



*Slatile*

ROOFING AND SHEET METAL CO, INC.

1703 South Ironwood • South Bend, IN 46613

Phone 574/233-7485  
Fax 574/233-7531  
info@slatileroofting.com  
www.slatileroofting.com

February 10, 2026

City of South Bend, Board of Public Works  
ATTN: Hillary Horvath  
215 S. Dr. Martin Luther King, Jr. Blvd.,  
South Bend, IN 46601  
Email: [hhorvath@southbendin.gov](mailto:hhorvath@southbendin.gov)

**Walker Field House Restoration, Phase II**

*Project No. 125-044R*

Enclosed you will find the following 1 copy of the following:

- One (1) signed original of the Contract
- Certificate of Insurance naming the City of South Bend as additional insured

Slatile Roofing and Sheet Metal Co., INC.  
Phone: [\(574\) 233-7485](tel:5742337485)  
Fax: [\(574\) 233-7351](tel:5742337351)

BOARD OF PUBLIC WORKS  
CITY OF SOUTH BEND, INDIANA  
PUBLIC WORKS CONTRACT

This Agreement is made and entered into this 10<sup>th</sup> Day of February, 2026, by and between Slatile Roofing and Sheet Metal Co., Inc., (the "Contractor"), and the Board of Public Works (the "Board").

The Contractor covenants and agrees to make the following improvement, as fully set out in the Request for Quotations, Standard Specifications, Special Provisions, Plans, and Bid Proposals, all of which are set forth as a part of this Contract, for:

<u>PROJECT NO.</u>	125-044R
<u>DESCRIPTION:</u>	<u>WALKER FIELD HOUSE RESTORATION PHASE II</u>
<u>COMPLETION DATE:</u>	<u>SEE SPECIFICATIONS</u>
<u>AMOUNT:</u>	\$88,812
<u>FUNDING:</u>	PR-00045666

The unit prices for this improvement were those prices as received and accepted by the Board on the 10<sup>th</sup> Day of February, 2026.

The Contractor further agrees to notify the assigned Engineer when this improvement is completed. This notification shall be in the form of a Project Completion Affidavit, signed by the Contractor. Upon final acceptance of the improvement by the Engineer, the Contractor's final estimate will be presented to the Board for final Payment with one (1) copy of the Project Completion Affidavit and one (1) copy of a Waiver of Lien.

Each of the Parties, by signing below, represents and warrants to the other Party that he/she/it has the authority to bind the named person or entity to this Agreement.

CITY OF SOUTH BEND, INDIANA  
BOARD OF PUBLIC WORKS



Elizabeth A. Maradik, President



Murray L. Miller, Member



Abigail E. Magas, Member



Joseph R. Molnar, Vice President



Breana N. Micou, Member



Attest: Hillary R. Horvath, Clerk

Date: February 10, 2026

SLATILE ROOFING AND SHEET  
METAL CO., INC.

Gerald Longerot

Printed Name



Signature



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/10/2026

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).

<b>PRODUCER</b> CapSure Insurance Group Inc 250 E. 8th Street Suite 230 Holland MI 49423		<b>CONTACT NAME:</b> Rob Ter Horst <b>PHONE (A/C No. Ext):</b> (616) 836-1361 <b>E-MAIL ADDRESS:</b> rob@capsureins.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Slatile Roofing & Sheet Metal Co., Inc. 1703 S. Ironwood Drive South Bend IN 46613		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> INCLINE CAS CO NAIC # 11090 <b>INSURER B:</b> EVANSTON INS CO 35378 <b>INSURER C:</b> BRIDGEFIELD CASUALTY COMPANY 10335 <b>INSURER D:</b> HOMELAND INS CO OF NY 34452 <b>INSURER E:</b> <b>INSURER F:</b>	

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	y	y	CP7002713	07/15/2025	07/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	y	y	CA7001121	07/15/2025	07/15/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A/B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	y	y	UM7001254   MCGX101834	07/15/2025	07/15/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 Excess Umbrella \$ 4,000,000
C	<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	N/A	0196-64199	07/15/2025	07/15/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER IN E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Pollution Liability			7930067350001	07/15/2025	07/15/2026	Pollution Limit 1,000,000

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

Project: Walker Field House Restoration, Phase II - Project No. 125-044R  
 -The City of South Bend is listed as Additional Insured where required by written contract. Waiver of subrogation applies to General Liability, Automobile Liability, Work Comp, and Umbrella 30-Day Notice of Cancellation applies.

**CERTIFICATE HOLDER****CANCELLATION**

City of South Bend  227 W Jefferson Blvd, Suite 1316 South Bend IN 46628	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 <i>Rob Ter Horst</i>
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