DocuSign Envelope ID: 32C62A27-D656-4959-AA4D-94E44D0E9F95

CITY OF DETROIT BUDGET DEPARTMENT
CONTRACT TRANSMITTAL

DEPARTMENT: Department of Transportation	**DATE REC:** 10/26/2015 **ELEC NOT:**
CPO: 2849015-A1	**SPO:**
NAME: Detroit Transportation Corporation	**AMOUNT:** $6,397,394
ADDRESS: 535 Griswold, Suite 400, Detroit, MI 48226	**Budget Log #:**
PURPOSE: Funding agreement for pass through of funds for the operation of the Detroit Transportation Corporation who support the Detroit People Mover.	

RECOMMENDATION:

APPROVE: XXXX	**DATE COMPLETED:** 10/28/2015
DENY: _____	**ANALYST:** L. Walker
	DATE RELEASED:

COMPLETE BELOW WHEN DOCUMENT DELAYED, USE DC1 FOR FIRST DELAY AND DC2 FOR SECOND DELAY

DELAY CODE 1 (DC1): 1,2	0 NO DELAY	4 REQ DEPT IMPOSED HOLD	DELAY CODE 2 (DC2):_____
DC1 DELAY START DATE: 10/26	1 MORE INFORMATION	5 MANAGEMENT DELAY	DC2 DELAY START DATE:_____
DC1 DELAY END DATE: 10/28	2 LACK FUNDS 3 HUMAN RES COORD	6 OTHER –	DC2 DELAY END DATE:_____

Amendment #1
Appropriation 00149 – Plant Maintenance

The DDOT Professional Service contracts between Detroit Transportation Corporation (DTC) owner of the Detroit People Mover (DPM) an elevated public transportation people mover system and Transit Police Services Agreement in accordance with the period contracted March 11, 2011, and ending on June 30, 2016.

DTC agrees to provide transit police services to DDOT vehicles and properties (Services) in accordance with DTC's policies and procedures and the LOU subject to financial constraints.

DTC shall provide DDOT with Services to the extent of available DTC personnel and equipment, which are not required for DTC's operational needs. Personnel dispatched to provide Services shall remain the employees of DTC and shall work under the supervision of DTC. Main purpose of this Agreement is to ensure that DDOT is responsible for the costs and expenses for the Services and DTC is fully reimbursed for all costs.

Funds available:
Appropriation/ Plant Maintenance

5301-200230-000000-617900-00149-000000-00000	$2,329,775.00	Original
5301-200230-000000-617900-00149-000000-00000	4,067,619.00	amendment 1
Total Contract Amount	$6,397,394.00	

Analyst Notes – The year to date expenditures were exceeding as of June 2015. The department-A. Clark will direct to person or verify that all SPO's tied to the CPO.

CPO 2849015-A1 Detroit Transporation Corporation $6,787,591.12 amend $4,457,816.12

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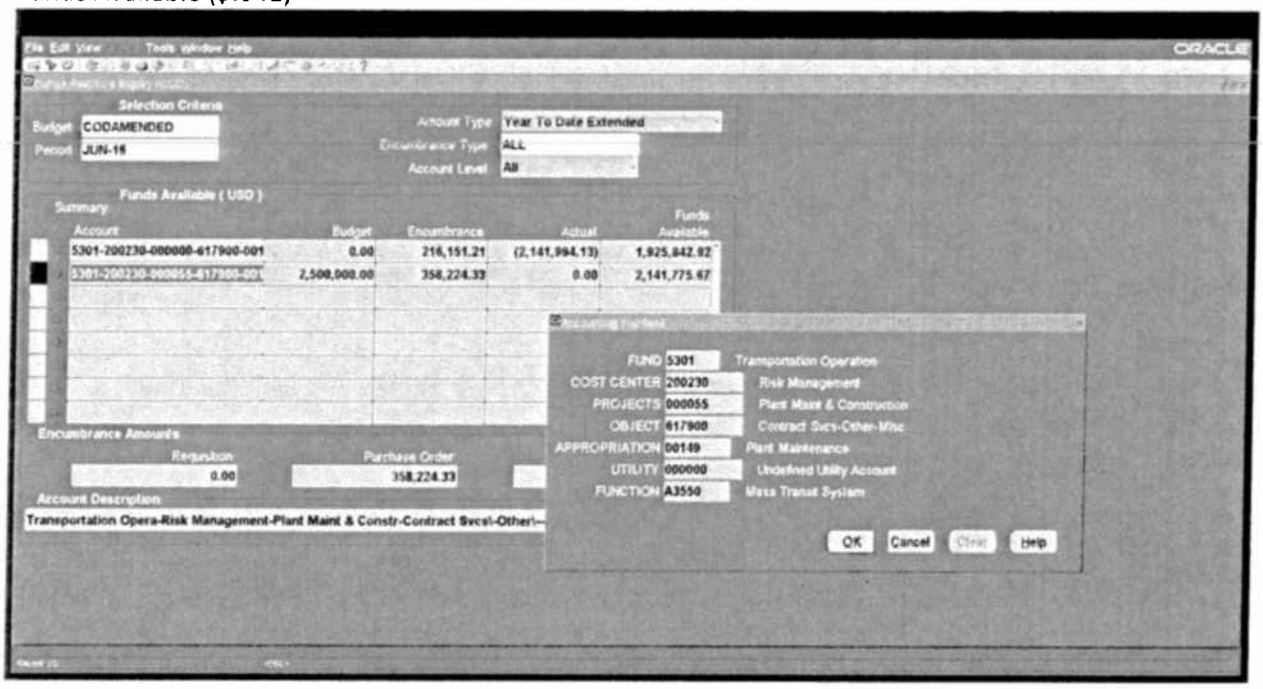
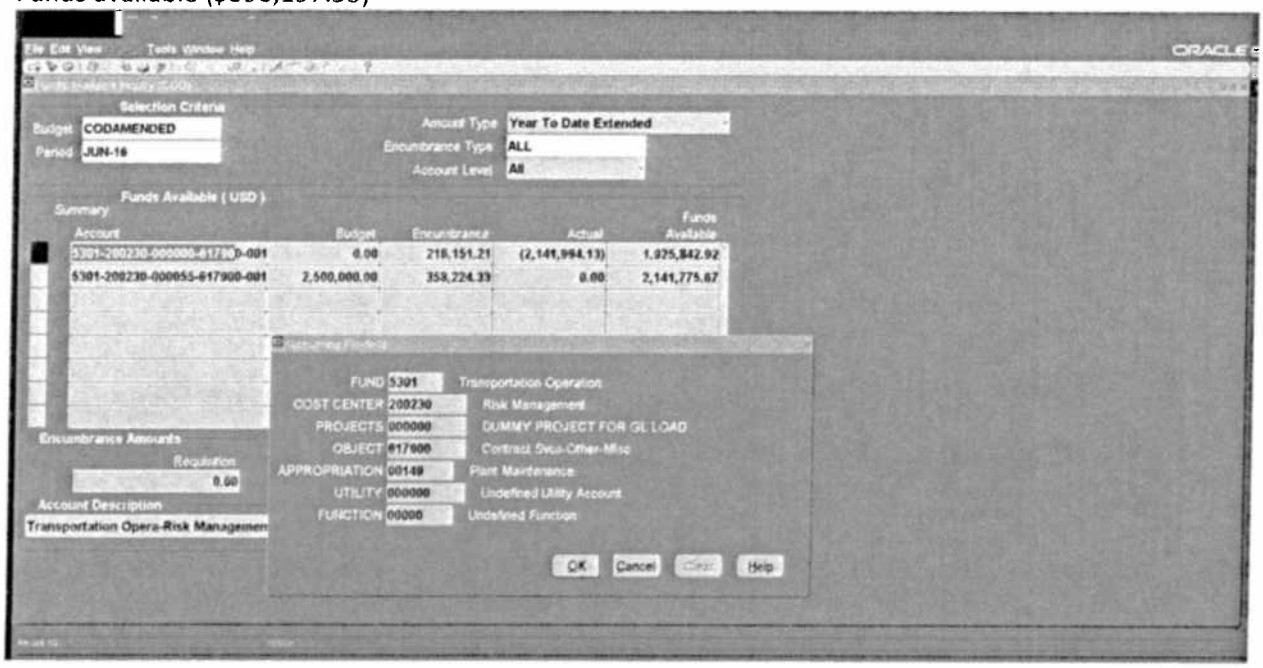
DDOT
Transit Police Services for the DDOT
CPO.2849015 $6,787,591.12
Amendment 1 $4,067,619.00

Funds Available ($.041)



Amendment 1 $4,457,816.12
Funds available ($390,197.53)



