

The Bid shall represent the total cost to complete the Work as described in the Contract Documents.

All labor, materials, equipment, supervision, disposal, coordination, and incidental work required for a complete and functional roofing system shall be included in the Bid whether specifically stated or reasonably inferred.

No additional compensation will be allowed for items required to complete the Work.

1.04 ADDENDA ACKNOWLEDGMENT

The Bidder shall acknowledge receipt of all addenda issued for this project.

Failure to acknowledge addenda may result in rejection of the bid.

1.05 SIGNATURE

The Bid shall be signed by an authorized representative of the Bidder.

Unsigned bids may be rejected.

1.06 BASIS OF AWARD

The Contract will be awarded to the lowest responsive and responsible bidder based on the Base Bid.

The Owner reserves the right to include or exclude alternates in determining the final award.

SECTION 00410 – BID FORM

CITY OF WHITEWATER, WISCONSIN

MUNICIPAL BUILDING ROOF REPLACEMENT AND EVALUATION PROJECT

1.01 BIDDER INFORMATION

Bidder Name: Premier Roofing Design Inc. dba Top Roofing

Address: 2206 N Main St. Ste 204

City, State, Zip: Wheaton, IL 60187

Phone: 630-677-8413

Email: toproofinc@gmail.com

1.02 BASE BID

The undersigned Bidder agrees to perform all Work required under the Contract Documents for the following Base Bid:

Base Bid – Section A (Full Roof Replacement):

\$ 145,560.00

1.03 ALTERNATES

The Bidder shall provide pricing for all alternates.

Alternate No. 1 – Section B Repair:

\$ 3,500.00

Alternate No. 2 – Section B Replacement:

\$ 138,420.00

Alternate No. 3 – Section C Repair:

\$ 3,780.00

Alternate No. 4 – Section C Replacement:

\$ 126,960.00

1.04 UNIT PRICES

Provide unit prices as required:

1. Removal and replacement of insulation (per square foot):

\$ 20.00 / SF

2. Roof deck replacement (per square foot):

\$ 30.00 / SF

1.05 ADDENDA ACKNOWLEDGMENT

The Bidder acknowledges receipt of the following addenda:

Addendum No. _____ Date: _____

Addendum No. _____ Date: _____

Addendum No. _____ Date: _____

1.06 BID SECURITY

The Bidder certifies that this bid is accompanied by bid security in the amount of five percent (5%) of the total bid.

1.07 CONTRACT TIME

The Bidder agrees to complete the Work within the Contract Time specified in the Contract Documents.

1.08 NON-COLLUSION

The Bidder certifies that this bid is made independently and without collusion.

1.09 SIGNATURE

Authorized Signature:  _____

Printed Name: Abner Catugy

Title: President

Date: 04/27/2026

SECTION 00420 – BIDDER QUALIFICATION STATEMENT

CITY OF WHITEWATER, WISCONSIN

MUNICIPAL BUILDING ROOF REPLACEMENT AND EVALUATION PROJECT

1.01 GENERAL INFORMATION

Legal Name of Firm: Premier Roofing Design Inc. dba Top Roofing

Address: 2206 N Main St. Ste 204

City, State, Zip: Wheaton, IL 60187

Phone: 630-677-8413

Email: toproofinc@gmail.com

Years in Business: 15 years

Type of Organization (Corporation, LLC, Partnership, etc.): Corp

1.02 EXPERIENCE

Provide information for at least three (3) projects of similar size and scope completed within the past five (5) years.

