

THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we Encore Holdings LLC, dba Fire Suppression Systems Group
70 Bacon Street, Pawtucket, RI 02860
as Principal, hereinafter called the Principal, and CorePointe Insurance Company
401 S. Old Woodward Ave., Suite 300, Birmingham, MI 48009
a corporation duly organized under the laws of State of MI

as Surety, hereinafter called the Surety, are held and firmly bound unto
State of Rhode Island and Providence Plantations
One Capitol Hill, Providence, RI 02908
as Obligee, hereinafter called the Obligee, in the sum of

Five Percent of Amount Bid Dollars (\$ 5%),

for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs,
executors, administrators, successors and assigns, jointly and severally, firmly by these presents.
WHEREAS, the Principal has submitted a bid for

Design and Install Fire Alarm System at Three (3) Group Homes in BHDDH Community

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with
the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or
Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt
payment of labor and material furnished in the prosecution hereof, or in the event of the failure of the Principal to enter
such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty
hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract
with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain
in full force and effect.

Signed and sealed this 29th of October, 2014.

Andrew Ham (Witness)

Encore Holdings LLC, dba Fire Suppression Systems Group (Principal) (Seal)

BY: (Title)

(Witness)

CorePointe Insurance Company (Surety)

BY: Shelly Andrade (Title) Attorney-in-Fact



POWER OF ATTORNEY
COREPOINTE INSURANCE COMPANY

KNOW ALL MEN BY THESE PRESENTS, that COREPOINTE INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Michigan, having its principal office at 401 S. Old Woodward Ave, Suite 300, Birmingham, Michigan, has made, constituted and appointed, and does by these presents make, constitute and appoint:

Shelly Andrade
Surety Bond No.: Bid Bond
Principal: Encore Holdings LLC, dba Fire Suppression Systems Group
Obligee: State of Rhode Island and Providence Plantations

its true and lawful Attorney-in-Fact, to sign its name as surety as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed Fifteen Million and 00/100 Dollars (\$15,000,000.00), to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Michigan, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions, which were duly and validly adopted at a meeting of the Board of Directors of the Company held on December 6, 2012:

RESOLVED, that all bonds, undertakings, powers of attorney, and other instruments for and on behalf of the Company which it is authorized to execute, may be executed in the name and on behalf of the Company by the Chairman of the Board or the President, jointly with the Secretary or an Assistant Secretary, under their respective designations, except that any one or more officers or attorneys-in-fact designated in any resolution of the Board of Directors, or in any power of attorney executed as provided for in these resolutions, may execute any such bond, undertaking, or other instrument as provided in such resolution or power of attorney.

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 13th day of August, 2013.



CorePointe Insurance Company
By James S. Haan
James S. Haan
Its President

Attest:
By Thomas J. O'Brien
Thomas J. O'Brien
Its Secretary

STATE OF MICHIGAN)
) ss:
COUNTY OF OAKLAND)

Sworn to before me, a Notary Public in the State of Michigan, this 13th day of August, 2013, by James S. Haan and Thomas J. O'Brien who swore to be the President, and the Secretary, respectively, of CorePointe Insurance Company.

(Seal)



Stacy Campbell
Stacy Campbell
Notary Public, State of Michigan
My Commission Expires June 22, 2019

I, the undersigned, Assistant Secretary of COREPOINTE INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

Given under my hand and seal of the Company, this 29th day of October, 2014.



Steven Coward
Steven Coward

State of Rhode Island and Providence Plantations
Department of Administration
Division of Purchases

RIVIP BIDDER CERTIFICATION COVER FORM
SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIVIP system at www.purchasing.ri.gov to submit a bid proposal.

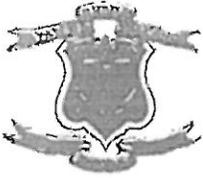
Solicitation Number: 7549019A1
Solicitation Title: DESIGN AND INSTALL FIRE ALARM SYSTEM AT THREE (3) GROUP HOMES IN BHDDH COMMUNITY-ADDENDUM 1 (10 PGS)
Bid Proposal Submission Deadline Date & Time: 10/29/2014 10:00 AM
RIVIP Vendor ID #: 42781
Bidder Name: Fire Suppression Systems Group
Address: 70 Bacon Street
Pawtucket , RI 02860
USA
Telephone: (800) 966-0000
Fax: (401) 365-1131
Contact Name: Chris Johnson
Contact Title: Vice President
Contact Email: cjohnson@firesuppression.com

SECTION 2 —DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-3, and if "Yes," provide details below. Complete Disclosure 4.

- N 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
- N 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
- N 3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.
4. List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address,



Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 ONE CAPITOL HILL
 PROVIDENCE RI 02908

CREATION DATE : 19-SEP-14
 BID NUMBER: 7549019
 TITLE: DESIGN AND INSTALL FIRE ALARM SYSTEM AT
 THREE (3) GROUP HOMES IN BHDDH COMMUNITY

 BLANKET START : 01-DEC-14
 BLANKET END : 30-JUN-15
 BID CLOSING DATE AND TIME: 29-OCT-2014 10:00:00

BUYER: Cadoret, David
 PHONE #: N/A

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DOA CONTROLLER
 ONE CAPITOL HILL, 4TH FLOOR
 SMITH ST
 PROVIDENCE, RI 02908
 US

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BHDDH - FOR DESTINATION
 SEE BELOW
 SEE BELOW, RI N/A
 US

Requisition Number: 1386497

Note to Bidders: PLEASE NOTE INSTRUCTIONS ATTACHED AS THEY PERTAIN TO MANDATORY PRE BID CONFERENCES
 Questions concerning this solicitation may be e-mailed to the Division of Purchases at doa.purbidinfo@purchasing.ri.gov no later than October 17, 2014 at 5PM (est). Please reference the RFQ number on all correspondence. Questions should be submitted in a Microsoft word attachment. Answers to questions received, if any, will be posted on the internet as an addendum to this solicitation (www.purchasing.ri.gov). It is the responsibility of all interested parties to download this information.

