

# PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

Approved By: *[Signature]*  
10/19/2011

CHANGE ORDER # 4  
STANDARD PO NUMBER  
CONTRACT PO NUMBER 2867153  
REVISION  
REVISION

Insurance Requirement

ACCOUNTS PAYABLE WILL HOLD UP ALL CONTRACT PAYMENTS UNTIL ALL INSURANCE CERTIFICATES/POLICIES REQUIRED UNDER THE CONTRACT HAVE BEEN RECEIVED. CONTRACTORS SHOULD BE MADE AWARE OF THIS REQUIREMENT.

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DEMOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES		DEPARTMENT HEAD'S SIGNATURE <i>[Signature: Brad Dice]</i>	DEPARTMENT GSD
FUNDING SOURCE (Percent) FEDERAL % STATE % CITY 89.7% OTHER 10.3%		DEPARTMENT CONTACT PERSON ED PORCHE	PHONE NO. 628-0910
CONTRACTOR'S NAME: GENUINE PARTS CO. (NAPA)		DATE PREPARED 7/21/14	
CONTRACTOR'S ADDRESS: 2999 CIRCLE 75 PARKWAY ATLANTA, GA 30339		ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> TOTAL CONTRACT AMOUNT \$13,388,848.00 TOTAL CPO AMOUNT \$13,388,848.00 CHANGE AMOUNT \$2,600,000.00	
PHONE NO. (734) 729-7500		<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: 58-0254510		MINORITY FIRM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PURPOSE OF CONTRACT: VEHICLE REPLACEMENT PARTS AND/OR SERVICES			
CHARGE ACCOUNT: 1000-470100-006004-617900-12153-000000-A4510 \$2,100,000.00 GSD 1000-470110-006004-617900-13152-000000-A4510 \$500,000.00 SM			

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT <i>[Signature: Ed Porche]</i> AUTHORIZED DEPARTMENT REPRESENTATIVE	7-21-14
JUL 25 2014	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <i>[Signature]</i> BUDGET DIRECTOR OR DEPUTY	
	GRANT MANAGEMENT SECTION <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL GRANT ACCOUNTANT	
AUG 13 2014	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <i>[Signature]</i> FINANCE DIRECTOR OR DEPUTY	14 AUG 21 PM 4:06 8/13/14
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL CORPORATION COUNSEL	8/21/14
	PURCHASING DIVISION <i>[Signature: Bonnie Jackson]</i> PURCHASING DIRECTOR	

RECEIVED

AUG 13 2014

CITY OF DETROIT CONTRACTS SECTION LAW DEPARTMENT  
CITY COUNCIL APPROVAL JCC REFERENCE: PAGE \_\_\_\_\_ DATE \_\_\_\_\_

COD-PO-15-0799

Use Only One Set For Each Contract Package

SEP 23 2014

CONTRACT # 2867153 Amendment #4

DEPARTMENT General Services

**WAVIER**

AGENDA DATE: \_\_\_\_\_

**CONTRACT SYNOPSIS**

CONTRACTOR NAME: Genuine Parts Company (NAPA)

ADDRESS: 2999 Circle 75 Parkway

Atlanta, GA 30339

PROJECT: \_\_\_\_\_

TYPE OF FUNDING AND %: 89.7% COD and 10.3% Street Maintenance

CONTRACT AMOUNT: \$13,388,848.00 contract increase \$2,600,000.00

CONTRACT PERIOD: September 1, 2012-February 28, 2015

ADVANCE PAYMENT: \_\_\_\_\_

BRIEF DESCRIPTION: Genuine Parts Company to provide vehicle replacement parts and/or services to Fleet Management Division of General Services Department, Fire Department and DPW Street Maintenance.

REASON FOR DELAY: \_\_\_\_\_

01/11/12

## City Council Contract Agenda Items Review Checklist

Reviewer: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date: July 21, 2014 Department: General Services Division: Fleet Management

Dept Head/Contact Person: Ed Porche Phone No.: 628-0910

Description: Vehicle Replacement Parts and Services Contract No.: 2867153 PO Type: Prof Svc - CPO Est. Value: **\$13,388,848.00, Increase \$2,600,000.00** Contract Term (if applicable): September 1, 2012 to February 28, 2015.