Project 1

Project Name: Rehabilitate Airport Hangar Roof

Location: 8399 Pyott Rd, Lake in the Hills, IL 60156

Owner Name: Village of Lake in the Hills

Owner Contact: Luis Zaragoza

Phone/Email: lzaragoza@LITH.org

Roof System Installed: TPO

Project Size (SF): 10,801 sqft

Year Completed: 2025

Project 2

Project Name: St. Charles Township Re-Roof Project

Location: 1725 Dean St, St. Charles, IL 60174

Owner Name: St. Charles Township

Owner Contact: Ron Johnson

Phone/Email: 630-584-9342

Roof System Installed: TPO

Project Size (SF): 6,400 sqft

Year Completed: 2024

Project 3

Project Name: Family Recreation Center

Location: 1450 Forest Gate Rd

Owner Name: Village of Oak Brook

Owner Contact: Dave Thommes

Phone/Email: dthommes@obparks.org

Roof System Installed: TPO

Project Size (SF): 40,000 sqft

Year Completed: 2021

1.03 MANUFACTURER CERTIFICATION

List the roofing system manufacturer proposed for this project:

Manufacturer: Versico

Installer Certification Status: Certified Installer

Years Approved by Manufacturer: 6 years

1.04 PROJECT SUPERVISION

Name of Proposed Project Supervisor: Sixto Reyes

Years of Experience: 20

Number of Similar Projects Supervised: Supervises all Top Roofing Projects

1.05 LITIGATION AND CLAIMS

Has the firm been involved in any litigation, arbitration, or claims related to roofing work within the past five (5) years?

Yes No

If yes, provide a brief description:

1.06 FINANCIAL CAPABILITY

The Bidder certifies that it has the financial resources necessary to complete the Work.

Yes No

1.07 CERTIFICATION

The undersigned certifies that the information provided is true and complete.

Authorized Signature: 

Printed Name: Abner Catugy

Title: President

Date: 04/27/2026

DATE AND ATTACH TO ORIGINAL BOND
AUTO-OWNERS INSURANCE COMPANY

LANSING, MICHIGAN
POWER OF ATTORNEY

NO. BD163718

KNOW ALL MEN BY THESE PRESENTS: That the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, a Michigan Corporation, having its principal office at Lansing, County of Eaton, State of Michigan, adopted the following Resolution by the directors of the Company on January 27, 1971, to wit:

"RESOLVED, That the President or any Vice President or Secretary or Assistant Secretary of the Company shall have the power and authority to appoint Attorneys-in-fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity, and other writings obligatory in the nature thereof. Signatures of officers and seal of Company imprinted on such powers of attorney by facsimile shall have same force and effect as if manually affixed. Said officers may at any time remove and revoke the authority of any such appointee."

Does hereby constitute and appoint Niki Conway

its true and lawful attorney(s)-in-fact, to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof, and the execution of such instrument(s) shall be as binding upon the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at its principal office.

IN WITNESS WHEREOF, the AUTO-OWNERS INSURANCE COMPANY AT LANSING, MICHIGAN, has caused this to be signed by its authorized officer this 22nd day of December, 2023.

Brandi Holly

Brandi Holly

Senior Vice President

STATE OF MICHIGAN } ss.
COUNTY OF EATON }

On this 22nd day of December, 2023, before me personally came Brandi Holly, to me known, who being duly sworn, did depose and say that they are Brandi Holly, Senior Vice President of AUTO-OWNERS INSURANCE COMPANY, the corporation described in and which executed the above instrument, that they know the seal of said corporation, that the seal affixed to said instrument is such Corporate Seal, and that they received said instrument on behalf of the corporation by authority of their office pursuant to a Resolution of the Board of Directors of said corporation.

My commission expires January 26th, 2029.

Jeffrey P. Many
Jeffrey P. Many

Notary Public



STATE OF MICHIGAN } ss.
COUNTY OF EATON }

I, the undersigned First Vice President, Secretary and General Counsel of AUTO-OWNERS INSURANCE COMPANY, do hereby certify that the authority to issue a power of attorney as outlined in the above board of directors resolution remains in full force and effect as written and has not been revoked and the resolution as set forth is now in force.

Signed and sealed at Lansing, Michigan. Dated this 22nd day of April, 2026.