5301-200230-000000-617900-00149-000000-00000

Year-to-date Expenditures
March 2012 to June 2015 $3,507,109

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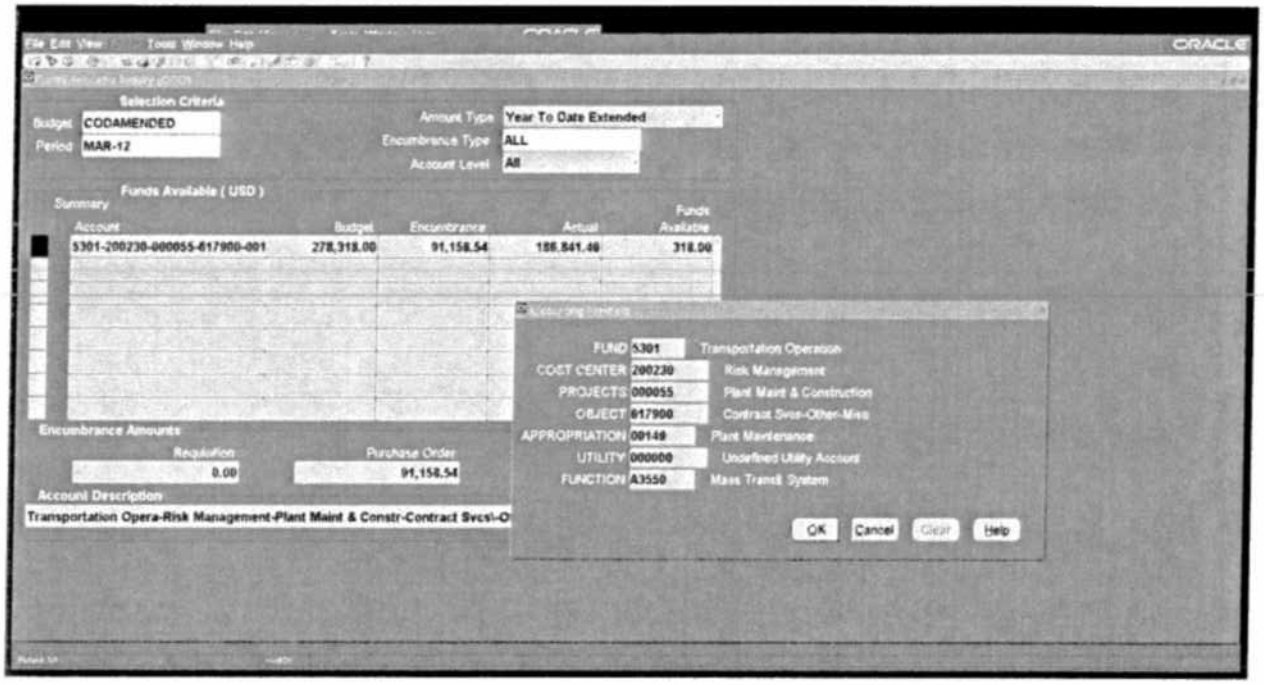
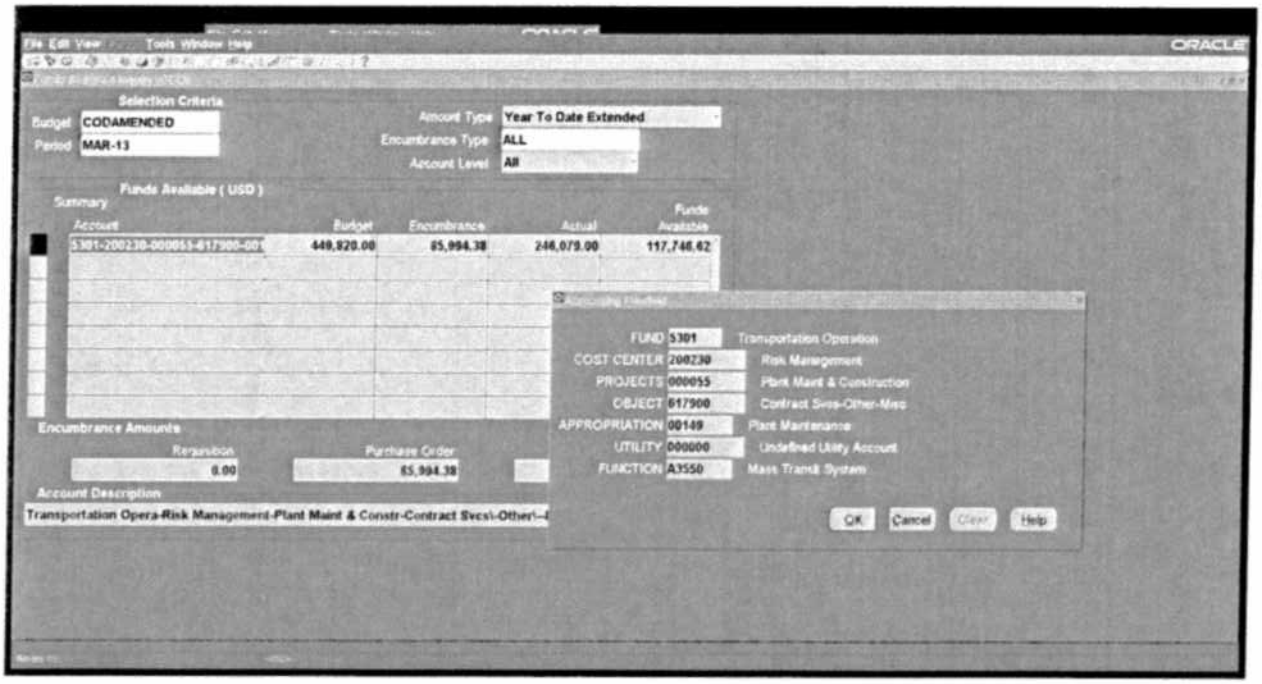
March 2012



