

1 BILL NO. S-26-02-01

2 SPECIAL ORDINANCE NO. S-\_\_\_\_\_

3  
4 AN ORDINANCE approving the awarding of ITB #8381812 -  
5 NEIGHBORHOOD CODE COMPLIANCE WEED  
6 PROGRAM - (\$200,000.00) between PIERRE  
7 KERLEGRAND and YARD JOBS INC. and the City of Fort  
8 Wayne, Indiana, by and through its Purchasing Department.

9  
10 NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL OF THE  
11 CITY OF FORT WAYNE, INDIANA;

12  
13 **SECTION 1.** That ITB #8381812 - NEIGHBORHOOD CODE COMPLIANCE  
14 WEED PROGRAM - between PIERRE KERLEGRAND and YARD JOBS INC. and the City  
15 of Fort Wayne, Indiana, by and through its Purchasing Department, is hereby ratified, and  
16 affirmed and approved in all respects, respectfully for:

17 All labor, insurance, material, equipment, tools, power, transportation,  
18 miscellaneous equipment, etc., necessary for MOWING YARDS FOR THE  
19 2026 WEED SEASON IN THE CITY OF FORT WAYNE;

20 involving a total cost of TWO HUNDRED THOUSAND AND 00/100 DOLLARS -  
21 (\$200,000.00) all as more particularly set forth in said ITB #8381812 - NEIGHBORHOOD  
22 CODE COMPLIANCE WEED PROGRAM which is on file in the Department of Purchasing,  
23 and is by reference incorporated herein, made a part hereof, and is hereby in all things  
24 ratified, confirmed and approved.

25  
26 **SECTION 2.** That this Ordinance shall be in full force and effect from and after its  
27 passage and any and all necessary approval by the Mayor.

28 \_\_\_\_\_  
29 Council Member  
30

31 APPROVED AS TO FORM AND LEGALITY

32 \_\_\_\_\_  
33 Malak Heiny, City Attorney  
34



# CITY OF FORT WAYNE

SHALON COOKER, MAYOR

January 9, 2026

Pierre Kerlegrand  
7025 Maplecrest Road  
Fort Wayne, IN 46835

Subject: ITB#8381812 – Neighborhood Code Compliance Weed Program

The City of Fort Wayne's Purchasing Department would like to extend the above subject contract for the 2026 mowing season at the existing pricing and specifications.

Please indicate your concurrence by signing below and returning this letter via email: michelle.metzger@cityoffortwayne.org at your earliest convenience. If you are not able to hold your pricing, please advise via email.

If this extension is accepted, a purchase order will be issued after January 1, 2026. Should you have any questions, please do not hesitate to contact our office at (260) 427-1103. Thank you in advance for your assistance.

Sincerely,

Pierre Kerlegrand

*Michelle Metzger*  
Michelle Metzger  
Purchasing

  
Signature of Authorized Representative

Date

1/20/2026



# CITY OF FORT WAYNE

SHARON TUCKER, MAYOR

January 9, 2026

Yard Jobs  
4961 N Old Fort Wayne Rd  
Huntington, IN 46750

Subject: ITB #8381812— Neighborhood Code Compliance Weed Program

The City of Fort Wayne's Purchasing Department would like to extend the above subject contract for the **2026 mowing season** at the existing pricing and specifications.

Please indicate your concurrence by signing below and returning this letter via email: [michelle.metzger@cityoffortwayne.org](mailto:michelle.metzger@cityoffortwayne.org) at your earliest convenience. If you are not able to hold your pricing, please advise via email.

If this extension is accepted, a purchase order will be issued after January 1, 2026. Should you have any questions, please do not hesitate to contact our office at (260) 427-1103. Thank you in advance for your assistance.

Sincerely,

Yard Jobs

*Michelle Metzger*

Michelle Metzger  
Purchasing

*mtj*  
Signature of Authorized Representative

1-11-2026  
Date

24840006    24840007.