Funding: City 89.7% State \_\_\_\_\_% Federal \_\_\_\_\_% Other: Street Maintenance 10.3%  
(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: Genuine Parts Co. Required Date: 8/1/14

1. Is the product or service ESSENTIAL to department operations?  Yes  No

If "Yes" please explain why: Provide vehicle replacement parts and/or services.

Consequence of not buying: Not able to repair City vehicles.

2. Was the product or service competitively bid?  Yes  No  
(Request copies of bid tabulation/evaluation score sheets as needed)

If the answer to #2 is "NO" explain why there was no competition:  
\_\_\_\_\_

3. Was a Co-Operative Agreement Considered?  Yes  No Co-Operative Name: N/A  
If answer to #3 is "No" explain why a Co-Op was not considered: \_\_\_\_\_

4. Were savings achieved?  
 Yes Amount \$ \_\_\_\_\_  No  
Were additional savings requested? (10%)  Yes  No

5. Does the supplier currently provide other goods and services to the City?  Yes  No  
If yes please list: \_\_\_\_\_

6. The business being awarded is Amendment: Amendment to add time and money.  
If #6 is a renewal provide justification for renewal:  
If #6 is a increase/decrease does this represent:

- Variance in unit price only (Current unit price \$ \_\_\_\_\_ Suggest Unit Price \$ \_\_\_\_\_ )  
 Change in amount/volume of the good or service to be used (no change in unit price)

01/11/12

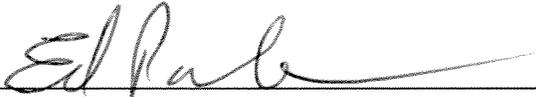
7. Is this good/service used by other departments?  Yes  No  
If "yes" can this req/par be combined other department requirements.?  Yes  No
8. Is this a service that can be performed by City employees?  Yes  No  
Is this a service that City employees can be trained to do?  Yes  No
- 

NOTES:

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PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED:  DATE: July 21, 2014

INFORMATION PROVIDED BY: Ed Porche  
TITLE: Contracts Manager  
PHONE NO. 628-0910

### REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: Purchasing CONTACT: L. Bedford PHONE: \_\_\_\_\_

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

To: City of Detroit  
 income Tax Division  
 Coleman A. Young Municipal Center  
 2 Woodward Avenue, Ste. 512  
 Detroit, MI 48226

For: Individual or Company Name Genuine Parts Company  
 Address 30550 Ecorse Road  
 City Romulus  
 State MI Zip Code 48174  
 Telephone 734-756-6964 Fax # 734-729-9020

John Trant

B. Name of Chief Financial Officer/Authorized Contact Person (include address if different from above)  
NAPA Detroit Telephone # 734-729-7500  
 Fax # 734-729-9020

Employer Identification or Social Security Number 58-0254510 Spouse Social Security Number \_\_\_\_\_

Nature of Contract: Parts Supply Provider BID/CONTRACT AMOUNT (if known):  
 Labor: \$ \_\_\_\_\_ Material: \$ \_\_\_\_\_  
 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

**INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.**

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

**CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.**

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

**D FOR INCOME TAX USE ONLY**

Has the contractor complied with the provisions of the City Income Tax Ordinance?

Yes  No D. L. WILLIAMS Date JUL 23 2013 Expires JUL 23 2013  
 Yes  No LUCHETTA JENNINGS Date JUL 09 2014 Expires JUL 09 2015  
 Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT [www.ci.detroit.mi.us](http://www.ci.detroit.mi.us)

PURCHASING DIVISION  
VENDOR CLEARANCE REQUEST

Submit to: Revenue Collections  
Purchasing Vendor  
128 Coleman A. Young Municipal Center  
Detroit, MI 48226  
(313) 224 - 4087 (Telephone)  
(313) 224 - 4238 (Fax)