March 2013



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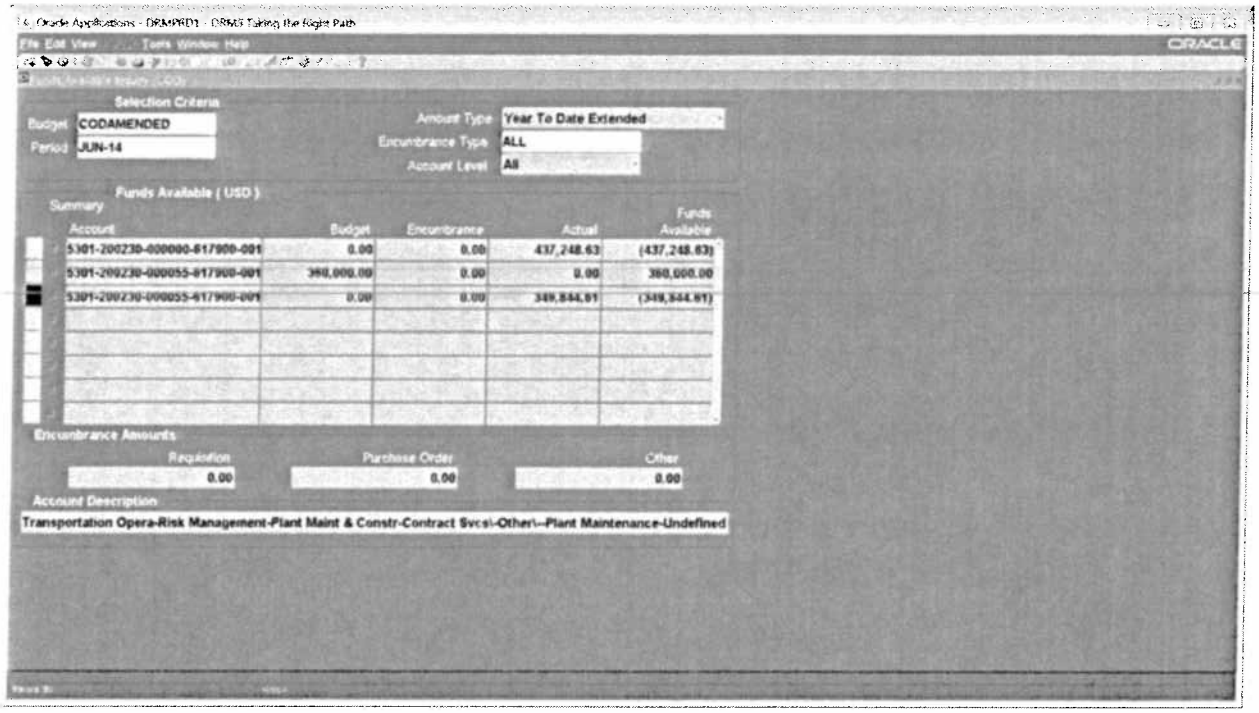
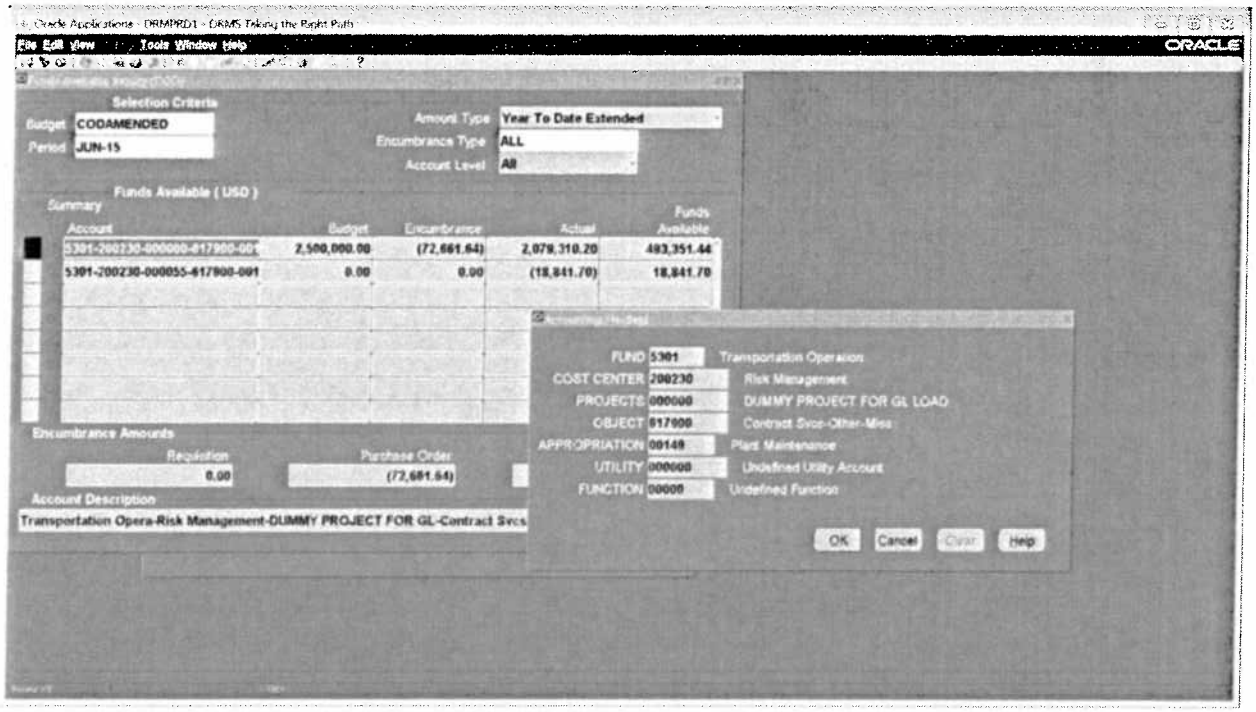
June 2014



June 2015



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DETROIT DEPARTMENT OF TRANSPORTATION

SOLE SOURCE JUSTIFICATION

PROJECT: **TRANSIT POLICE SERVICES**

In 1968, the Detroit Department of Transportation (DDOT) contracted with the Detroit Police Department to provide transit police services throughout our service area. However, due to budgetary concerns, on July 21, 2005 the Detroit Police Department could not longer afford to provide police personnel to patrol DDOT's bus system.

Subsequently DDOT entered into an Agreement with the Wayne County Sheriff Department to patrol DDOT's bus system. However, on July 1, 2009 this agreement was ruled "invalid" by an Arbitrator's Award and the department was ordered to terminate the agreement with Wayne County Sheriff Department.

Due to an immediate need to insure that our bus system remained a safe and secure environment for our patrons, DDOT was obligated to seek other law enforcement agencies willing to provide transit police services. Within the Detroit Metropolitan area, the only other law enforcement agency available for consideration and willing to provide the services required is the Detroit Transit Corporation (DTC) Transit Officers.

Based on the above facts and circumstances, it is recommended that the Detroit Transit Corporation (DTC) be giving favorable consideration to enter into an agreement with the Detroit Department of Transportation to provide transit related police services.

Prepared and Submitted By: Spurgeon Dotson
Security Administrator

Date: August 4, 2011

*Approved:
Regina Coleman
Manager
8-8-11

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CITY OF DETROIT
AMENDMENT AGREEMENT NO. _1
TO CONTRACT NO. 2849015

THIS AMENDMENT AGREEMENT NO. _1_ is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its **Transportation Department** ("City"), and **Detroit Transportation Corporation** , a Corporation, with its principal place of business located at **535 Griswold, Suite 400 Detroit, MI 48226**.

WITNESSETH:

WHEREAS, the City has engaged the Contractor to provide certain services ("Services") to the City; and

WHEREAS, the City and the Contractor have entered into a Contract reflecting the terms and conditions governing the subject engagement; and

WHEREAS, Article 17 of the Contract permits the parties to amend the Contract by mutual agreement; and

WHEREAS, it is the mutual desire of the parties to enter into this Amendment to amend the Contract as set out in detail in the following sections;

NOW, THEREFORE, in consideration of the foregoing, and of the benefits to accrue to the parties from this Amendment, the parties agree that this Contract is amended as follows:

1. AMENDMENT TO SECTION _7_ COMPENSATION

1.01 Section 7.01, which now reads:

> Compensation for Services provided shall not exceed the amount of **Two Million, Three Hundred Twenty-Nine, Seven Hundred Seventy-Five and 00/100 Dollars ($2,329,775.00)**, inclusive of expenses, and will be paid in the manner set forth in Exhibit B. Unless this Contract is amended pursuant to Article 16, this amount shall be the entire compensation to which the Contractor is entitled for the performance of Services under this Contract.

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Is amended to read:

> Compensation for Services provided shall not exceed the amount of **Six Million, Three Hundred Ninety-Seven, Three Hundred Ninety-Four 00/100 Dollars ($6,397,394.00)**, inclusive of expenses, and will be paid in the manner set forth in Exhibit B. Unless this Contract is amended pursuant to Article 16, this amount shall be the entire compensation to which the Contractor is entitled for the performance of Services under this Contract.

2. AMENDMENT TO SECTION 7 MISCELLANEOUS

2.01 Section 7.02, which now reads:

> **Payment for Services provided under this Contract is governed by the terms of Ordinance No. 42-98, entitled "Prompt Payment of Vendors", being Sections 18-5-79 of the 1984 Detroit City Code.**
>
> **The City employee responsible for accepting performance under this Contract is:**
>
> **Spurgeon Dotson**
> **Security Administrator**
> **Detroit Department of Transportation**
> **1301 E. Warren Ave.**
> **Detroit, Michigan 48207**
> **Telephone: (313) 833-7110**
> **Facsimile: (313) 833-7832**

DocuSign Envelope ID: 32C62A27-D656-4959-AA4D-94E44D0E9F95

Is amended to read:

Payment for Services provided under this Contract is governed by the terms of Ordinance No. 42-98, entitled "Prompt Payment of Vendors", being Sections 18-5-79 of the 1984 Detroit City Code.

The City employee responsible for accepting performance under this Contract is:

Boris Timarc
Security Administrator
Detroit Department of Transportation
1301 E. Warren Ave.
Detroit, Michigan 48207
Telephone: (313) 833-7110
Facsimile: (313) 833-7832

2.02 Section 19.01, which now reads:

All notices, consents, approvals, requests and other communications ("Notices") required or permitted under this Contract shall be given in writing, mailed by postage prepaid, certified or registered first-class mail, return receipt requested, and addressed as follows:

If to the Department of Transportation on behalf of the City:

City of Detroit
Department of Transportation
1301 E. Warren Avenue
Detroit, MI 48207
Attention: Ms. Lovevett Williams

If to the Contractor:

Detroit Transportation Corporation
1420 Washington Blvd.
Detroit, Michigan 48226
Attention: Ms. Barbara Hansen

DocuSign Envelope ID: 32C62A27-D656-4959-AA4D-94E44D0E9F95

Is amended to read:

All notices, consents, approvals, requests and other communications ("Notices") required or permitted under this Contract shall be given in writing, mailed by postage prepaid, certified or registered first-class mail, return receipt requested, and addressed as follows:

If to the Department of Transportation on behalf of the City:

City of Detroit
Department of Transportation
1301 E. Warren Avenue
Detroit, MI 48207
Attention: Mr. Dan Dirks

If to the Contractor:

Detroit Transportation Corporation
535 Griswold, Suite 400
Detroit, Michigan 48226
Attention: Ms. Barbara Hansen

3. AMENDMENT TO EXHIBIT A

3.01 Exhibit A of the Contract is amended by deleting the existing language and by substituting the attached First Amended Exhibit A in its place.

