(Aquatic Designs Inc.)
6332 Monnett Rd, Climax, NC 27233
Phone: (336) 674-7665
www.adipools.net

DOCUMENTS

- Proposal form signed
- Proposal referances
- Company narrative
- Completed insurance form and certificate
- Independent contractor form
- Certification regarding lobbying
- Minority business enterprise form
- Exhibit A details of work

Submitted by; Mark Voigt
ADI Pool & Spa

Phone: (336) 674-7665
Email: mvoigt@adipools.net

PROPOSAL ATTACHMENTS

Landis Pool Resurfacing Proposal Form & Signature Page

It is the intent of the Town to accept the lowest responsible/responsive proposal. The selected proposal will be the most advantageous regarding price, quality of service, vendor qualifications and capabilities to provide the specified service, and other factors which the Town may consider. The Town reserves the right to accept or reject any or all proposals and to waive irregularities therein.

The undersigned hereby submits the following proposal for the cost of Contractor/Construction services as described within this Request for Proposal document:

Business Name: Aquatic Designs Inc

Representative Name/Title: Mark Voigt, President

Address: 6332 Monnett Rd Climax, NC 27233

Office Phone: 336-674-7665 Cell Phone: 336-707-8330

Website: adipools.net Email: mvoigt@adipools.net

Material Costs	Labor Costs	Other / Note
$22,000.00	$75800.00	

Total Cost: $97,800.00

Payment will be made to the contractor within 30 days of receiving the monthly invoice. The invoice shall include date(s) of service and amount for each date. Special services provided will be billed via a separate invoice and described by the service provided and the date it was provided.

Authorized Signature: _____ Date: 9-01-2025

Proposal References

Please list three (3) client references. The Town reserves the right to contact references other than, and/or in addition to, those being furnished below.

Business Name: Hayco Construction Company

Address: 344 Shellybrook Drive Pilot Mountain NC274041

Contact Name: Darren Smith Phone: 336-750-7194

Business Relationship: Performed renovation work for this contractor.

Business Name: Penn-Construction, LLC

Address: 3500 Camden Falls Circle Greensboro NC 27410

Contact Name: Joe Jenkins Phone: 336-382-4268

Business Relationship: Installed multiple projects for this contractor in the past.

Business Name: DR Horton Multifamily

Address: 4150 Mendenhall Oaks Pkwy, Suite 101

Contact Name: Marty Jones Phone: 336-847-0946

Business Relationship: Have provided design and installation for DR Horton projects

Company Narrative

Company Name: Aquatic Designs, Inc.

Number of Employees: 11 Years of Operation: 35

Current Clients: See references

Please include a brief narrative in the space below to include any additional information you wish to share that may assist us in choosing the best vendor for our needs:

Founded 35 years ago by Mark Voigt, Aquatic Designs, Inc. (ADI) has helped thousands of clients achieve their aquatic goals through a collaborative approach on design, construction, and renovation projects. Our experience includes everything from small backyard projects, to multi-family projects, to million+ dollar state, local, and military installations. But, the pride of our organization isn't just the variety and size of the projects we handle, it is our team. With a core team comprised of members with 20-40 years of experience and a support team comprised of members with up to 20 years of experience, we bring hundreds of years of combined experience to every project. Our team not only brings experience but a drive for education and further advancement with members holding a multitude of certifications and education including... CPO, AFO, PHTA, NCDHHS Advisory Board, ASA, etc. all to better serve our clients.

A small sampling of clients that have trusted us to design, build, or renovate their aquatic projects include
City of Winston - multiple projects
City of Fayetteville - College Lakes Park
City of High Point - Washington Terrace Park
Duke University - multiple projects
UNC Chapel Hill - multiple projects
UNC Charlotte - Health & Wellness Center
NC State - multiple projects
US Army - multiple projects
US Marines - New River Pool
US DLA - DSCR

Property/Liability and Workers' Compensation Certification

The selected vendor must provide a Certificate of Insurance including workers' compensation coverage naming the Town as an additional insured with the minimum insurance requirements of $1,000,000.

- I understand that, if my proposal is selected, I will be required to provide a Certificate of Insurance with a minimum coverage of $1,000,000 naming the Town of Landis as an additional insured.

- I hereby certify that I have and will maintain in full force and effect a policy of Workers Compensation Insurance in compliance with the Laws of the State of North Carolina with the following insurance company:

Insurance Company Name: Marsh McLennan Agency LLC

Agent's Name, Address, Telephone: Lisa Smith address : 3625 North Elm Street Greensboro NC 27455

direct line : 336-346-1431

Policy Number: ENP0633850 Effective Date: 12-31-2024 to 12-31-2025

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/4/2025

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 Marsh & McLennan Agency LLC 3625 N. Elm Street Suite 200 Greensboro NC 27455	**CONTACT NAME:** Lisa P. Smith, CPCU, CIC, CRM **PHONE (A/C, No, Ext):** 336-346-1341 **FAX (A/C, No):** 212-607-6533 **E-MAIL ADDRESS:** Lisa.Smith@marshmma.com
INSURED AQUATDESIG1 Aquatic Designs, Inc. Mr. Mark Voigt 6332 Monnett Road Climax NC 27233	**INSURER(S) AFFORDING COVERAGE** — **NAIC #** **INSURER A :** Builders Premier Insurance Company — 13036 **INSURER B :** The Cincinnati Insurance Company — 10677 **INSURER C :** Columbia Casualty Company — 31127 **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 2010226137 **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	X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR X 1,000 GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC X OTHER: $1,000 ded			ENP0638850	12/31/2024	12/31/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Deductible	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000
B	AUTOMOBILE LIABILITY X ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY X Hired Phy Da			ENP0638850	12/31/2024	12/31/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ 1,000,000 $ $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED X RETENTION $ 0			ENP0638850	12/31/2024	12/31/2025	EACH OCCURRENCE AGGREGATE 	$ 5,000,000 $ 5,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		PWC100922113	12/31/2024	12/31/2025	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C B	Professional Liability Limited Pollution			CEO591954429 ENP0638850	12/31/2024 12/31/2024	12/31/2025 12/31/2025	2,000,000 Agg Limit	2,000,000 Occ 100,000