William F. Woodbury
William F. Woodbury, First Vice President, Secretary and General Counsel

BID BOND

KNOW ALL MEN BY THESE PRESENTS:

That we, PREMIER ROOFING DESIGN INC. DBA TOP ROOFING 2206 N MAIN ST STE 204 WHEATON, IL 60187-9140 as Principal, hereinafter called the Principal, and Auto-Owners Insurance Company as Surety, hereinafter called the Surety, are held and firmly bound unto CITY OF WHITEWATER MUNICIPAL COURT 312 W WHITEWATER ST, WHITEWATER WI 53190-1940 as Oblige, hereinafter called the Oblige, in the penal sum of Five percent of bid dollars (5% of attached bid) for the payment of which the Principal and the Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH, that WHEREAS, the Principal has submitted or is about to submit a proposal to the Oblige on a contract for MUNICIPAL BUILDING ROOF REPLACEMENT AND EVALUATION PROJECT

NOW, THEREFORE, if the said contract be timely awarded to the Principal and the Principal shall, within such time as may be specified, enter into the contract in writing, and give bond, if bond is required, with surety acceptable to the Oblige for the faithful performance of the said contract, then this obligation shall be void; otherwise to remain in full force and effect.

SIGNED AND SEALED this 22ND day of APRIL, 2026.

PREMIER ROOFING DESIGN INC.
Principal

Witness

By _____



Auto-Owners Insurance Company
Surety

Susan E. Theisen
Susan E. Theisen
Witness

By Niki Conway
Niki Conway
Attorney-in-Fact



ACKNOWLEDGEMENT BY SURETY

STATE OF MICHIGAN

County of Eaton

On this 22ND day of APRIL, 2026, before me personally appeared Niki Conway, known to me to be the Attorney-in-Fact of Auto-Owners Insurance Company, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.



Jeffrey P. Many
Jeffrey P. Many

Notary Public in the State of Michigan
County of Ingham

JEFFREY P MANY
NOTARY PUBLIC-STATE OF MICHIGAN
COUNTY INGHAM
My Commission Expires Jan 26, 2029
Acting in the County of _____

State of Illinois

Department of Financial and Professional Regulation Division of Professional Regulation

LICENSE NO.
104.015954
105.005929

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2025

LICENSED ROOFING CONTRACTOR
UNLIMITED



PREMIER ROOFING DESIGN INC
DBA TOP ROOFING
ABNER D S CATUGY
2206 N MAIN ST STE 204
WHEATON, IL 60187



MARIO TRETÒ, JR.
SECRETARY

CAMILE LINDSAY
ACTING DIRECTOR

The official status of this license can be verified at IDFPR.Illinois.gov

18349931

Cut on Dotted Line ✂



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/21/2024

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 Elite Insurance Solutions 524 W. State St., Suite F Geneva, IL 60134	CONTACT NAME: Michele King PHONE (A/C No., Ext): (630) 345-6800 E-MAIL ADDRESS: admin@eliteinsurancepros.com	FAX (A/C No.):
	INSURER(S) AFFORDING COVERAGE INSURER A: Auto Owners Insurance INSURER B: Carolina Casualty Insurance Company INSURER C: Artisan and Truckers Casualty Co. INSURER D: INSURER E: INSURER F:	

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	X	07927014	07/20/2024	07/20/2025	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000						
C	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	959661814	07/20/2024	07/20/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			52-810465-00	07/20/2024	07/20/2025	EACH OCCURRENCE \$ 3,000,000
	AGGREGATE \$ 3,000,000						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	BNUWC0157148	06/08/2024	06/08/2025	<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)

CERTIFICATE HOLDER Proof of Insurance	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 

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Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Premier Roofing Design Inc		
	2	Business name/disregarded entity name, if different from above. Top Roofing		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions. 2206 N. Main St Ste 204	Requester's name and address (optional)	
	6	City, state, and ZIP code Wheaton, IL 60187		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
2	7		5	2	0	7	9	5	5

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 2/27/2025
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