Neighborhood Code Weed Program ITB#8981812							
Owner: Purchasing							
Lessor: Fort Wayne IN, City of							
7/24/2023 11:00 AM EST							
Line	Item Description	Pierre Kerlegrand	Yard Jobs	KIA Pmt	YARD RAIDERZZZ	JL Dettling	Work Co
1	1-3,000 square feet	\$22.00	\$35.00	\$25.00	\$20.00	\$35.00	\$70.00
2	3,001- 6,000 square feet	\$37.00	\$48.00	\$30.00	\$25.00	\$55.00	\$140.00
3	6,001- 9,000 square feet	\$51.00	\$58.00	\$33.00	\$40.00	\$75.00	\$210.00
4	9,001 - 12,000 square feet	\$63.00	\$70.00	\$45.00	\$60.00	\$95.00	\$280.00
5	12,001 - 22,000 square feet	\$75.00	\$80.00	\$50.00	\$80.00	\$135.00	\$560.00
6	22,001 - 1 acre	\$94.00	\$95.00	\$150.00	\$150.00	\$145.00	\$1,120.00
7	1 acre plus	\$99.00	\$100.00	\$225.00	\$225.00	\$165.00	\$1,120.00
8	Lots with overall weed heights in excess of four feet- per entire lot	\$82.00	\$50.00	\$250.00	\$250.00	\$195.00	\$1,150.00
9	Removal of trash in excess of three 80 gallon	\$8.00	\$5.00	\$20.00	\$15.00	\$45.00	\$15.00
	Total	\$481.00	\$541.00	\$890.00	\$865.00	\$945.00	\$4,665.00
eradication of Poison Ivy and other noxious weeds							
10	hourly rate	\$24.00	\$25.00	\$100.00	\$100.00	\$55.00	\$60.00
11	cost per gallon of chemicals	\$16.00	\$20.00	\$75.00	\$52.99	\$68.00	\$16.00
	Total	\$40.00	\$45.00	\$175.00	\$152.99	\$123.00	\$76.00
Need Trimming for Commercial Properties							
12	hourly rate	\$30.00	\$35.00	\$115.00	\$100.00	\$65.00	\$60.00

**\$551.00      \$621.00      \$1,120.00      \$1,117.99      \$1,183.00      \$4,801.00**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/17/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
CARPER-KOEPPE INSURANCE, INC.  
PO BOX 129  
HAMILTON

IN 46742

INSURED  
PIERRE KERLEGRAND  
7015 MAPLECREST RD  
FT WAYNE

IN 46835

CONTACT NAME: DIANE EAKRIGHT	FAX (N/C, No):
PHONE (A/C, R, Fx): 260-488-2636	
EMAIL ADDRESS: carperkoeppeinsurance@gmail.com	
INSURER(S) AFFORDED COVERAGE	
INSURER A: AUTO OWNERS	NAIC #
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR LWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	09887685	03/17/2025	03/17/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RELATED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP/AGG \$ 2,000,000 \$
A	GEN. AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:					COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	55-887688-00	03/17/2025	03/17/2026	EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE \$ OTHR \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANH PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If Yes, describe under DESCRIPTION OF OPERATIONS below					

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

## CERTIFICATE HOLDER

## 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.

CITY OF FT WAYNE  
200 E BERRY ST STE 210

IN 46802

AUTHORIZED REPRESENTATIVE  
DIANE EAKRIGHT

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PIERRE KERLEGRAND  
7015 MAPLECREST RD  
FORT WAYNE, IN 468351868

State Form 56478 (1-18)

**Worker's Compensation Board of Indiana**  
Clearance Certificate for Independent Contractors



Name of Independent Contractor  
**PIERRE KERLEGRAND**

Trade Name of Independent Contractor  
**PIERRE KERLEGRAND**

Specified Trade  
**MOWING**

Address  
**7015 MAPLECREST RD  
FORT WAYNE, IN 468351868**

FEIN or SSN  
**xxx-xx-4424**

Phone  
**(260) 557-5212**

E-mail Address  
**gustave1969@gmail.com**

Date Issued  
**2/13/2025**

Affidavit of Exemption Number  
**1526318**

Is applicant an Indiana resident? **YES** If not, state of residence: **IN**

Pursuant provisions of IC 22-3-2-14.5 and/or IC 22-3-7-34.5, Applicant has confirmed the following information in pursuit of the issuance of this Independent Contractor Certificate of Exemption:

NO Applicant is an independent contractor, as defined by IC 22-3-6-1(b)(7) and/or IC 22-3-7-9(b)(5).

