



PROGRESSIVE ROOFING AND CONSTRUCTION, LLC

"We Stay On top"

119 Oak Grove Lane
Brandon, MS 39047

OWENS/CORING
G.A.F.
TAMIKO

Roof Inspectors

Ph: (601) 829-0300 • Toll Free: 877-317-7663
Cell: (601) 214-3792 • Fax: (601) 829-0101

PROPOSAL SUBMITTED TO Madison County Detention Center		PHONE Fax# 601-859-5875	DATE 2/6/2013
STREET 2935 U.S. Highway 51		JOB NAME Roof Coating	
CITY, STATE, AND ZIP CODE Canton, MS 39046		JOB LOCATION Same	
ARCHITECT	DATE OF PLANS		DATE OF PLANS

We hereby submit specifications and estimates for:

- At north end of bldg, remove approximately 60 LF of metal parapet & wall flashing as needed & replace with new metal coping & flashing.
- At north end of bldg, install tapered ISO board at intersection of 4 exhaust fans, install mid-state ice and water shield high temp over ISO.
- Build and install 24 gauge metal caps over ISO board to drain water away from fans.
- Pressure wash roof with mild soap to remove dirt & oil.
- Replace all 19 Dektite pipe boots and seal.
- Seal all roof penetrations with trowel grade elastomeric coating & reinforcing fabric.
- Coat all screw heads, vertical & horizontal laps & curb flashing with elastomeric coating & reinforcing fabric.
- Treat all rust areas with polybrite 74 rust inhibitor.
- Apply 2 coats of polybrite PG70 white elastomeric roof coating after all prep work is done. Apply at rate of 1.5 gallons per coat of white elastomeric Coating.
- Furnish all Material & Labor -- Clean up job daily --
- 10 year warranty on materials --- 5 year warranty on labor
- No tax is included in bid. We will need a copy of your tax exempt certificate.

We Propose hereby to furnish material and labor -- complete in accordance with above specifications, for the sum of:

Payment to made as follows: At end of job unless otherwise specified	dollars (\$ _____)
	+ Tax (_____)
Forty Seven Thousand Five Hundred Dollars & no/100	Total (\$ 47,500.00)

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance.

Authorized Signature Donnie Comeaux

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Signature _____

Date of Acceptance: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/11/2013

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).

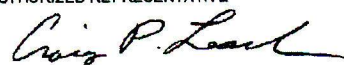
PRODUCER AGAI - Mississippi 2301 Hwy 190 West DeRidder, LA 70634 Ernest M Tims	Phone: 866-395-2424 Fax: 800-618-2034	CONTACT NAME: Crystal Davis PHONE (A/C, No, Ext): 866-395-2424 E-MAIL ADDRESS: agai@amerisafe.com	FAX (A/C, No): 800-618-2034													
	INSURED Progressive Roofing & Construction LLC 119 Oak Grove Lane Brandon, MS 39047		<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : American Interstate Ins. Co.</td> <td>31895</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : American Interstate Ins. Co.	31895	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A	AVWCMS2139302012	09/11/2012	09/11/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER MACOCA2 Madison County Board of Supervisors P O Box 608 Canton, MS 39046	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 
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ACORD™

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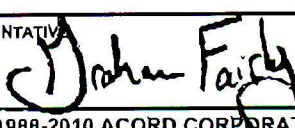
PRODUCER HEIDEN & GARLAND, INC. 548 Keyway Dr / Fax: (601)932-9795 Flowood, MS 39232-9585	CONTACT NAME: PHONE (A/C, No, Ext): 601 932-5700 FAX (A/C, No): 601-932-9795 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Progressive Roofing & Construction, LLC 119 Oak Grove Lane Brandon, MS 39047	INSURER A : Century Surety Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:2,500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			01CCP766001	04/27/2012	04/27/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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			WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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Re: Madison County Detention Center

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	AUTHORIZED REPRESENTATIVE 



CENTRAL ROOFING

Licensed in Louisiana and Mississippi

Proposal submitted to: Madison County Detention Center

Date: 01-25-13

Project: Metal roof coating and repair

Architect: N/A

We hereby submit an estimate to make repairs to and coat the existing metal roof:

- 1) At north end of bldg adjacent to sallyport, remove existing metal copings and metal flashings in preparation for installation of new metal flashings
- 2) At north end of bldg adjacent to sallyport, furnish & install approx 60 LF of custom fabricated pre-finished metal parapet wall flashings and re-install existing metal copings
- 3) At north end of bldg, furnish & install loose laid ISO roof insulations between metal panel ribs at the intersection of 4 mechanical exhaust fan curbs. The ISO will be installed in panel ribs from roof ridge to roof edge and covered with HT Underlayment
- 4) At north end of bldg, furnish & install new pre-finished metal cap and flashings over the ISO roof insulations, at the 4 mechanical exhaust fan curbs, new metal cap will be installed from the roof ridge to the roof edge to provide positive drainage of rainwater.
- 5) Provide labor/equipment to clean the existing metal roof panels
- 6) Furnish & install new Dektite penetration flashings @ plumbing vents
- 7) Furnish & install Polybrite 72 flashing grade elastomeric/acrylic white roof coating and embedded fiberglass scrim @ the base of all mechanical curbs
- 8) Furnish & install PG700 two coat elastomeric/acrylic white roof coating
- 9) Provide roofing contractor's one year warranty
- 10) Provide manufacturer's seven year warranty

For a total sum of: \$50,250.00

Exclusions:

- 1) Any work outside of this scope
- 2) Existing metal copings to be re-used
- 3) Existing mechanical curbs to remain
- 4) Existing metal roof system & trim to remain

Accepted by: _____ Date: _____

PROPOSAL IS VALID FOR THIRTY(30) DAYS.

Arrow, LLC
dba-Central Roofing
Chris Creely
C- 601.813.4343
ccreely@centralroof.net