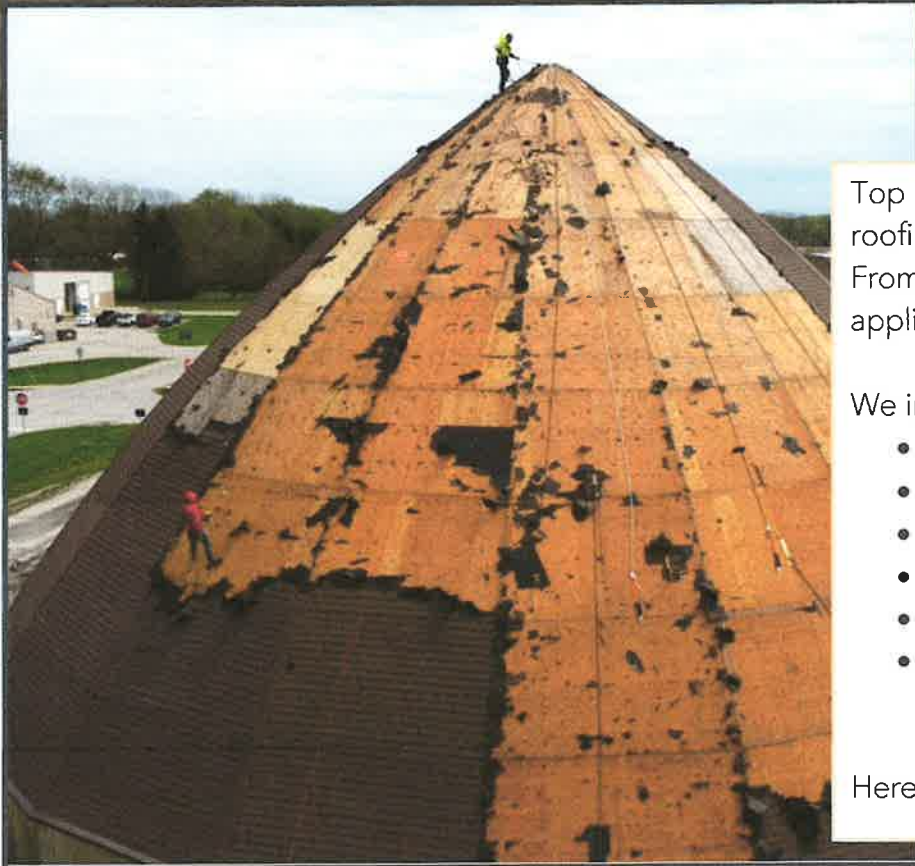
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Top Roofing
2206 N Main St, Ste 204
Wheaton, IL 60187
LIC: 104.015954

TOP Roofing

Recent Work - 2024



Top Roofing specializes in commercial roofing applications of all types. From low slope to steep slope applications:

We install the following styles:

- Shingles
- Shakes
- Single Ply
- Metal
- Coatings
- ModBit

Here is some of our work:



Shingle removal and replacement with a standing seam roof with matching snowguards.
The flat roof was installed for 25 year NDL warranty - fully adhered EPDM.
Project size: 15,000sf



Two examples of ballasted roofing completed by Top Roofing:

Middle School in Wisconsin - removed old ballasted roof installed coverboard and new ballasted roof.
Project size: 65,000sf



Single plies are what we mostly do - PVC, TPO, EPDM:

TWO locations in Madison Wisconsin for the College of Madison
Cole Hall and Stovall Hall - Project size: 24,500sf



Top Roofing
2206 N Main St, Ste 204. Wheaton, IL 60187 • Office: 630-677-8413 • Fax: 630-344-0992
IL License No. 104.015954 | toproofinc@gmail.com



Other images of work completed

Deck replacement, difficult site conditions, assorted repairs as needed for roofing work to take place.



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IL License No. 104.015954 | toproofinc@gmail.com

Two examples of white EPDM projects:

VA Danville - Federal facility in Danville IL - Project size: 70,000sf Firestone
Tennis Club Highland Park - sports facility in Highland Park - Project size: 40,000sf shingles 16,000sf white EPDM Genflex



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