I. Notice to Proceed and Term of Contract

The term of this Contract shall commence on March 13, 2011 and shall terminate on March 12, 2016, unless extended for three (3) additional one-year periods by Amendment to the Contract.

Is now amended to read

I. Notice to Proceed and Term of Contract

The term of this Contract shall commence on March 13, 2011 and shall terminate on June 30, 2016, unless extended for three (3) additional one-year periods by Amendment to the Contract.

DocuSign Envelope ID: 32C62A27-D656-4959-AA4D-94E44D0E9F95

4. AMENDMENT TO EXHIBIT B

4.01 Exhibit B of the Contract is amended by deleting the existing language and by substituting the attached First Amended Exhibit B in its place.

I. General

a. The Contractor shall be paid for those Services performed pursuant to this Contract a maximum amount not to exceed **Two Million, Three Hundred Twenty-Nine, and Seven Hundred Seventy-five and 00/100 Dollars ($2,329,775.00)** for the term of this Contract as set forth in Exhibit A, Scope of Services. The amounts available for each year of the contract are estimated as follows:

Year One: $345,910
Year Two: $483,865
Year Three: $500,000
Year Four: $500,000
Year Five: $500,000

Is now amended to read:

I. General

a. The Contractor shall be paid for those Services performed pursuant to this Contract a maximum amount not to exceed **Six Million, Three Hundred Ninety-Seven, Three Hundred Ninety-Four and 00/100 Dollars ($6,397,394.00)** for the term of this Contract as set forth in Exhibit A, Scope of Services. The amounts available for each year of the contract are estimated as follows:

FY 2012: $221,180.00
FY 2013: $292,237.00
FY 2014: $357,595.07
FY 2015: $2,816,579.05
FY 2016: $2,709,802.88

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EXHIBIT C

DocuSign Envelope ID: 32C62A27-D656-4959-AA4D-94E44D0E9F95

TRANSIT POLICE SERVICES AGREEMENT

BETWEEN

DETROIT TRANSPORTATION CORPORATION

AND

THE DETROIT DEPARTMENT OF TRANSPORTATION

WHEREAS, the Federal Transit Authority ("FTA"), formerly known as the Urban Mass Transportation Authority ("UMTA"), the Suburban Mobility Authority for Regional Transportation ("SMART"), formerly known as the Southeastern Michigan Transportation Authority ("SEMTA"), the City of Detroit ("CITY") and the State of Michigan ("STATE") executed as of October 1, 1985, a "Memorandum of Understanding" setting forth each party's contributions, commitments, and undertakings relative to the Central Automated Transit System ("CATS") Project in downtown Detroit; and

WHEREAS, UMTA, SEMTA, and the CITY and STATE determined that it was in the best interest of the CATS Project and the best interest of the public that a separate legal entity be established in accordance with 1967 PA 7 (MCL 124.501 et seq.) the "Urban Cooperation Act of 1967;" and

WHEREAS, on October 24, 1985, the DETROIT TRANSPORTATION CORPORATION (herein sometimes referred to as the "CORPORATION" or the "DTC"), a Michigan public body corporation was formed pursuant to the provisions of 1967 PA 7; and

WHEREAS, the CORPORATION was formed to engage in those activities which are necessary to meet the objective of constructing and operating a Central Automated Transit System in downtown Detroit, Michigan, including but not limited to, acquiring the CATS Project, constructing and completing the project, operating CATS and any and all lawful purposes incident thereto; and

WHEREAS, the DTC has completed the project, which is now known as the Detroit People Mover ("DPM"); and

WHEREAS, the City of Detroit Transportation Department ("DDOT") provides public bus transportation throughout the City of Detroit and multiple adjacent jurisdictions and DDOT desires to provide the safe, secure and efficient operation of the bus service; and

WHEREAS, the DTC is desirous of preserving the safety, security, and rights of the general public using DPM and DDOT; and

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WHEREAS, the parties hereto recognize the necessity to provide greater and specialized protection for the public transit of the DPM and DDOT; and

WHEREAS, the DTC has a Letter of Understanding with the Detroit Police Department executed in March 2014 (LOU") authorizing DTC Transit Officers with certain police powers, and addressing the training and authority of DTC Transit Officers and related subjects; and

WHEREAS, the DTC has established a security unit within the DPM system, and has employed professionally trained security personnel ("Transit Officers") to provide the protection; and

WHEREAS, the DTC is the exclusive employer of the DTC Transit Officers, separate from DDOT and Detroit Police Department, and has established its own administrative control system, as well as its own rules and regulations governing the conduct and authority of its Transit Officers; and

WHEREAS, it is recognized that there exists a necessity that security be provided on the DDOT buses in addition to the DPM system; and

THEREFORE, the DTC and DDOT does hereby agree it to be in the best interests of both parties to have Transit Officer provided for DDOT vehicles and properties by DTC employees.

NOW, THEREFORE, in consideration of the above recitals and the covenants contained herein, the parties hereto agree as follows:

1. The DTC agrees to provide transit police services to DDOT vehicles and properties ("Services") in accordance with DTC's policies and procedures and the LOU, subject to the financial constraints of a mutually agreed upon annual budget for DTC, which shall be allocated to provide such Services.

2. DTC shall provide DDOT with Services to the extent of available DTC personnel and equipment, which are not required for DTC's operational needs. DTC's judgment regarding the allocation of DTC personnel or equipment shall be final and shall consider the total DTC personnel and equipment available.

3. Personnel dispatched to provide Services shall remain the employees of DTC and shall work under the supervision of DTC.

4. DTC shall use its sole discretion to determine the methods and manner in which Services may be provided. DTC shall not be liable for its failure to provide Services.

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5. A main purpose of this Agreement is to ensure that DDOT is responsible for the costs and expenses for the Services and/or that DTC is fully reimbursed for all costs. This Agreement is intended to ensure that DTC assumes no additional liabilities as a result of this Agreement.

6. DTC shall present invoices to DDOT for any and all extraordinary costs and/or expenses which are related to DTC providing the Services. DDOT shall either promptly directly pay such extraordinary costs and/or expenses associated with this Agreement as they are incurred or promptly reimburse DTC for such extraordinary costs and/or expenses directly paid by DTC. Extraordinary expenses include, but are not limited to, insurance premiums, insurance agency fees and/or commissions, insurance and/or claim administrative expenses paid to third parties, any and all third-party liability claim costs, including settlements, judgments, or litigation expenses, including attorney fees.

7. DDOT assumes responsibility for all liability arising out of DTC Services. DDOT shall defend, indemnity, and hold harmless DTC, and its directors, officers, agents and employees against any loss, claims, damages, or liabilities arising out of any personal or bodily injury, including death, of any person or property damage to any property in connection with the Services, whether caused in whole or in part by DTC.

8. DTC has the right to fully tender third-party claims directly to DDOT for the defense and settlement by DDOT under its insurance and/or self-insurance programs. DDOT shall accept such third-party claim tenders without any reservation of rights.

9. DTC shall notify DDOT with a written notice of any claim or occurrence that could give rise to DTC's claim for DDOT to defend or indemnify DTC under this Agreement. No delay in reporting shall relieve DDOT from its defense or indemnification obligations.

10. DDOT will have the right to control, at its sole expense, the defense of any third-party claims for which DDOT is responsible.

11. DTC shall provide worker's compensation insurance for its employees and all associated costs and expenses shall be included in the hourly rates allocated to DDOT for budget purposes and/or reimbursement of DTC under this Agreement.

12. DTC shall provide commercial general liability insurance, including law enforcement liability, for its employees, but such insurance shall only apply as excess or contingent coverage to any or all insurance and/or self-insurance available to DDOT.

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13. DTC shall provide commercial automobile liability insurance for its employees, but such insurance shall only apply as excess or contingent coverage to any or all insurance and/or self-insurance available to DDOT.

14. DDOT shall reimburse DTC for all increased costs and/or expenses associated with DTC's risk management and/or insurance programs that are attributable to DTC providing the Services under this Agreement.

15. DTC retains the right to suspend any and all Services under the Agreement for good cause.

This Agreement is subject to review from time-to-time on the initiative of either party and may be revised only by a writing signed by both parties, to meet contingencies as experience dictates. This Agreement shall continue from year to year unless terminated upon thirty (30) days written notice by either party. DTC may terminate this Agreement immediately upon the failure of DDOT to promptly pay any DTC invoices for costs and/or expenses presented to DDOT for reimbursement.

