



Response Details From Metropolitan Demolition, LLC

The details for this vendors response are shown below with supporting documents. [Click Here](#) to view this vendors account information.

Solicitation Number: ITB-COT 09-18 Aggregates
 Title of Solicitation: Aggregates
 Main Contact Name: Mr. Jason Zokoe
 Response Submitted By: Tom Perkins
 Authorized Signer's Name: Jason Zokoe
 Main Contact Phone and Email: (734) 709 - 5039 metropolitandemo@yahoo.com
 Date and Time Received: 3/10/2009 @ 3:30 PM E.D.T.
 Supporting Documentation: [Additional Information](#)

Line Item #1	Qty Quoted	UOM	Unit Cost	Extended Cost
	1500	TON	No Bid	No Bid
Specifications:	6A Slag Brand Requirement: Brand Name or Approved Equal Manufacturer: See Specifications			
Brand Quoted:	No Bid			
Comment:	N/A Need Alternate Spec. Material			

Line Item #2	Qty Quoted	UOM	Unit Cost	Extended Cost
	3500	TON	\$13.5000	\$47,250.00
Specifications:	22A Gravel Brand Requirement: Brand Name or Approved Equal Manufacturer: See Specifications			
Brand Quoted:	Quoting Brand Specified			
Comment:				

Line Item #3	Qty Quoted	UOM	Unit Cost	Extended Cost
	300	TON	\$17.5000	\$5,250.00
Specifications:	Pea Gravel Brand Requirement: Brand Name or Approved Equal Manufacturer: See Specifications			
Brand Quoted:	Quoting Brand Specified			
Comment:				

Line Item #4	Qty Quoted	UOM	Unit Cost	Extended Cost
	200	TON	\$22.0000	\$4,400.00
Specifications:	60/40 Gravel Brand Requirement: Brand Name or Approved Equal Manufacturer: See Specifications			
Brand Quoted:	Quoting Brand Specified			

Comment:

Line Item #5	Qty Quoted	UOM	Unit Cost	Extended Cost
	2000	TON	\$11.0000	\$22,000.00
Specifications:	Fill Sand Brand Requirement: Brand Name or Approved Equal Manufacturer: See Specifications			
Brand Quoted:	Quoting Brand Specified			

Comment:

Line Item #6	Qty Quoted	UOM	Unit Cost	Extended Cost
	200	TON	\$14.5000	\$2,900.00
Specifications:	Crushed Concrete, 1" - 3" Brand Requirement: Brand Name or Approved Equal Manufacturer: See Specifications			
Brand Quoted:	Quoting Brand Specified			

Comment:

Line Item #7	Qty Quoted	UOM	Unit Cost	Extended Cost
	100	TON	\$17.5000	\$1,750.00
Specifications:	Crushed Concrete, 3" - 6" Brand Requirement: Brand Name or Approved Equal Manufacturer: See Specifications			
Brand Quoted:	Quoting Brand Specified			

Comment:

Line Item #8	Qty Quoted	UOM	Unit Cost	Extended Cost
	250	TON	\$22.5000	\$5,625.00
Specifications:	Chloride Sand Brand Requirement: Brand Name or Approved Equal Manufacturer: See Specifications			
Brand Quoted:	Quoting Brand Specified			

Comment:

Line Item #9	Qty Quoted	UOM	Unit Cost	Extended Cost
	250	TON	\$15.0000	\$3,750.00
Specifications:	2NS Sand Brand Requirement: Brand Name or Approved Equal Manufacturer: See Specifications			
Brand Quoted:	Quoting Brand Specified			

Comment:

Line Item #10	Qty Quoted	UOM	Unit Cost	Extended Cost
	250	TON	\$15.0000	\$3,750.00
Specifications:	Mason Sand Brand Requirement: Brand Name or Approved Equal Manufacturer: See Specifications			
Brand Quoted:	Quoting Brand Specified			

Comment:

Line Item #11	Qty Quoted	UOM	Unit Cost	Extended Cost
	200	TON	\$18.0000	\$3,600.00
Specifications:	Limestone, 1" - 3"			
	Brand Requirement: Brand Name or Approved Equal			
	Manufacturer: See Specifications			
Brand Quoted:	Quoting Brand Specified			
Comment:				

Line Item #12	Qty Quoted	UOM	Unit Cost	Extended Cost
	100	TON	\$25.0000	\$2,500.00
Specifications:	Limestone, 3" - 6"			
	Brand Requirement: Brand Name or Approved Equal			
	Manufacturer: See Specifications			
Brand Quoted:	Quoting Brand Specified			
Comment:				

Line Item #13	Qty Quoted	UOM	Unit Cost	Extended Cost
	100	TON	\$25.0000	\$2,500.00
Specifications:	Limestone, 4" - 8"			
	Brand Requirement: Brand Name or Approved Equal			
	Manufacturer: See Specifications			
Brand Quoted:	Quoting Brand Specified			
Comment:				

