COVERAGE		NAIC#	
Por	t Huron			MI	48059		Caratana	rs Mutual Cas			21415	
	RED				10000	INSUR	CAAOAO	CO Insurance			21407	
11,00	MARINE CITY NURSERY CO.					INSUR	KD.	o modiano				
	5304 MARINE CITY HWY					INSURE						
						INSURE						
	CHINA			MI	48054-4609	INSURE						
CO		TIEIC	ATE	NUMBER:	CL201286316	INSURE 8	:RF;		REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES OF				OW HAVE BEEN	ISSUE	TO THE INSU			RIOD		
11	IDICATED. NOTWITHSTANDING ANY REQUI	REME	NT, TE	RM OR CON	DITION OF ANY	CONTR	ACT OR OTHER	R DOCUMENT \	WITH RESPECT TO WHICH	rhis		
	ERTIFICATE MAY BE ISSUED OR MAY PERT XCLUSIONS AND CONDITIONS OF SUCH PO								UBJECT TO ALL THE TERMS	5,		
INSR LTR		ADDL	SUBR			-	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMI	re		
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	PC	DLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			0,000	
									EACH OCCURRENCE DAMAGE TO RENTED	\$ 300,		
	CLAIMS-MADE OCCUR PESTICIDE/HERBICIDE								PREMISES (Ea occurrence)	\$ 5,00		
Α	X, C and U	Y		5D23708			12/06/2020	12/06/2021	MED EXP (Any one person) PERSONAL & ADV INJURY	Ψ	0,000	
, ,		'					,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		\$ 2,00		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC								GENERAL AGGREGATE	\$ 2,00		
		1							PRODUCTS - COMP/OP AGG Employee Benefits	\$ 1,00		
	OTHER: AUTOMOBILE LIABILITY	<u> </u>				· · ·			COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	· · · · · · · · · · · · · · · · · · ·	
	X ANY AUTO			4					BODILY INJURY (Per person)	\$	•	
В	OWNED SCHEDULED			5E23708			12/06/2020	12/06/2021	BODILY INJURY (Per accident)	\$		
	√I HIRED I ✓I NON-OWNED						,,.,		PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONLY AUTOS ONLY								(Per accident)	s		
	✓ UMBRELLA LIAB			\					EACH OCCURRENCE	\$ 3,000	0,000	
Α	EXCESS LIAB CLAIMS-MADE	l		5J23708			12/06/2020	12/06/2021	AGGREGATE	\$ 3,000		
	DED RETENTION \$ 0								AGGILLONIC	\$		
	WORKERS COMPENSATION						,,		PER OTH-	4		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	s		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							E.L. DISEASE - EA EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	s	;	
	DESCRIPTION OF OPERATIONS DRIDA								E.E. BIOCAGE - I GEIGT CHAIT	<u> </u>		
						İ						
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	1, Additional Re	emarks Schedule, i	may be at	tached if more sp	ace is required)		1		
PRO	JECT: ITB-COT 20-25 STREET TREES			•								
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	THE ENDORSEMENT ISSUED BY THE C SINEERS, ALL ELECTED AND APPOINTED									S		
AND	THEIR BOARD MEMBERS, EMPLOYEES	, AND	VOLU	INTEERS AF	RE INCLUDED A	SADD	TIONAL INSUF	RED FOR GEN	IERAL LIABILITY ON A			
	MARY AND NON-CONTRIBUTORY BASIS. (OF TROY WITH REGARDS TO GENERA				VOR TO MAIL A	THIRL	Y DAYS WRITE	EN NOTICE C	OF CANCELLATION TO TH	=		
O()	Of The Time Country to Control	11 11	<i>7</i> ,⇔, , , ,									
CFF	TIFICATE HOLDER				······································	CANC	ELLATION					
QLI	THE TOTAL THOUSEN					-7,,,,,						
									SCRIBED POLICIES BE CAN		BEFORE	
	am						EXPIRATION D. ORDANCE WIT		, NOTICE WILL BE DELIVER PROVISIONS.	ED IN	-	
	CITY OF TROY					,,,,,,,,	-,	., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,			
	500 W. BIG BEAVER ROAD				ľ	AUTHOR	IZED REPRESEN	TATIVE				
	TDOY			3.41	40004		ممهوی	B	12 1		l	
	TROY			MI -	48084		Musil	r.K.	Bardian			



DATE (MM/DD/YYYY) 12/08/2020