Ed Porche  
GSD  
628-0910  
~~628-1915 Fax~~  
porchee@detroitmi.gov

Nature of Contract Parts Supply Provider  
Contract Amount \_\_\_\_\_

Business Type:  Corp     Partnership     Sole Proprietorship     Personal Services

Business Name Genuine Parts Company

Business Address 30550 Ecourse Rd Romulus, Mi 48174

Ward/Item # \_\_\_\_\_

F.I.D. NO. 58-0254510

City Personal Property I.D. # \_\_\_\_\_

Owner(s) Name \_\_\_\_\_

Owner(s) SS# \_\_\_\_\_

Contact Person John P. Sedlecky

Phone Number 616-450-6874

Fax Number 734-729-2898

Owner(s) Home Address \_\_\_\_\_ ( ) Lease ( ) Own

Please do not write below this line for department use only.

Real Property    Special Assessment    Personal Property    Other Receivable

( ) Denied    ( ) Denied    ( ) Denied    ( ) Denied  
() Approved    () Approved    () Approved    () Approved

Comments: \_\_\_\_\_

**REVENUE COLLECTIONS  
APPROVED  
CONTRACT CLEARANCES**

Please mail, fax or drop off this Vendor Request Form to the Revenue Collection Unit at the address indicated above. You will be responsible for keeping the clearance and submitting a photocopy to Purchasing with your bid package.

Sherry Dobbbs  
Signature (City of Detroit)

JUL 16 2014

Date

DEC 30 2014

Expiration Date

Skdobbbs    Sherry\_Dobbbs@genpt.com

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

I, being a duly authorized representative of the Genuine Parts, (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. 37592

Printed Name of Contractor: GENUINE PARTS COMPANY / NAPA AUTO PARTS  
 (Type or Print Legibly)

Contractor Address: 30050 FURSE RD. ROMULUS MICHIGAN 48174  
 (City) (State) (Zip)

Contractor Phone/E-mail: 734-729-7500 EXT. 245 / Milton - Chaplain@genpt.com  
 (Phone) (E-mail)

Printed Name & Title of Authorized Representative: MILTON F. "MICKEY" CHAPLAIN JR - DISTRICT MANAGER

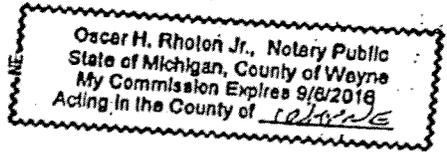
Signature of Authorized Representative: [Signature]

Date: 6/2/11

Signature of Notary: [Signature] \*\*\* This document MUST be notarized \*\*\*

Printed Name of Seal of Notary: Oscar H. Rhoton Jr.

My Commission Expires: SEPT 6 2016



<b>For Office Use Only:</b>	
Cov. Rec'd: <u>6/2/11/jin</u>	Department Name: <u>Genuine Services</u>
<input checked="" type="checkbox"/> Accepted by <u>[Signature]</u>	<input type="checkbox"/> Rejected by: _____
Please email or fax Covenant and EOC to Director of Human Rights Department 1026 CAYMOC at HumanRightsCL@detroitmi.gov or fax (313) 224-3434.	



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
09/19/2013

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).

<b>PRODUCER</b> Aon Risk Services South, Inc. Atlanta GA Office c/o Aon Client Services 4 Overlook Point Lincolnshire IL 60069 USA	<b>CONTACT NAME</b> PHONE (A/C No. Ext): 866-283-7122 FAX (A/C No.): 800-363-0105	
	<b>E-MAIL ADDRESS</b>	
<b>INSURED</b> GENUINE PARTS CO & SUBSIDIARIES - NAPA, Motion, Balkamp, Altrom, EIS, Rayloc, SP Richards, Drago Supply, Tarrant, General Tool & Supply etal 2999 Circle 75 Parkway Atlanta GA 30339 USA	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Old Republic Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

COVERAGES **CERTIFICATE NUMBER: 570051298894** **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 SUBR (INSR) WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		MwZY59322	09/01/2013	09/01/2014	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COM/POP AGG \$3,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION		MWTB 21382	09/01/2013	09/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)  EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 RE: Location 131, 132, 133 and 134. City of Detroit is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

**CERTIFICATE HOLDER****CANCELLATION**

City of Detroit  
 Finance Dept. - Purchasing  
 2 Woodward Ave.  
 1008 Cloeman A Young Municipal Center  
 Detroit MI 48226 USA

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 South, Inc*

Holder Identifier :

Certificate No : 570051298894



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
02/28/2014

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**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).