This Agreement, together with the LOU, set forth the entire understanding of the parties with respect to all matters contained in those documents. If one or more provisions of this Agreement are deemed unlawful, then the parties intend that those provisions be stricken and that the remaining provisions of this Agreement be given full force and effect.

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WHEREFORE, the Detroit Transportation Corporation and City of Detroit Department of Transportation agree to observe and abide by the terms and conditions set forth herein.

The City of Detroit Transportation Department and the Detroit Transportation Corporation, by their authorized representatives, agree to and execute this Agreement below.

DETROIT TRANSPORTATION CORPORATION

By: _____
Barbara Hansen, General Manager

Dated: April 29, 2014

Subscribed and sworn to before me
this 29 day of April, 2014

JACQUELINE MORGAN-HILL
Notary Public, State of Michigan
County of Wayne
My Commission Expires Dec. 26, 2019
Acting in the County of Wayne

Jacqueline Morgan Hill
Notary Public
Wayne County, MI
My Commission Expires: Dec. 2019

CITY OF DETROIT DEPARTMENT OF TRANSPORTATION

By: _____
Dan G. Dirks, Director

Dated: April 28, 2014

Subscribed and sworn to before me
this 28 day of April, 2014

WILFRED L BEAL
Notary Public - Michigan
Wayne County
My Comm. Expires 06/10/2018

_____
Notary Public
Wayne County, MI
My Commission Expires: 06/10/2018

Date: 5/6/14 Approved by: _____
Michael E. Duggan
Mayor
City of Detroit

DocuSign Envelope ID: 32C62A27-D656-4959-AA4D-94E44D0E9F95

IN WITNESS WHEREOF, the City and the Contractor, by and through their duly authorized officers and representatives, have executed this Amendment.

WITNESSES:

1. _____ (signature)
Shelia Robinson (print name)

2. _____ (signature)
ERICKA ALEXANDER (print name)

CONTRACTOR:

BY: _____ (signature)
BARBARA HANSEN (print name)

ITS: _____ (title)

WITNESSES:

1. _____ (signature)
Jamie Ringo (print name)

2. _____ (signature)
Laura Williams (print name)

CITY OF DETROIT DEPARTMENT:

BY: _____ (signature)
DAN G. DIRKS (print name)

ITS: DIRECTOR (title)

THIS AMENDMENT WAS APPROVED BY THE CITY COUNCIL ON

11/17/15 FRC 11/23/15

APPROVED BY LAW DEPARTMENT PURSUANT TO SECTION 6-406 OF THE CHARTER OF THE CITY OF DETROIT

DocuSigned by:
Boysie Jackson 2/9/2016
E7BD9526E53A4D0...
Purchasing Director Date

DocuSigned by:
James Edwards 2/8/2016
Corporation Counsel Date

THIS AMENDMENT IS NOT VALID OR AUTHORIZED UNTIL APPROVED BY RESOLUTION OF THE CITY COUNCIL AND SIGNED BY THE PURCHASING DIRECTOR.

DocuSign Envelope ID: 32C62A27-D656-4959-AA4D-94E44D0E9F95

CORPORATE ACKNOWLEDGMENT

STATE OF Michigan)
)SS.
COUNTY OF Wayne)

The foregoing contract was acknowledged before me the 6th day of October,

20 15, by Barbara Hansen,
(name of person who signed the contract)

the General Manager,
(title of person who signed the contract as it appears on the contract)

of Detroit Transportation Corporation,
(complete name of the corporation)

on behalf of the Corporation.

Jacqueline Morgan-Hill 10/6/15
Notary Public, County of Wayne
State of Michigan
My commission expires: Dec. 26, 2017

JACQUELINE MORGAN-HILL
Notary Public, State of Michigan
County of Wayne
My Commission Expires Dec. 26, 2016
Acting in the County of Wayne

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CITY ACKNOWLEDGMENT

STATE OF **MICHIGAN**)
)SS.
COUNTY OF **WAYNE**)

The foregoing contract was acknowledged before me the_____day of_____,

20 ___, by _____,
(name of person who signed the contract)

the_____,
(title of person who signed the contract as it appears on the contract)

of _____,
(complete name of the City department)

on behalf of the City.

_____

Notary Public, County of _____

State of _____

My commission expires: _____

DocuSign Envelope ID: 32C62A27-D656-4959-AA4D-94E44D0E9F95

DETROIT TRANSPORTATION CORPORATION
INCUMBENCY CERTIFICATE

I, John Naglick, Secretary/Treasurer of DETROIT TRANSPORTATION CORPORATION, a non-profit Michigan Public Body Corporate (the "Corporation"), do hereby certify that the following is a true and correct excerpt from the minutes of the meeting of the Board of Directors of the Corporation duly called and held on July 26, 2005, and that the same remains in full force and effect.

July 26, 2005:

"Now, therefore, be it resolved that the DTC Board of Directors appoints Ms. Barbara Hansen as the General Manager of the Detroit Transportation Corporation; and

Resolved, that Barbara Hansen be and is hereby authorized to negotiate, execute and deliver such agreements, affidavits, statements, documents and instruments, that may arise in the normal course of business, as she may, using sound business judgment, deem to be in the best interest of DTC and her actions in accordance with and in furtherance of any of the foregoing are hereby ratified, confirmed and approved as duly authorized actions of the DTC without further or additional approvals of the Board of Directors."

IN WITNESS WHEREOF, I have set my hand this 12 day of October, 2015.

John Naglick, Secretary/Treasurer
Detroit Transportation Corporation

STATE OF MICHIGAN)
)
Wayne County)

Signed and sworn to before me on October 12 2015.

JACQUELINE MORGAN-HILL
Notary Public, State of Michigan
County of Wayne
My Commission Expires Dec. 26, 2016
Acting in the County of Wayne

Jacqueline Morgan-Hill
Notary Public, State of Michigan, County of Wayne

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 09/14/2015

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 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
Aon Risk Services Central, Inc.
Southfield MI Office
3000 Town Center
Suite 3000
Southfield MI 48075 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	National Casualty Company	11991
INSURER B:	The Princeton Excess & Surp Lines Ins Co	10786
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Detroit Transportation Corporation
535 Griswold
Suite 400
Detroit MI 48226 USA

COVERAGES CERTIFICATE NUMBER: 570059309043 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. Limits shown are as requested

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			N1A3RL000009701	09/01/2015	09/01/2016	EACH OCCURRENCE	$3,000,000
	CLAIMS-MADE X OCCUR			SIR applies per policy terms & conditions			DAMAGE TO RENTED PREMISES (Ea occurrence)	$3,000,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$3,000,000
	OTHER							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
A	UMBRELLA LIAB X OCCUR			XC00000506	09/01/2015	09/01/2016	EACH OCCURRENCE	$7,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$7,000,000
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
City of Detroit is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER

City of Detroit
Attn: Risk Management Department
Coleman A. Young Municipal Center
611 Woodward Avenue
Detroit MI 48226 USA

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

Aon Risk Services Central Inc.

Holder Identifier :

Certificate No : 570059309043

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The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/24/2015

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 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
Cornish, Zack, Hill & Associates
24225 W. Nine Mile Road
Suite 204
Southfield MI 48033

CONTACT NAME: Sheri Concord
PHONE (A/C, No, Ext): (248) 353-5850 FAX (A/C, No): (248) 353-1432
E-MAIL ADDRESS: sconcord@cornishzack.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Amerisure Mutual Insurance Co.	
INSURER B: Travelers Indemnity Company	11347
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Detroit Transportation Corporation, DBA: Detroit
Buhl Building
535 Griswold St., Suite 400
Detroit MI 48226

COVERAGES **CERTIFICATE NUMBER:** 15-16 **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	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			CA2093550010015 PPI - $1,000,000	8/1/2015	8/1/2016	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							Personal Injury Protection	$ Basic
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		6KUB-2E24414-5-15	5/30/2015	5/30/2016	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							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)

CERTIFICATE HOLDER

City of Detroit
Finance Department
Accounts Receivable Section
Coleman A Young Municipal Bldg
611 Woodward Avenue
Detroit, MI 48226

CANCELLATION

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AUTHORIZED REPRESENTATIVE
Kathy Zack/SHERIC

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The ACORD name and logo are registered marks of ACORD

CORNISH & ZACK HILL

A · S · S · O · C · I · A · T · E · S

AGAINST ALL ODDS

Named Insured; Detroit Transportation Corporation

Certificate Holder; City of Detroit

Special Provisions

Cancellation Provision

X Should any policies described on the Acord Certificate of Insurance be cancelled before the expiration date, Cornish, Zack, Hill & Associates, Inc. will endeavor to mail 30 days written notice, to the Certificate Holder named on the Acord Certificate, but failure to do so shall not create any liability of any kind upon Cornish, Zack, Hill & Associates, Inc.