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l If	MPORTANT: If the certificate holder is SUBROGATION IS WAIVED, subject to	the	terms	and condi	itions of the po	licy, ce	rtain policies	DDITIONAL IN may require	ISURED provisions o an endorsement. As	r be endor: statement o	sed. on	
	nis certificate does not confer rights to	certif	cate holde	r in lieu of such								
PRODUCER							NAME:					
i	Bourdeau Insurance Agency - Port Huron				PHONE (A/C, No E-MAIL	o, Ext); (810) 3	85-4417	FAX (A/C,	No): (810) 8	380-7860		
5651 Lakeshore Road							ss: juliem@a	lbourdeauinsur	rance.com			
									RDING COVERAGE		NAIC#	
Por	t Huron			MI	48059	INSURE		ers Mutual Casi	<u> </u>		21415	
INSU	RED					INSURE	RB: EMCAS	CO Insurance (<u>Co</u>		21407	
	MARINE CITY NURSERY CO.					INSURE	RC:		<u> </u>			
	5304 MARINE CITY HWY					INSURE	RD:				•	
						INSURE	RE:					
	CHINA			MI	48054-4609	INSURE	RF:					
CO.				NUMBER:	CL201286316				REVISION NUMBER:			
IN C	IIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUIRENTIFICATE MAY BE ISSUED OR MAY PERTACLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T OLICIE	ENT, TO HE IN: S. LIM	ERM OR CON SURANCE AF ITS SHOWN	IDITION OF ANY FORDED BY THE	CONTRA E POLICA	ACT OR OTHER ES DESCRIBE ED BY PAID C	R DOCUMENT V D HEREIN IS SI LAIMS,	MTH RESPECT TO WHIC	CHITHIS		
INSR LTR	TYPE OF INSURANCE	INSD	SUBR	Р	OLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	L	IMITS		
	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE	\$ 1,00		
	CLAIMS-MADE . X OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,	000	
	PESTICIDE/HERBICIDE								MED EXP (Any one person)	\$ 5,00		
Α	X, C and U	Y		5D23708			12/06/2020	12/06/2021	PERSONAL & ADV INJURY	ş 1,00	0,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:		Ì					ĺ	GENERALAGGREGATE	\$ 2,00	0,000	
,	POLICY X PRO-								PRODUCTS - COMP/OP AG	G \$ 2,00	0,000	
	OTHER:								Employee Benefits	\$ 1,00		
	AUTOMOBILE LIABILITY			·			,		COMBINED SINGLE LIMIT (Ea accident)	\$ 1,00	0,000 .	
	X ANY AUTO								BODILY INJURY (Per person	\$		
В	OWNED SCHEDULED AUTOS ONLY AUTOS	Y	· i	5E23708			12/06/2020	12/06/2021	BODILY INJURY (Per acciden	nt) \$		
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY AUTOS ONLY								PROPERTY DAMAGE (Per accident)	\$		
	AUTOS ONE!									\$		
	✓ UMBRELLA LIAB ✓ OCCUR								EACH OCCURRENCE	\$ 3,000	0,000	
Α	EXCESS LIAB CLAIMS-MADE			5J23708			12/06/2020	12/06/2021	AGGREGATE	\$ 3,000	0,000	
	DED RETENTION \$ 0	1								\$		
	WORKERS COMPENSATION								PER OTH	1-		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	\$		
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A							E.L. DISEASE - EA EMPLOY	EE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMI	т \$		
PER ENC AND	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) PER THE ENDORSEMENT ISSUED BY THE COMPANY AND THE POLICY CONDITIONS, 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 ADDITIONAL INSURED FOR GENERAL LIABILITY ON A PRIMARY AND NON-CONTRIBUTORY BASIS AND ADDITIONAL INSURED FOR AUTOMOBILE LIABILITY, INSURER WILL ENDEAVOR TO MAIL A THIRTY DAYS WRITTEN NOTICE OF CANCELLATION TO THE CITY OF TROY WITH REGARDS TO GENERAL LIABILITY.											
	TIFICATE LIQUEED					CANC	ELLATION					
CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANTHE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVE ACCORDANCE WITH THE POLICY PROVISIONS.								BEFORE				
	500 W. BIG BEAVER ROAD					AUTHOR	IZED REPRESE	TATIVE				
	TROY			MI	48084	Drista R. Borchau						