Holder Identifier :

<b>PRODUCER</b> Aon Risk Services South, Inc. Atlanta GA office c/o Aon Client Services 4 Overlook Point Lincolnshire IL 60069 USA	<b>CONTACT NAME</b> PHONE (A.C. No. Ext): 866-283-7122		<b>FAX (A.C. No.):</b> 800-363-0105
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> GENUINE PARTS CO & SUBSIDIARIES - NAPA, Motion, Balkamp, Altrom, EIS, Rayloc, SP Richards, Drago Supply, Tarrant, General Tool & Supply etal 2999 Circle 75 Parkway Atlanta GA 30339 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Safety National Casualty Corp		15105
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 570053006257

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/OP AGG
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION					EACH OCCURRENCE AGGREGATE
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	LDS4049768 AOS SP4049766 OH SIR applies per policy terms & conditions	01/01/2014	01/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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 No : 570053006257

**CERTIFICATE HOLDER****CANCELLATION**

City of Detroit  
 Finance Dept. - Purchasing  
 2 Woodward Ave.  
 1008 Coleman, A Young Municipal Center  
 Detroit MI 48226 USA

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 South Inc*

12<sup>th</sup> Floor

### Hiring Policy Compliance Affidavit

I, Korey M. Bailey, being duly sworn, state that I am the District Manager  
\_\_\_\_\_ of Genuine Parts Company  
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

Korey M. Bailey  
Title: District Mgr Date: 6/15/2012

STATE OF Michigan )  
COUNTY OF Wayne ) SS

The foregoing Affidavit was acknowledged before me the 15<sup>th</sup> day of June, 2012,  
by Korey M. Bailey.

Notary Public, County of Wayne  
State of Michigan  
My commission expires: 03/26/2018  
Barbara Jean Moore  
BARBARA JEAN MOORE  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Mar 26, 2018  
ACTING IN COUNTY OF Wayne

Genova Parts Co

On line Employment  
Application



**Make a Right Turn**  
**For Your Career at NAPA**

To learn more, visit:  
[www.napaautojobs.com](http://www.napaautojobs.com)  
[www.napaonline.com](http://www.napaonline.com)



**CITY OF DETROIT**  
**SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT**

1. Name of Contractor: Genuine Parts Company/NAPA Detroit Distribution Ct

2. Address of Contractor: 30550 Ecorse Rd,  
Romulus, MI 48174

3. Name of Predecessor Entities (if any): None

4. Prior Affidavit submission?  No  Yes, on: 4-24-2007  
(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.  Contractor was established in \_\_\_\_\_ (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.

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.

Sherry K. Dobbs (Printed Name) Operations Mgr. (Title)

Sherry K. Dobbs (Signature) June 9, 2011 (Date)

Subscribed and sworn to before me  
this 9<sup>th</sup> day of June, 2011

Kristi Leppen  
Notary Public, Wayne County, Michigan  
My Commission expires: 03-18-2015

KRISTI LEPPEN Notary Public, State of Michigan County of Wayne My Commission Expires Mar. 18, 2015 Acting in the County of <u>Wayne</u>
---

City Of Detroit

Law Department  
-Contracts Section-

INTERDEPARTMENTAL MEMORANDUM

TO: Contracts Desk  
Purchasing Division

FROM: Renita R. Johnson  
Assistant Corporation Counsel  
Direct Dial: (313) 237-3027

SUBJECT: EXPIRED DOCUMENTS - CONTRACT NUMBER: 2867153

Vendor Name: GENUINE PARTS COMPANY (NAPA)

DATE: 8-21-14

The documents checked below have expired or are not included. Prior to placement of this contract on City Council's agenda, please insure that the documents identified below are current or have been renewed. The department has been notified on the date listed below.

Thank you for your cooperation in this request.