☐ Other

Authorized By:

Kathy S. Zack
President – Agent

CZH-Proprietary Document
08.15

Bonds and Insurance
24225 West Nine Mile Road, Southfield, Michigan 48033 (248) 353-5850 Fax: (248) 353-1432
Toll Free: 1 (888) 353-5850
www.cornishzack.com

Hiring Policy Compliance Affidavit

I, Barbara Hansen, being duly sworn, state that I am the General Manager

_____ of Detroit Transportation Corporation
Title — Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

Barbara Hansen

Title: General Manager Date: 3/20/15

STATE OF Michigan)
) SS
COUNTY OF Wayne)

The foregoing Affidavit was acknowledged before me the _____ day of _____, 20____, by_____.

Notary Public, County of Wayne

State of Michigan

My commission expires: 12/26/17

JACQUELINE MORGAN-HILL
Notary Public, State of Michigan
County of Wayne
My Commission Expires Dec. 26, 2017
Acting in the County of Wayne

THE DETROIT PEOPLE MOVER

OWNED AND OPERATED BY THE DETROIT TRANSPORTATION CORPORATION

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment on the basis of a protected status including age, color, disability, citizenship, national origin, race, religion, sex (including pregnancy and conditions related to pregnancy), weight, height, sexual orientation, genetic information, misdemeanor arrest record, or marital or veteran status. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants with a disability requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant's name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Social Security #: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Are you able to lawfully work in this country? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Driver's license number (if driving is an essential job duty): _____

How were you referred to us? _____

Do you have a past or present family member employed with DTC? ____Yes ____ No

Are you able to perform the essential functions of the position you seek with or without a reasonable accommodation? (A position description will be provided upon request.) _____ Yes _____ No

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employment History continued

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

_____
_____
_____
_____

Educational History

List school name and location, years completed, course of study, and any degrees earned:
High school: _____
College: _____
Technical Training: _____
Other: _____

References

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

_____
_____
_____

ACKNOWLEDGEMENT

I hereby authorize Detroit Transportation Corporation ("DTC") to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability DTC and its representatives for seeking, gathering, and using such information that may be lawfully obtained to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient reason for rejecting this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. I understand that all employment with DTC is "at-will", meaning DTC can terminate the relationship with or without cause, at any time, so long as there is no violation of applicable federal or state law. This "at-will" term can only be altered by a collective bargaining agreement or in a writing entitled "Employment Agreement" and signed by the DTC General Manager.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I understand that, under Michigan law only, I must request an accommodation for a disability in writing within 182 days of the day I know or should have known of any need for an accommodation.

I also understand that, if I am employed, I will be required to provide satisfactory proof of identity and ability to lawfully work in this Country within three days of being hired. Failure to submit such proof within the required time may result in immediate termination of employment.

I agree that all claims arising from the interview/hiring process, my employment or the termination of my employment against DTC or against any of its directors, managers, officers, employees or agents, must be brought within 180 days of the occurrence giving rise to the claim or the day I should have known of the claim. I waive any longer, but not shorter, period of limitations. This 180 day limitations period also applies to the initial filing of a charge with the Equal Employment Opportunity Commission; however any civil action thereafter based on the allegations in the charge may be pursued according to the Notice of Right to Sue issued by the Commission.

If any term above is deemed unlawful and unenforceable, it may be severed and the remainder shall be fully enforceable. I accept the terms above knowingly and voluntarily.

I represent and warrant that I have read and fully understand the foregoing, and that I agree to the above terms.

Applicant signature: _____ Date: _____

CITY OF DETROIT

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Detroit Transportation Corporation

2. Address of Contractor: 535 Griswold, Ste. 400
Detroit, MI 48226

3. Name of Predecessor Entities (if any): N/A

4. Prior Affidavit submission? X No ____ Yes, on: _____
(Date of prior submission)

If "No", complete Items 5 and 6.

If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.

5. X Contractor was established in 1985 (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.

X Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.

___ Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).

6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

Barbara Hansen (Printed Name) General Manager (Title)

Barbara Hansen (Signature) 3/20/15 (Date)

Subscribed and sworn to before me
this 20th day of March, 2015

Jacqueline Morgan-Hill
Notary Public, _____ County, Michigan
My Commission expires: 12/26/17

JACQUELINE MORGAN-HILL
Notary Public, State of Michigan
County of Wayne
My Commission Expires Dec. 26, 2016
Acting in the County of _____

JACQUELINE MORGAN-HILL
Notary Public, State of Michigan
County of Wayne
My Commission Expires Dec. 26, 2016
Acting in the County of Wayne

COVENANT OF EQUAL OPPORTUNITY
(Application for Clearance – Terms Enforced After Contract is Awarded)

I, being duly authorized representative of the DTC, (hereinafter "Contractor"), do hereby enter into a Covenant of Equal Opportunity (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his or her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression.

I understand that it is my responsibility to ensure that all potential sub-contractors are reported to the City of Detroit Human Rights Department and have a current ***Contract Specific*** Clearance on file prior to working on any City of Detroit contract. I further understand that the City of Detroit reserves the rights to require additional information prior to, during, and at any time after the Clearance is issued.

Furthermore, I understand that this covenant is valid for the life of the contract and that a breach of this covenant shall be deemed a material breach of the contract and subject to damages in accordance with the City of Detroit Code, Ordinance No. 27-3-2, Section (e).

RFQ/PO No._____

Printed Name of Contractor: Detroit Transportation Corporation (DTC)
(Type or Print Legibly)

Contractor Address: Detroit, MI, 48226
(City) **(State)** **(Zip)**

Contractor Phone/E-mail: (313) 224-2160 / _____
(Phone) **(E-mail)**

Printed Name & Title of Authorized Representative: Barbara Hansen, General Manager

Signature of Authorized Representative: [signature]

Date: 3/20/15

*** This document **MUST** be notarized ***

Signature of Notary: Jacqueline Morgan-Hill

Printed Name of Seal of Notary: Jacqueline Morgan-Hill

JACQUELINE MORGAN-HILL
Notary Public, State of Michigan
County of Wayne
My Commission Expires Dec. 26, 2019
Acting in the County of Wayne

My Commission Expires: 12 / 26 / 2017

For Office Use Only:

Cov. Rec'd:__/__/__ **in** **Department Name:**_____

☐ **Accepted by:**_____ ☐ **Rejected by:**_____

Please email or fax Covenant and EOC to Director of Human Rights Department 1240 CAYMC at HumanRightsCL@detroitmi.gov or fax (313) 224-3434

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 09/14/2015

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.

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PRODUCER
Aon Risk Services Central, Inc.
Southfield MI Office
3000 Town Center
Suite 3000
Southfield MI 48075 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	National Casualty Company	11991
INSURER B:	The Princeton Excess & Surp Lines Ins Co	10786
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
Detroit Transportation Corporation
535 Griswold
Suite 400
Detroit MI 48226 USA

COVERAGES CERTIFICATE NUMBER: 570059309043 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. Limits shown are as requested

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			N1A3RL000009701	09/01/2015	09/01/2016	EACH OCCURRENCE	$3,000,000
	CLAIMS-MADE X OCCUR			SIR applies per policy terms & conditions			DAMAGE TO RENTED PREMISES (Ea occurrence)	$3,000,000
							MED EXP (Any one person)	Excluded
							PERSONAL & ADV INJURY	$3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$3,000,000
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	OTHER							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	
A	UMBRELLA LIAB X OCCUR			XC00000506	09/01/2015	09/01/2016	EACH OCCURRENCE	$7,000,000
	X EXCESS LIAB CLAIMS-MADE						AGGREGATE	$7,000,000
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER	
	ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)
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CERTIFICATE HOLDER

City of Detroit
Attn: Risk Management Department
Coleman A. Young Municipal Center
611 Woodward Avenue
Detroit MI 48226 USA

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AUTHORIZED REPRESENTATIVE

Aon Risk Services Central Inc.

