

BILL NO. S-26-02-01

SPECIAL ORDINANCE NO. S-_____

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

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

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

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

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

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

Council Member

APPROVED AS TO FORM AND LEGALITY

Malak Heiny, City Attorney



CITY OF FORT WAYNE

SHARON TUOKER, 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

Pierre Kerlegrand
Signature of Authorized Representative

1/20/2026
Date



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 at your earliest convenience. If you are not able to hold your pricing, please advise via email.

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Sincerely,

Yard Jobs

Michelle Metzger

Michelle Metzger
Purchasing



Signature of Authorized Representative

1-11-26

Date

24840006 24840007

Neighborhood Code Weed Program ITB#8381812						
Buyer: Purchasing						
Solicitor: Fort Wayne IN, City of						
1/24/2023 11:00 AM EST						
	Pierre Kerlegrand	Yard Jobs	KIA Pmgt	YARD RAIDERZZZ	JL Oetting	Worx Co
Item Description						
1 1-3000 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	\$35.00	\$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	\$32.00	\$50.00	\$250.00	\$250.00	\$185.00	\$1,150.00
Removal of trash in excess of three 30 gallon	\$8.00	\$5.00	\$20.00	\$15.00	\$45.00	\$15.00
Total	\$481.00	\$541.00	\$880.00	\$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	\$62.99	\$68.00	\$16.00
Total	\$40.00	\$45.00	\$175.00	\$162.99	\$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 \$1,188.00 \$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 CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER CARPER-KOEPPE INSURANCE, INC. PO BOX 129 HAMILTON INSURED PIERRE KERLEGRAND 7015 MAPLECREST RD FT WAYNE	IN 46742	CONTACT NAME: DIANE EAKRIGHT PHONE (A/C, No, Ex): 260-488-2636 FAX (A/C, No): E-MAIL: carperkoeppeinsurance@gmail.com ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: AUTO OWNERS INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG OTHER:	X	09887685	03/17/2025	03/17/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	55-887688-00	03/17/2025	03/17/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE \$ OTHER \$ 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

CITY OF FT WAYNE 200 E BERRY ST STE 210 FT WAYNE	IN 46802	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 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).

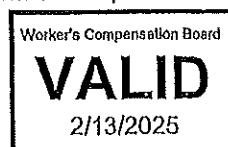
YES Applicant is a sole proprietor as defined by IC 22-3-6-1(b)(4) and IC 22-3-7-9(b)(2)
Sole Proprietorship name: PIERRE KERLEGRAND Business ID:


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 Taivalkoski
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

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PRODUCER
CARPER-KOEPPE INSURANCE, INC.
PO BOX 129

CONTACT NAME: RANDALL L. KOEPPE
PHONE (AC No. Ex): 260-488-2636 FAX (AC No.):
E-MAIL: CARPERKOEPPEINSURANCE@GMAIL.COM
ADDRESS:

HAMILTON

IN 46742

INSURED

R MONTY SORG
YARD JOBS INC
4961 N OLD FORT WAYNE ROAD
HUNTINGTON

IN 46750

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: AUTO OWNERS

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	09982783	04/13/2025	04/13/2026	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000					
	MED EXP (Any one person) \$ 10,000					
	PERSONAL & ADV INJURY \$ 1,000,000					
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
AUTOMOBILE LIABILITY						PRODUCTS - COMPROP AGG \$ 2,000,000
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
UMBRELLA LIAB <input type="checkbox"/> OCCUR						BODILY INJURY (Per person) \$
EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per accident) \$
DED <input type="checkbox"/> RETENTION \$						PROPERTY DAMAGE (Per accident) \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> N/A						\$
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

CITY OF FORT WAYNE
200 EAST BERRY STREET SUITE 490
michella.metzger@cityoffortwayne.org
FORT WAYNE

IN 46802

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

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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 Stroup, Adam 2815 N Jefferson St Huntington, IN 46750	CONTACT NAME:		
	PHONE (A/C, No, Ext):	(260) 356-2522	FAX (A/C, No):
INSURED YARD JOBS, INC. 4961 N OLD FORT WAYNE RD HUNTINGTON, IN 46750-9603	E-MAIL ADDRESS:	Adam.Stroup@Infarmbureau.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: United Farm Family Mutual Insurance Company		15288
	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 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 \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/>	x		CAP8521314	04/10/2025	04/10/2026	BODILY INJURY (Per accident) \$
	X HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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)

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

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PRODUCER AMSTUTZ INS INC 4302 FLAGSTAFF CV FORT WAYNE, IN 468154416	CONTACT NAME:	
	PHONE (A/C. No. Ext.):	FAX (A/C. No. Ext.):
INSURED YARD JOBS, INC 4961-N OLD FT WAYNE RD HUNTINGTON, IN 46750	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	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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	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOG						PRODUCTS -- COM/POP AGG \$
	<input type="checkbox"/> OTHER						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	UB-6R27344-8-25	03/13/2025	03/13/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in HH)	N					E.L. EACH ACCIDENT \$500000
	If yes, describe under DESCRIPTION OF OPERATIONS BELOW						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 #	ITB # 8381812
Awarded To	Pierre Kerlegrand & Yard Jobs INC.
Amount	\$100,000.00 - Pierre Kerlegrand \$100,000.00 - Yard Jobs, INC
Conflict of interest on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Registrants	
Number of Bidders	6
Required Attachments	RFPs – attach Award Matrix; Bids – attach Tab Sheet

EXTENSIONS

Date Last Bid Out	2-24-23
# Extensions Granted To Date	3

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
If not lowest, explain	

COUNCIL DIGEST SHEET

COST COMPARISON

Increase/decrease amount from prior years For annual purchase (if available).	
--	--

DESCRIPTION OF PROJECT / NEED

Identify need for project & describe project; attach supporting documents as necessary.	This Bid Covers the COST of Mowing YARDS for the 2024 Weed Season.

REQUEST FOR PRIOR APPROVAL


Provide justification if prior approval is being requested.	

FUNDING SOURCE

Account Information.	183UNSF3 5364

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

To: Council Members

From: Christopher Blauvelt, Deputy Director 

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.