CLEARANCES

\_\_\_\_\_ Property Tax                      \_\_\_\_\_ Income Tax  
\_\_\_\_\_ Human Rights                      \_\_\_\_\_ Other (Identify: \_\_\_\_\_ )

INSURANCE

X The coverage required by this contract per the certificate of insurance furnished with this contract has expired or is deficient as follows: (UMBRELLA/EXCESS LIABILITY COVERAGE IS REQUIRED (\$5M))

Entire Certificate: \_\_\_\_\_ General Liability: \_\_\_\_\_  
Prof. Liability: \_\_\_\_\_ Excess Liability: X  
Automobile: \_\_\_\_\_ Workers Comp. & Emp. Liab.: \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

The departmental requestor was notified by this writer on 8-21-14.

cc: GENERAL SERVICES Department - Attn: ED PORCHE

**PROFESSIONAL SERVICES CONTRACT**

**BETWEEN**

**CITY OF DETROIT MICHIGAN**

**AND**

**GENUINE PARTS COMPANY (NAPA)**

**CONTRACT CPO No. 2867153**

**AMENDMENT No. 4**

**AMENDMENT NO. 4 TO CONTRACT 2867153  
BETWEEN  
CITY OF DETROIT  
AND  
GENUINE PARTS COMPANY (NAPA)**

This Amendment No. 4, is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its General Services Department ("City"), and Genuine Parts Company (NAPA), a Georgia Corporation with its principal place of business located at 2999 Circle 75 Parkway, Atlanta, Georgia 30339 ("Contractor").

**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, Section 16 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 forgoing, 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 7.01  
COMPENSATION**

7.01 Now reads

Compensation for Services provided shall not exceed the amount \$10,788,848.00 for the amended terms of the contract. Unless this Contract is amended pursuant to Section 16, and/or additional services or locations are added to the Agreement, this amount shall be the entire compensation to which the Contractor is entitled for the performance of Services under this Contract.

#### 7.01 Is Amended to Read

Compensation for Services provided shall not exceed the amount \$13,388,848.00 for the amended terms of the contract. The amended contract term is from September 1, 2014 and expires February 28, 2015. Unless this Contract is amended pursuant to Section 16, and/or additional services or locations are added to the Agreement, this amount shall be the entire compensation to which the Contractor is entitled for the performance of Services under this Contract.

#### EFFECT OF AMENDED TERMS ON THE REMAINING PROVISIONS OF THE CONTRACT

5.01 With the exception of the provisions of the Contract specifically contained in this Amendment #4, all other terms, conditions and covenants contained in the Contract shall remain in full force and effect and as set forth in the Contract.

#### 6. AMENDMENT AUTHORIZATION

6.01 This Amendment to the Contract shall not become effective until:

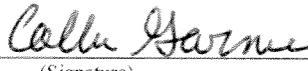
- (a) The Amendment has been approved by the required City departments;
- (b) The Amendment has been authorized by resolution of the City Council; and
- (c) The Amendment has been signed by the City's Purchasing Director.

IN WITNESS WHEREOF, the City and the Contractor, by and through their duly authorize officers and representatives, have executed this Contract as of the dates of their respective signatures:

**WITNESSES:**

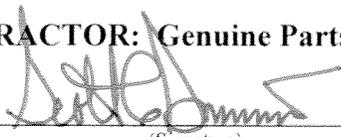
1.   
(Signature)  
PAUL ANDREW BROOKER  
ASSOCIATE COUNSEL

\_\_\_\_\_  
(Print name)

2.   
(Signature)

Collin Garner  
(Print name)

**CONTRACTOR: Genuine Parts Co.**

BY:   
(Signature)

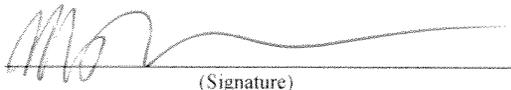
SCOTT C. SMITH  
Senior Vice President  
Corporate Counsel

\_\_\_\_\_  
(Title)

**WITNESSES:**

1.   
(Signature)

Linda Taylor  
(Print name)

2.   
(Signature)