Holder Identifier :

Certificate No : 570059309043

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The ACORD name and logo are registered marks of ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/24/2015

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PRODUCER
Cornish, Zack, Hill & Associates
24225 W. Nine Mile Road
Suite 204
Southfield MI 48033

CONTACT NAME: Sheri Concord
PHONE (A/C, No, Ext): (248) 353-5850 FAX (A/C, No): (248) 353-1432
E-MAIL ADDRESS: sconcord@cornishzack.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Amerisure Mutual Insurance Co.	
INSURER B: Travelers Indemnity Company	11347
INSURER C:	
INSURER D:	
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INSURED
Detroit Transportation Corporation, DBA: Detroit
Buhl Building
535 Griswold St., Suite 400
Detroit MI 48226

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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER						EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			CA2093550010015 PPI - $1,000,000	8/1/2015	8/1/2016	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							Personal Injury Protection	$ Basic
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		6KUB-2E24414-5-15	5/30/2015	5/30/2016	X PER STATUTE OTH-ER	
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Detroit
Finance Department
Accounts Receivable Section
Coleman A Young Municipal Bldg
611 Woodward Avenue
Detroit, MI 48226

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
Kathy Zack/SHERIC

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The ACORD name and logo are registered marks of ACORD

CORNISH & ZACK HILL

A · S · S · O · C · I · A · T · E · S

AGAINST ALL ODDS

Named Insured; Detroit Transportation Corporation

Certificate Holder; City of Detroit

Special Provisions

Cancellation Provision

X Should any policies described on the Acord Certificate of Insurance be cancelled before the expiration date, Cornish, Zack, Hill & Associates, Inc. will endeavor to mail 30 days written notice, to the Certificate Holder named on the Acord Certificate, but failure to do so shall not create any liability of any kind upon Cornish, Zack, Hill & Associates, Inc.

☐ Other

Authorized By:

Kathy S. Zack
President – Agent

CZH-Proprietary Document
08.15

Bonds and Insurance
24225 West Nine Mile Road, Southfield, Michigan 48033 (248) 353-5850 Fax: (248) 353-1432
Toll Free: 1 (888) 353-5850
www.cornishzack.com

Hiring Policy Compliance Affidavit

I, Barbara Hansen, being duly sworn, state that I am the General Manager

_____ of Detroit Transportation Corporation
Title — Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

Barbara Hansen

Title: General Manager Date: 3/20/15

STATE OF Michigan)
) SS
COUNTY OF Wayne)

The foregoing Affidavit was acknowledged before me the _____ day of _____, 20____, by_____.

Notary Public, County of Wayne

State of Michigan

My commission expires: 12/26/17

JACQUELINE MORGAN-HILL
Notary Public, State of Michigan
County of Wayne
My Commission Expires Dec. 26, 2017
Acting in the County of Wayne

THE DETROIT PEOPLE MOVER

OWNED AND OPERATED BY THE DETROIT TRANSPORTATION CORPORATION

Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment on the basis of a protected status including age, color, disability, citizenship, national origin, race, religion, sex (including pregnancy and conditions related to pregnancy), weight, height, sexual orientation, genetic information, misdemeanor arrest record, or marital or veteran status. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants with a disability requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant's name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

Telephone #: _____ Social Security #: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Are you able to lawfully work in this country? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Driver's license number (if driving is an essential job duty): _____

How were you referred to us? _____

Do you have a past or present family member employed with DTC? ____Yes ____ No

Are you able to perform the essential functions of the position you seek with or without a reasonable accommodation? (A position description will be provided upon request.) _____ Yes _____ No

Employment History

Please provide all employment information for your past four employers starting with the most recent.

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone #: _____

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employment History continued

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Job summary: _____
Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

_____
_____
_____
_____

Educational History

List school name and location, years completed, course of study, and any degrees earned:
High school: _____
College: _____
Technical Training: _____
Other: _____

References

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

_____
_____
_____

ACKNOWLEDGEMENT

I hereby authorize Detroit Transportation Corporation ("DTC") to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability DTC and its representatives for seeking, gathering, and using such information that may be lawfully obtained to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient reason for rejecting this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. I understand that all employment with DTC is "at-will", meaning DTC can terminate the relationship with or without cause, at any time, so long as there is no violation of applicable federal or state law. This "at-will" term can only be altered by a collective bargaining agreement or in a writing entitled "Employment Agreement" and signed by the DTC General Manager.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I understand that, under Michigan law only, I must request an accommodation for a disability in writing within 182 days of the day I know or should have known of any need for an accommodation.

I also understand that, if I am employed, I will be required to provide satisfactory proof of identity and ability to lawfully work in this Country within three days of being hired. Failure to submit such proof within the required time may result in immediate termination of employment.

I agree that all claims arising from the interview/hiring process, my employment or the termination of my employment against DTC or against any of its directors, managers, officers, employees or agents, must be brought within 180 days of the occurrence giving rise to the claim or the day I should have known of the claim. I waive any longer, but not shorter, period of limitations. This 180 day limitations period also applies to the initial filing of a charge with the Equal Employment Opportunity Commission; however any civil action thereafter based on the allegations in the charge may be pursued according to the Notice of Right to Sue issued by the Commission.

If any term above is deemed unlawful and unenforceable, it may be severed and the remainder shall be fully enforceable. I accept the terms above knowingly and voluntarily.

I represent and warrant that I have read and fully understand the foregoing, and that I agree to the above terms.

Applicant signature: _____ Date: _____

CITY OF DETROIT

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Detroit Transportation Corporation

2. Address of Contractor: 535 Griswold, Ste. 400
Detroit, MI 48226

3. Name of Predecessor Entities (if any): N/A

4. Prior Affidavit submission? X No ____ Yes, on: _____
(Date of prior submission)

If "No", complete Items 5 and 6.

If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.

5. X Contractor was established in 1985 (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.

X Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.

___ Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).

6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

Barbara Hansen (Printed Name) General Manager (Title)

Barbara Hansen (Signature) 3/20/15 (Date)

Subscribed and sworn to before me
this 20th day of March, 2015

Jacqueline Morgan-Hill
Notary Public, _____ County, Michigan
My Commission expires: 12/26/17

JACQUELINE MORGAN-HILL
Notary Public, State of Michigan
County of Wayne
My Commission Expires Dec. 26, 2016
Acting in the County of _____

JACQUELINE MORGAN-HILL
Notary Public, State of Michigan
County of Wayne
My Commission Expires Dec. 26, 2016
Acting in the County of Wayne

COVENANT OF EQUAL OPPORTUNITY
(Application for Clearance – Terms Enforced After Contract is Awarded)

I, being duly authorized representative of the DTC, (hereinafter "Contractor"), do hereby enter into a Covenant of Equal Opportunity (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his or her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression.

I understand that it is my responsibility to ensure that all potential sub-contractors are reported to the City of Detroit Human Rights Department and have a current ***Contract Specific*** Clearance on file prior to working on any City of Detroit contract. I further understand that the City of Detroit reserves the rights to require additional information prior to, during, and at any time after the Clearance is issued.

Furthermore, I understand that this covenant is valid for the life of the contract and that a breach of this covenant shall be deemed a material breach of the contract and subject to damages in accordance with the City of Detroit Code, Ordinance No. 27-3-2, Section (e).

RFQ/PO No._____

Printed Name of Contractor: Detroit Transportation Corporation (DTC)
(Type or Print Legibly)

Contractor Address: Detroit, MI, 48226
(City) **(State)** **(Zip)**

Contractor Phone/E-mail: (313) 224-2160 / _____
(Phone) **(E-mail)**

Printed Name & Title of Authorized Representative: Barbara Hansen, General Manager

Signature of Authorized Representative: [signature]

Date: 3/20/15

*** This document **MUST** be notarized ***

Signature of Notary: Jacqueline Morgan-Hill

Printed Name of Seal of Notary: Jacqueline Morgan-Hill

JACQUELINE MORGAN-HILL
Notary Public, State of Michigan
County of Wayne
My Commission Expires Dec. 26, 2019
Acting in the County of Wayne

My Commission Expires: 12 / 26 / 2017

For Office Use Only:

Cov. Rec'd:__/__/__ **in** **Department Name:**_____

☐ **Accepted by:**_____ ☐ **Rejected by:**_____

Please email or fax Covenant and EOC to Director of Human Rights Department 1240 CAYMC at HumanRightsCL@detroitmi.gov or fax (313) 224-3434

SAM Search Results
List of records matching your search for :

Search Term : Detroit* Transportation* Corporation*
Record Status: Active

ENTITY	Detroit Transportation Corporation		Status:Active
DUNS: 607798118	+4:	CAGE Code: 5AXL4	DoDAAC:
Expiration Date: Mar 29, 2016	Has Active Exclusion?: No	Delinquent Federal Debt?: No	
Address: 535 Griswold Ste 400 City: Detroit ZIP Code: 48226-3609		State/Province: MICHIGAN Country: UNITED STATES	

THE DETROIT PEOPLE MOVER

OWNED AND OPERATED BY THE DETROIT TRANSPORTATION CORPORATION

DATE: October 23, 2015

TO: City of Detroit Law Department

FROM: Detroit Transportation Corporation

SUBJECT: OWNED AUTO COVERAGE WAIVER REQUEST
(Scheduled Auto Coverage)

This will affirm that Detroit Transportation Corporation, the Contractor under Contract No. 2849015, is an organization which owns no automobiles other than those which have been scheduled with the insurer providing automobile insurance coverage as shown on the attached insurance certificate and further affirms that the Contractor has no plans to acquire any additional automobiles during the term of the contract. If any such automobiles should be acquired during the term of the contract the Contractor affirms that it will provide insurance coverage as required by the contract.