Line Item #14	Qty Quoted	UOM	Unit Cost	Extended Cost
	1	EACH	No Bid	No Bid
Specifications:	Provide Percentage Discount or Dollar Amount Discount if awarded all items			
	Brand Requirement: Brand Name or Approved Equal			
	Manufacturer: See Specifications			
Brand Quoted:	No Bid			
Comment:				

Total Bid: \$105,275.00

Additional Information

Pricing Guarantee: 1 Year
 Terms / Discount: Net 30 Days
 Warranty: N/A
 Delivery / Start Date: ASAP
 Price Firm Through: 1 yr w/ 1 yr option
 Minimum Order Required? Yes, Minimum order quantity of 50 is required.
 Comments/Exceptions:

Agency Comments:

ADDITIONAL INFORMATION

BID TITLE: AGGREGATES

BID NUMBER: ITB-COT 09-18

Page 1 of 2

NOTE: This form must be included with your bid response

1. Download and save this form.
2. Fill in the appropriate information in all text boxes.
3. Upload this completed form with your online bid response where instructed.

DELIVERY:

Delivery will be within hours after a verbal request for material.

Delivery will be to various locations within the City of Troy.

CONTACT INFORMATION:

Hours of Operation:

24 Hr. Phone No:

COMPANY NAME:

NOTE: This form must be included with your bid response

1. Download and save this form.
2. Check the appropriate box(s) that apply. If your company will charge an additional cost to obtain the required insurance please include this cost in the appropriate field(s) where indicated.
3. Complete officer and company name fields.
4. Upload this completed form with your online bid response where instructed.

INSURANCE: Insurance Requirements shall be in accordance with the attached SAMPLE INSURANCE CERTIFICATE. The required Insurance Certificate must be submitted to Mr. Stephen Cooperrider, Risk Manager, within (5) five days of a verbal/electronic request. The bid cannot be completely awarded without this Insurance Certificate. The Insurance Certificate may be faxed (248) 526-5129 to the City Offices, and is the only bid document accepted in this format.

- We can meet the specified insurance requirements.
- We cannot meet the specified insurance requirements.
- We do not carry the specified limits but can obtain the additional insurance coverage of \$ _____ at the cost of \$ _____

Note: Please note the amendments on a sample insurance certificate and attach it to your bid proposal.

- Our bid is reduced by \$ _____ if we lower the requirements to \$ _____

Note: Please note the amendments on a sample insurance certificate and attach it to your bid proposal.

IMPORTANT: A Certificate of Insurance on an ACORD Form showing present coverage or a letter from your insurance agent or carrier that the insurance to be supplied will meet specifications SHOULD be NOTED.

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. A bidder shall complete the above portion that details additional costs that may be incurred for specified coverage without purchasing the additional coverage prior to bid proposal submission.

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 and acceptable to the City of Troy.

INSURANCE VERIFICATION:

Letter Submission:

If not already submitted with the bid proposal, the recommended bidder will be notified to submit a letter or certificate of insurance from their insurance agent or carrier indicating that the insurance to be supplied meets specifications. 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 their bid un-awardable. This process will occur before presentation of the award to the Troy City Council.

Final Insurance Certificate Submission:

After approval by Troy City Council, the City's Risk Manager will review the insurance certificates to ensure all acceptable documents have been received, and allow 5 additional days after verbal / electronic notification to submit final insurance certificate(s) in accordance with specifications. If not so received, 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.

TOM PERKINS being duly authorized to execute contracts for METROPOLITAN Demolition, LLC

(Print Full Name)

(Company Name)

hereby acknowledges that once accepted by the Risk Manager, the specified insurance certificate for ITB-COT 09-18 shall remain in full force and effect during the life of the contract.

COMPANY NAME: METROPOLITAN Demolition, LLC

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 2/9/09
PRODUCER ZERVOS GROUP, INC. 24724 Farmbrook (248) 355-4411 P.O. Box 2067 Southfield, MI 48034-2067	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> Aielli Construction Company, Inc. 36609 Groesbeck Highway Clinton Township, MI 48035 </div>	INSURERS AFFORDING COVERAGE INSURER A: National Fire Insurance Co. Hartford INSURER B: Continental Casualty Company INSURER C: Valley Forge Insurance Company INSURER D: INSURER E:	NAIC #

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> X, C & U GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	C4013256376	11/02/08	11/02/09	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	C4013256359	11/02/08	11/02/09	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AUTO ONLY AGG \$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	C4013256362	11/02/08	11/02/09	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC2098159560	12/05/08	11/02/09	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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 / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Metropolitan Demolition, LLC is additional insured, per written contract, with respect to general liability for work performed.

CERTIFICATE HOLDER <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> Metropolitan Demolition, LLC 18277 Merriman Road Romulus, MI 48174 </div>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Steve M. Zuvor</i>
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