Line	Description	Quantity	Unit	Unit Price	Total
1	Design and install a completely functional fire alarm system in accordance with the attached specifications that meet all applicable State & Local codes and regulations at the group home located at 115 Revere Ave., West Warwick, RI	1.00	Each		\$12,704.00
2	Design and install a completely functional fire alarm system in accordance with the attached specifications that meet all applicable State & Local codes and regulations at the group home located at 11 Curran Brook Ct., Cumberland, RI	1.00	Each		\$12,900.00
3	Design and install a completely functional fire alarm system in accordance with the attached specifications that meet all applicable State & Local codes and regulations at the group home located at 173 Sayles Hill Rd., North Smithfield	1.00	Each		\$12,865.00

Delivery: _____

Terms of Payment: _____

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
DIVISION OF PURCHASES
One Capitol Hill
Providence, RI 02908-5855

Tel: (401) 574-8100
Fax: (401) 574-8387
Website: www.purchasing.ri.gov

BID 7549019

TITLED:

Design and Install Fire Alarm System at Three (3) Group Homes in BHDDH Community (115 Revere Ave., West Warwick, RI-11 Curran Brook Ct., Cumberland, RI --173 Sayles Hill Rd., No Smithfield, RI-)

OPENING DATE & TIME: 10/29/14 @ 10:00 AM

A mandatory pre bid conference will be held 10/16/14 for all three (3) group homes. First conference will be held at 9am at 115 Revere Ave., West Warwick, RI. At the conclusion of that conference we will move to 11 Curran Brook Ct., Cumberland, RI. At the conclusion of that conference we will move to 173 Sayles Hill Rd., North Smithfield. Vendor must be present at all three sites in order to submit a bid on this project.

1. LICENSING REQUIREMENTS:

Bidders must be aware of all conditions referenced in R.I. Gen. Laws, Section 5-6-2 entitled "Work for Which License required",
<http://www.rilin.state.ri.us/Statutes/TITLE5/5-6/5-6-2.HTM>

Be advised that bidders **MUST** submit a current DLT license number and a copy of the required license certificate with the bid proposal.

COMPANY/ NAME: Encore Holdings/DBA Fire Suppression Systems

LICENSE NUMBER: A-004699 B-013122



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
DIVISION OF PURCHASES
One Capitol Hill
Providence, RI 02908-5855

Tel: (401) 574-8100
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Design and Install Fire Alarm System at Three (3) Group Homes in BHDDH Community (115 Revere Ave., West Warwick, RI-11 Curran Brook Ct., Cumberland, RI --173 Sayles Hill Rd., No Smithfield, RI-)

Any person submitting a bid proposal for the above referenced Fire Alarm System installation solicitation must hold a current Rhode Island certificate A -“Electrical Contractor’s License” or certificate AF- “Fire Alarm, Contractor’s License” issued by the Department of Labor and Training. After contract award vendor(s) must pay prevailing wages set forth by the Department of Labor and Training at the rate established for licensed electricians.

Vendor (Owner of Company) is responsible to comply with all licensing requirements or state permits required for the type of fire alarm systems to described in the solicitation. **A copy of a current license/permit must be submitted with this bid.** In addition to these license requirements bidder, by submission of bid, certifies that any/all work related to this bid, and any subsequent award which requires a Rhode Island License(s), shall be performed by an individual(s) holding a valid Rhode Island License.

2. MANDATORY PRE-BID:

Bidders are responsible for inspection of equipment and/or locations by taking measurements at the Mandatory Pre-bid conference and making themselves aware of the total requirement before submitting bid. **This will be the only opportunity to visit the site and gather all required information.**

3. METHOD OF AWARD:

The State of Rhode Island Division of Purchases reserves the right to make one award to the total low responsive/responsible bidder for all locations listed in the solicitation. Award will be made only to vendor(s) complying with all DLT licensing requirements listed above.

4. ACKNOWLEDGEMENT OF ADDENDUM:

IMPORTANT: Attach completed and signed form to your bid proposal.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Encore Holdings LLC	
	Business name/disregarded entity name, if different from above Encore Fire Protection	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C <input type="checkbox"/> Other (see instructions) ▶	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.) 70 Bacon Street/110 Murphy Road City, state, and ZIP code Pawtucket, RI 02860/Hartford, CT 06114	Requester's name and address (optional)
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
2	7	-	0	8	6	7	7	4	7

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ 8/13/14
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

ELECTRICAL CORP AC004699
A-004699 B-013122
ENCORE/DBA FIRE SUPPRESSION SY

DAVID CANUEL
70 BACON STREET
PAWTUCKET RI 02860

Ronald R. Ambrose

Administrator

11/30/2012
Expiration Date