

MEMO 23-25

TO: Frank Schulte, City Administrator
FROM: James Kowalski, Director of Public Services *J.K.*
Nicole Gerhart, Recreation Supervisor
John Salter, Park Foreman
DATE: September 25, 2023
SUBJECT: Recommendation – Lake Front Park Concession Stand Roof

The roof on the concession stand at the Lake Front Park is past its useful life. Shingles are damaged and the roof is leaking and is in need of replacement. We have received the following quotes to replace the roof.

Hadley Home Improvement	\$11,895.00
J.A.C. Exteriors	\$13,200.00
Schena Roofing & Sheet Metal	\$19,195.54

Hadley Home Improvement submitted the lowest quote in the amount of \$11,895.00. The new roof will come with a 10 year warranty on the workmanship.

Therefore, I am requesting to Council to authorize the replacement of the concession stand roof at Lake Front Park to Hadley Home Improvement, 975 Crescent Lane, Grosse Pointe Woods, Michigan, 48236 in the amount of \$11,895.00. I further recommend a contingency in the amount of \$1,500.00 for any unforeseen problems should they arise. The total project will not exceed \$13,395.00.

This is a budgeted item included in the 2023/2024 fiscal year budget in Parks and Recreation account no. 101-774-818.110.

I do not believe any benefit will accrue to the City by seeking further bids. Approved for Council consideration.



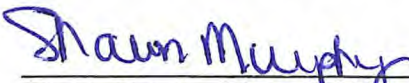
Frank Schulte, City Administrator

9-26-23

Date

Fund Certification:

Account numbers and amounts have been verified as presented.



Shawn Murphy, Treasurer/Comptroller

9-26-23

Date

RECEIVED

SEP 26 2023

**CITY OF GROSSE POINTE WOODS
CLERK'S DEPARTMENT**



PROPOSAL

975 CRESCENT LANE • GROSSE POINTE WOODS, MICHIGAN 48236 • (313) 886-0520
 Fax (313) 886-0527 • Email: hadleyhome@sbcglobal.net

Proposal Submitted To GROSSE POINTE WOODS ATTN: JIM KOWALSKI 23000 JEFFERSON ST CLAIR SHORES, MI 48080	Residence Phone	Date September 16, 2023
	Business Phone	BH
	Cell Phone 313.363.1257	Job Location SAME

We hereby submit specifications and estimates for:

ROOFING

GROSSE POINTE WOODS CONCESSION

Upon your request, we have inspected the existing roofing system at the above referenced address and we would like to propose the following:

Remove existing roofing materials down to the sheathing level. Inspect sheathing and replace rotted wood as needed. Any necessary wood replacement will be billed separately at \$9.00 per linear foot. (square ft/plywood)

Furnish labor and materials to install:

- Aluminum drip edge on roof perimeter
- Roof ventilation: Full line exhaust ridge vent
- Multi-flashing for stack pipes
- Paint plumbing stacks to match roof
- Asphalt "Class A" architectural shingles (CertainTeed Landmark)
- Shadow Ridge hip and ridge cap
- Galvanized nails (no staples)

There will be an additional charge if there are existing wood shake shingles on roof

- Clean up job site and remove all related debris
- Lifetime manufacturers warranty on shingles
- Ten year warranty on our workmanship
- Please read all enclosures carefully**

We propose hereby to furnish material and labor – complete in accordance with above specifications, for the sum of:
ELEVEN THOUSAND EIGHT HUNDRED AND NINETY FIVE DOLLARS (\$11,895.00).

Payment to be made as follows:

A deposit of 1/2 is required upon acceptance of the proposal. The balance will be due upon our completion of the job.

IF THIS PROPOSAL IS ACCEPTABLE, PLEASE SIGN, DATE AND RETURN ONE COPY.

Buyer Right to Cancel If this agreement was solicited at your residence or business and you do not want the goods or services, you may cancel this agreement by mailing a notice to the seller. The notice must say that you do not want the goods or services and must be mailed before midnight on the third business day after you sign the agreement. The notice must be mailed to: HADLEY HOME IMPROVEMENT, INC.

Authorized Signature

Bill Hadley

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

NOTE: This proposal may be

withdrawn by us if not accepted within **Thirty (30) Days**

No Verbal Agreement Recognized

Acceptance of Proposal – The above prices, specifications and conditions are satisfactory and hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: _____

Signature: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/25/2023

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 Aitken & Ormond Insurance, Inc. 33970 23 Mile Rd. Chesterfield, MI 48047	CONTACT NAME: Daniel J. Aitken
	PHONE (A/C, No, Ext): 586-949-5570 FAX (A/C, No): 586-949-5170
	E-MAIL ADDRESS: general@aitken-ormond.com
	INSURER(S) AFFORDING COVERAGE
INSURED Hadley Home Improvement Inc. 975 Crescent Lane Grosse Pointe Woods, MI 48236	INSURER A: Nautilus Insurance Company
	INSURER B: Accident Fund Company
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:
	NAIC # 10166

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:	Y		NN1557248	05/28/2023	05/28/2024	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
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY	SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB	OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y <input type="checkbox"/> N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	ARP12004839400	03/02/2023	03/02/2024	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Grosse Pointe Woods, all employees, elected and appointed officials, boards and commissions and volunteers is included as an additional insured with respect to operations performed by the named insured.

CERTIFICATE HOLDER City of Grosse Pointe Woods 20025 Mack Plaza Dr. Grosse Pointe Woods, MI 48236	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 