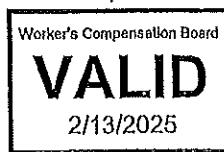
YES Applicant is a sole proprietor as defined by IC 22-3-6-1(b)(4) and IC 22-3-7-9(b)(2)  
Sole Proprietorship name: **PIERRE KERLEGRAND** Business ID:

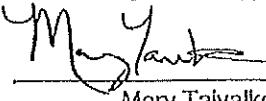
NO Applicant is in a partnership as defined by IC 22-3-6-1(b)(5) and IC 22-3-7-9(b)(3)  
Partnership name: Business ID:

NO Applicant's independent contractor business is an LLC, an S corporation, or otherwise incorporated and applicant is an officer of that corporation.

NO Applicant has employees.

Pursuant to the authority vested in me and in reliance upon the express representations made above, I hereby certify that applicant is entitled to and hereby is declared to be exempted from purchasing worker's compensation insurance coverage for the applicant identified above.



  
Mary Talvalkoski  
Executive Administrator

This certificate expires one (1) year from validation date.

**State Use Only**

\$ 20.00 Filing Fee Paid  
DOR Filing Fee 5.00 WCB Filing Fee 15.00

Date Entered: 2/12/2025

Validation Date: 2/13/2025



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/16/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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 CARPER-KOEPPE INSURANCE, INC. PO BOX 129 HAMILTON IN 46742		CONTACT NAME: RANDALL L. KOEPPE PHONE (A/C No. Ext): 260-488-2636 FAX (A/C No.): E-MAIL ADDRESS: CARPERKOEPPEINSURANCE@GMAIL.COM
INSURED R MONTY SORG YARD JOBS INC 4961 N OLD FORT WAYNE ROAD HUNTINGTON IN 46750		INSURER(S) AFFORDING COVERAGE INSURER A: AUTO OWNERS INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LYR	TYPE OF INSURANCE	ADD'L SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		09982783	04/13/2025	04/13/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000 \$
	GEN. AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ex accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB						OCCUR CLAIMS-MADE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	H/A			PER STATUTE E.L. EACH ACCIDENT 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)							

## CERTIFICATE HOLDER

## 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  
RANDALL L. KOEPPE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/17/2025 14:52

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	CONTACT NAME:	
	PHONE (INC. No. Ext.)	(260) 356-2522
Stroup, Adam 2815 N Jefferson St Huntington, IN 46750	E-MAIL ADDRESS:	Adam.Stroup@lnfarmbureau.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: United Farm Family Mutual Insurance Company		15288
INSURED YARD JOBS, INC. 4961 N OLD FORT WAYNE RD HUNTINGTON, IN 46750-9603	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL/ISUR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
							\$
	GENL AGGREGATE LIMIT APPLIES PER:					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					BODILY INJURY (Per person)	\$
	OTHER:					BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
A	AUTOMOBILE LIABILITY					EACH OCCURRENCE	\$
	ANY AUTO					AGGREGATE	\$
	OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/>	X					\$
	Hired AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					PER STATUTE	OTH- ER
						E.I. EACH ACCIDENT	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/>					E.I. DISEASE - EA EMPLOYEE	\$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>					E.I. DISEASE - POLICY LIMIT	\$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	Y/N					
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					