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

CERTIFICATE HOLDER

This certificate is for Informational Purposes Only
If an actual certificate of insurance is required,
Please contact our agency for issuance.

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

Lisa P. Smith

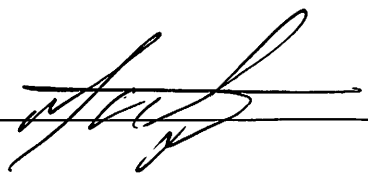
Proposal for the Independent Contractor Statement

It is agreed that nothing herein contained is intended or should be construed in any manner as creating or establishing the relationship of co-partners between the parties hereto or as constituting the Contractor as the agent, representative, or employee of the Town for any purpose or in any manner whatsoever. The Contractor is to be and shall remain an independent contractor with respect to all services performed.

The Contractor represents that it has, or will secure at its own expense, all personnel required in performing services. Any and all personnel of the Contractor or other persons, while engaged in the performance of any work or services required, shall have no contractual relationship with the Town, shall not be considered employees of the Town and any and all claims that may or might arise under the Unemployment Compensation Act or the Workers' Compensation Act of the State of North Carolina on behalf of said personnel arising out of employment or alleged employment including, without limitations, claims of discrimination against the Contractor, its officers, agents, contractors or employees, shall in no way be the responsibility of the Town; and the Contractor shall defend, indemnify and hold the Town, its officers, agents and employees harmless from any and all such claims irrespective of any pertinent tribunal, agency, board, commission or court. Such personnel or other persons shall neither require nor be entitled to any compensation, rights, or benefits of any kind whatsoever from the Town, including, without limitation, tenure rights, medical and hospital care, sick and vacation leave, Workers' Compensation, Unemployment Insurance, disability, or severance pay.

Company/Individual Name: Aquatic Designs Inc

Official Address: 6332 Monnett Rd Climax NC 27233

Signature & Title: 

Date: 9-01-2025

Certification Regarding Lobbying

The undersigned Firm certifies, to the best of his or her knowledge and belief, that:

No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal Contract, grant, loan, or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, et seq.)]

The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including Sub-contracts, sub-grants, and Contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(l)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such expenditure or failure

Signature of Firm's Authorized Official: _____

Name and Title of Firm's Authorized Official: Mark Voigt, President

Date: 1-09-2025

Note: This form may be signed electronically. All firms proposed for the contract must sign and return this form as part of the solicitation response.

Intent to Perform as a Minority Business Enterprise Firm or Sub-firm

All Minority Business Enterprises (MBE) proposed for the following solicitation must fill out this portion of the form.

Firm is proposed as: Prime firm: XX Sub-firm: _____

Is the firm a NC Department of Administration certified Historically Underutilized Business?

Yes: _____ No: XX

Is the firm a NC Department of Transportation certified Disadvantaged Business Enterprise?

Yes: _____ No: XX

If the answer is no to both questions above, is the firm an approved Minority Business Enterprise by the Town of Landis?

Yes: _____ N/A (firm is qualified under one of the two methods above): _____

Legal name of the firm and physical address: _____

_____

As a duly authorized representative, I certify the above information is accurate.

_____

Signature of Firm's Authorized Official

Mark Voigt, President

Printed Name and Title of Firm's Authorized Official

9-01-2025

Date

(Aquatic Designs Inc.)
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EXHIBIT A SCOPE OF WORK DETAILS

9-02-2025

ADI shall provide all labor and material for the work as noted at the 7 bullet points on page 2 called out as the Project Overview.

Initial Stage: Once the pool is empty and prior to work beginning ADI will meet to examine the pool interior and ensure the project overview meets the owners intent. At this time we shall confirm with owner all hollow plaster areas, cracks and other defects.

Hollow Plaster: As no quantities have been specified for the hollow plaster we have included 200sf of hollow area repairs.

Cracks: . As no quantities have been specified we have included 100ln ft of crack repairs.

Plaster Prep: Perform cut back at waterline tile, all fittings and penetrations, remove all waterline tile, grind out all cracks, treat all stains

New work: Install waterproofing at all penetrations, check skimmer inlets to confirm waterproofed, install new tile, tile grout, backer rod and caulking at expansion joint. Install new transition and step tiles. Install new 6x6 waterline tile, install new waterline depth markers and grout all. Confirm rope anchors are in good repair or replace if needed. Wash pool, install scratch kote to entire area to receive new plaster. Install new Bluestone Marquis Quartz plaster finish and expose per manufacturers specifications.

Closeout: Meet with owner to confirm startup guidelines and provide training if needed. Provide owner with 1 year full written warranty. Provide closeout document to include all product data and as-built indicating crack repair areas.

Submitted by; Mark Voigt
ADI Pool & Spa
Phone: (336) 674-7665
Email: mvoigt@adipools.net