MIKE JACOBS  
(Print name)

**CITY OF DETROIT:**

**General Services Department**

BY:   
(Signature)

Brad Dick  
(Print name)

Director  
(Title)

THIS AMENDMENT WAS APPROVED  
BY THE CITY COUNCIL ON

SEP 23 2014

  
Purchasing Director Date

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

 8-21-14  
Corporation Counsel Date

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

CITY ACKNOWLEDGMENT

STATE OF Michigan )  
 )SS.  
COUNTY OF Wayne )

The foregoing contract was acknowledged before me the 21<sup>st</sup> day of July,  
20 11, by Brad Dick  
(Name of person who signed the contract)  
the Director  
(Title of person who signed the contract as it appears on the contract)  
of General Services  
(Complete name of the City department)

On behalf of the City.

Edward E. Porche

Notary Public, County of Wayne

State of Michigan

My commission expires: 12-15-11

EDWARD E. PORCHE  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Dec 15, 2014  
ACTING IN COUNTY OF Wayne

CORPORATE ACKNOWLEDGMENT

STATE OF Georgia )  
 )SS.  
COUNTY OF Cobb )

The foregoing contract was acknowledged before me the 15 day of July,  
20 14, by Scott C. Smith  
(Name of person who signed the contract)  
the Senior VP Corporate Counsel  
(Title of person who signed the contract as it appears on the contract)  
of Genuine Parts Company  
(Complete name of the corporation)

On behalf of the Corporation.

Patsy Green

Notary Public, County of Douglas

State of Georgia

My commission expires: \_\_\_\_\_



**CORPORATION CERTIFICATE OF AUTHORITY**

I, JENNIFER EUIS, Corporate Secretary of  
(name of corporate secretary)

GENUINE PARTS COMPANY, a GEORGIA  
(complete name of corporation) (state of incorporation)

FOR PROFIT corporation (the "Corporation"), **DO HEREBY CERTIFY** that the  
(non-profit or for profit)

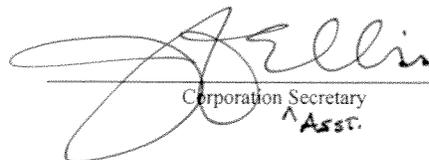
following is a true and correct excerpt from the minutes of the meeting of the Board of Directors  
duly called and held on \_\_\_\_\_, and that the same is now in full force and effect  
(date of meeting)

"**RESOLVED**, that the Chairman, the President, each Vice President, the Treasurer, and the Secretary and each of them, is authorized to execute and deliver, in the name of and on behalf of the Corporation and under its corporate seal or otherwise, any agreement or other instrument or document ('Contract') in connection with any matter or transaction that shall have been duly approved; and the execution and delivery of any Contract by any of the aforementioned officers shall be conclusive evidence of such approval."

**FURTHER, I CERTIFY** that \_\_\_\_\_ is Chairman,  
\_\_\_\_\_ is President,  
SCOTT C. SMITH is (are) Vice President(s),  
\_\_\_\_\_ is Treasurer,  
\_\_\_\_\_ is Secretary,  
\_\_\_\_\_ is Executive Director, and  
\_\_\_\_\_ is \_\_\_\_\_.

**FURTHER, I CERTIFY** that any of the aforementioned officers or employees of the Corporation are authorized to execute and commit the Corporation to the conditions, obligations, stipulations and undertakings contained in Contract No. 2867153 between the City and the above-referenced Corporation and that all necessary corporate approvals have been obtained in relationship thereto.

**IN WITNESS THEREOF**, I have set my hand this 15<sup>TH</sup> day of July, 2014.  
CORPORATE SEAL  
(if any)

  
\_\_\_\_\_  
Corporation Secretary  
^  
Asst.

**PLEASE NOTE THAT THE PERSON WHO SIGNS THE CONTRACT ON BEHALF OF YOUR CORPORATION MUST BE ONE OF THE INDIVIDUALS LISTED ABOVE AS A PERSON AUTHORIZED TO EXECUTE CONTRACTS IN THE NAME OF AND ON BEHALF OF THE CORPORATION.**