Signed for Contractor,

By: _____
Barbara Hansen, General Manager
Detroit Transportation Corporation
October 23, 2015

Under these circumstances, it is requested that the requirement for Owned Auto Coverage Be deemed satisfied by virtue of the fact that the contractor has shown that it has the required coverage for scheduled autos

Signed for Department,

By: _____
Name Title Date

1420 Washington Boulevard, 3rd Floor
Detroit, MI 48226
(313) 224-2160 / (313) 224-2134 fax
www.thepeoplemover.com

City Council Contract Agenda Items Review Checklist

Reviewer: **Date Received: 10/30/15**

Date: 10/30/15 Department **Transportation** Division: **Administration**

Dept Head/Contact Person: Angelica Jones Phone No.: 313-833-7366

Description: Transit Police Services for the City of Detroit Department of Transportation
brief explanation of function or need of the goods/services

Contract No.:2849015 PO Type: Contract Purchase Order Est. Value: $6,397,394.00

Contract Term (if applicable): March 13, 2011 to June 30, 2016

Funding: City 100%____ State % Federal % Other: _____ %
(Documentation must be furnished by the Dept. if anything other than City funding)
Acct# 5301-200230-000000-617900-00149-000000-00000
Recommended Supplier: Detroit Transportation Corporation Required Date: 11/23/15

---

1. The business being awarded is Contract **Increase & Extension** If a renewal, provide justification for renewal:_____

2. Was the product or service competitively bid? ☐Yes ☒No
   Attach Copy of Bid Tabulation/Evaluation score sheets as needed
   If the answer to #2 is "NO" explain why there was no competition: _____
   This was a sole source agreement that was authorized in 2011.

3. Was a Co-Operative Agreement Considered? ☐Yes ☒No Co-Operative Name: _____
   If answer to #3 is "No" explain why a Co-Op was not considered: _____

4. Were savings achieved?
   ☐Yes Amount $_____ ☒No

5. Does this agreement represent an increase?
   ☐ Variance in unit price only (Current unit price $0.00 Proposed Unit Price $0.00)

☐ Change in amount/volume of the good or service to be used. _____.

6. Does the supplier currently provide other goods and services to the City? ☒Yes ☐No
   If yes please list: Subsidy for People Mover Operation

7. Is this good/service used by other departments? ☐Yes ☒No
   If "yes" can this Req/PAR be combined other department requirements? ☐Yes ☒No

8. Is this a service that can be performed by City employees? ☐Yes ☒No
   Is this a service that City employees can be trained to do? ☒Yes ☐No

---

NOTES: Buyer: Arnita Clark
a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes_X___ No____

☐ **PLACE ON FINANCIAL REVIEW COMMISSION AGENDA**

☐ **PLACE ON CITY COUNCIL AGENDA**

☐ **REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: Arnita Clark DATE: 11/30/15
INFORMATION PROVIDED BY: Arnita Clark

TITLE: Purchasing Agent

PHONE: (313) 833-7711

NOV 07 2014

Attachment I

City of Detroit / Human Rights Department
Application of Certification & Tax Certificate
Page 18

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT / DIVISION: Human Rights Department

E-MAIL ADDRESS: bhansen@thepeoplelawyer.com

CONTACT NAME: Barbara Hansen PHONE: (313) 224-2150 FAX: (313) 224-2134

Type of Clearance: ☐ New ☒ Renewal (Please submit 30 days prior to submitting bid or expiration date)

A. To:
City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Avenue, Ste. 130
Detroit, MI 48226

Phone: (313) 224-3328 or 224-3329
Fax: (313) 224-4588

For:
Individual or
Company Name: Detroit Transportation Corporation
Address: 535 Griswold St., Ste. 400
City: Detroit
State: MI Zip Code: 48226
Telephone: (313) 224-2150 Fax #: (313) 224-2134
Email Address:

B. Name of Chief Financial Officer/Authorized Contact Person (include address if different from above)
Lenore Olson
Telephone #: (313) 221-1247
Fax #: (313) 224-2134

Employer Identification or Social Security Number
38-2637380

Spouse Social Security Number

BID CONTRACT AMOUNT (if known):
Labor: $ Material: $ 500,000

Nature of Contract: Operating and Maintenance Agreement

Contract # (if known):

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE

Check One: ☐ Individual ☒ Corporation ☐ Partnership ☐ Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

1. Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above) ☐ Yes ☐ No
2. Are you a student and/or claimed as a dependent on someone else's tax return ☐ Yes ☐ No
3. Were you employed during the last seven (7) years? ☐ Yes ☐ No
4. Were you a resident of Detroit during the last seven (7) years? ☐ Yes ☐ No

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

5. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4)? ☐ Yes ☐ No
6. Will the company have employees working in Detroit? ☐ Yes ☐ No
7. Will the company use sub-contractors or independent contractors in Detroit? ☐ Yes ☐ No

FOR INCOME TAX USE ONLY

D. Has the employer/employee complied with the provisions of the City Income Tax Ordinance?

☒ Yes ☐ No Signature: INCOME TAX DIVISION Date: NOV 10 2014 Expires: NOV 10 2014
☐ Yes ☐ No Signature: Date: Expires:
☐ Yes ☐ No Signature: Date: Expires:

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: www.detroitmi.gov

Note: An approved Income Tax Certificate may be used to multiple city wide departments that require a bid. Please email your completed request for it (preferably in pdf format) to: IncomeTaxClearance@detroitmi.gov

PLEASE ANSWER EVERY QUESTION

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER
REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX: 224-4238 / RevenueCollections@DetroitMI.gov

☐ SECTION A: ☐ BUSINESS LICENSE ☐ BUDGET ☐ CITY COUNCIL ☑ DDOT ☐ DPW ☐ FINANCE ☐ FIRE ☐ HEALTH ☐ HUMAN RIGHTS ☐ LAW ☐ MAYOR ☐ OMBUDSMAN ☐ PLANNING& DEVELOPMENT ☐ POLICE ☐ PURCHASING ☐ RECREATION ☐ WATER & SEWAGE OTHER

ADDRESS OF DEPARTMENT 1301 E. Warren

DATE SENT 10-23-16 CONTACT PERSON Arnita Clark

PHONE NUMBER (313)833-2011 FAX NUMBER EMAIL arnitaclark@detroitmi.gov

CONTRACT AMOUNT $ 6,500,000.00

☐ SECTION B: CORPORATION LICENSE TYPE

CORPORATION NAME Detroit Transportation Corporation

ADDRESS 535 Griswold St., Ste. 400 CITY/STATE/ZIP Detroit, MI 48226 ☐ OWN ☒ LEASE

CITY PERSONAL PROPERTY NUMBER N/A FID / EIN NUMBER 38-2637180

OTHER CITY-OWNED PROPERTY PARCELS N/A

CONTACT PERSON Barbara Hansen PHONE NUMBER (313) 224-2190 EMAIL ADDRESS bhansen@thepeoplemover.com

☐ SECTION C: PARTNERSHIP LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS CITY/STATE/ZIP ☐ OWN ☐ LEASE

CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER

A. PARTNER'S NAME PHONE NUMBER

HOME ADDRESS CITY/STATE/ZIP ☐ OWN ☐ LEASE

DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS

B. PARTNER'S NAME PHONE NUMBER

HOME ADDRESS CITY/STATE/ZIP ☐ OWN ☐ LEASE

DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS

CONTACT PERSON PHONE NUMBER EMAIL ADDRESS

☐ SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS CITY/STATE/ZIP ☐ OWN ☐ LEASE

CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER

OWNER'S NAME DRIVER'S LICENSE # PHONE NUMBER

HOME ADDRESS CITY/STATE/ZIP ☐ OWN ☐ LEASE

OTHER CITY-OWNED PROPERTY PARCELS

EMAIL ADDRESS

☐ SECTION E: PERSONAL SERVICES

NAME ADDRESS ☐ OWN ☐ LEASE

CITY/STATE/ZIP

PHONE NUMBER DRIVER LICENSE #

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT

SOCIAL SECURITY NUMBER EMAIL ADDRESS

FOR TREASURY COLLECTION USE ONLY:

☐ APPROVED ☐ DENIED ☐ DENIED WITH ATTACHMENTS

Annette Smith OCT 28 2015 JAN 15 2016

SIGNATURE DATE CLEARANCE VALID UNTIL