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

## CERTIFICATE HOLDER

CITY OF FORT WAYNE  
200 E BERRY ST  
FORT WAYNE, IN 46803

## 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  
Stroup, Adam

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS 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  AMSTUTZ INS INC 4302 FLAGSTAFF CV FORT WAYNE, IN 468154416	CONTACT NAME:	
	PHONE (AC, No, Ext.):	FAX (AC, No, Ext.):
	E-MAIL ADDRESS:	
INSURED  YARD JOBS, INC 4961-N OLD FT WAYNE RD HUNTINGTON, IN 46750	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ex Occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
							PRODUCTS - COMP/OP AGG	\$	
		GEN'L AGGREGATE LIMIT APPLIES PER:							
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							
		OTHER							
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ex accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
	Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
								\$	
		UMBRELLA LIAB		<input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
		EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
		DED <input type="checkbox"/> RETENTION \$							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	UB-6R27344-8-25	03/13/2025	03/13/2028	X PER STATUTE	OTH ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in HI)	<input checked="" type="checkbox"/> N							
	If yes, describe under DESCRIPTION OF OPERATIONS BELOW						E.L. EACH ACCIDENT	\$500000	
							E.L. DISEASE - EA EMPLOYEE	\$500000	
							E.L. DISEASE - POLICY LIMIT	\$500000	
								\$	
								\$	
								\$	

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

## CERTIFICATE HOLDER

## CANCELLATION

YARD JOBS, INC 4961-N OLD FT WAYNE RD HUNTINGTON, IN 46750	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS	
	AUTHORIZED REPRESENTATIVE 	

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# COUNCIL DIGEST SHEET

Enclosed with this introduction form is a tab sheet and related material from the vendor(s) who submitted bid(s). Purchasing Department is providing this information to Council as an overview of this award.

## RFPs & BIDS

Bid/RFP #	<i>ITB # 8381812</i>
Awarded To	<i>Pierre Kerkgrond v Yard Jobs INC.</i>
Amount	<i>\$100,000.00 - Pierre Kerkgrond \$100,000.00 - Yard Jobs, INC</i>
Conflict of interest on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Registrants	
Number of Bidders	<i>6</i>
Required Attachments	RFPs – attach Award Matrix; Bids – attach Tab Sheet

## EXTENSIONS

Date Last Bid Out	<i>2-24-23</i>
# Extensions Granted To Date	<i>3</i>

## SPECIAL PROCUREMENT

Contract #/ID (State, Federal, Piggyback-Authority)	
Sole Source/ Compatibility Justification	

## BID CRITERIA (Take Buy Indiana requirements into consideration.)

Most Responsible, Responsive Lowest	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain below  <i>If not lowest, explain</i>

# COUNCIL DIGEST SHEET

## COST COMPARISON

<i>Increase/decrease amount from prior years For annual purchase (if available).</i>	
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## DESCRIPTION OF PROJECT / NEED

<i>Identify need for project &amp; describe project; attach supporting documents as necessary.</i>	<i>This Bid Covers the Cost of Mowing Yards for the 2026 Weed Season.</i>

## REQUEST FOR PRIOR APPROVAL

<i>Provide justification if prior approval is being requested.</i>	

## FUNDING SOURCE

<i>Account Information,</i>	<i>183UNSF3 5364</i>

**Neighborhood Code Compliance  
320 E Berry St, Suite 320  
Fort Wayne, IN 46802**

To: Council Members

From: Christopher Blauvelt, Deputy Director *CB*

Date: January 22, 2026

Subject: I.T.B. #8381812 Neighborhood Code Weed Program

This bid covers the cost of mowing yards for the 2026 Weed Program.

Neighborhood Code would like to award I.T.B. #8381812 Service Agreements to Pierre Kerlegrand for \$100,000.00 and Yard Jobs Inc. for \$100,000.00 to take care of mowing yards for the 2026 Weed season.

If we would not award these Service agreements there would be tall grass and weeds that would remain on properties. These are needed so the City will not be overrun with tall grass and weed in residential areas. This is a potential hazard that could cause these areas to be breeding grounds for trash and debris and vermin.

We have budgeted for the mowing of tall grass and weeds in the Unsafe Building Fund.