

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: 7549398
Solicitation Title: ON-CALL SPRAY POTHOLE REPAIR - DOT (28 PGS)

**Bid Proposal Submission
Deadline Date & Time:** 3/20/2015 11:00 AM

RIVIP Vendor ID #: 74077
Bidder Name: Patch Management, Inc.
Address: 451 Tyburn Road
FairlessHills , PA 19030
USA

Telephone: 215-949-9400
Fax: 215-949-3166
Contact Name: Craig Baclit
Contact Title: President
Contact Email: crb@potholekillers.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 1-4, and if "Yes," provide details below. Complete Disclosure 5. If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder.

- 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.

- N 4. State whether any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder is serving or has served within the past two calendar years as either an appointed or elected official of any state governmental authority or quasi-public corporation, including without limitation, any entity created as a legislative body or public or state agency by the general assembly or constitution of this state.
5. 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, principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.

Disclosure details (continue on additional sheet if necessary): See ATTACHED LIST

SECTION 3 —CERTIFICATIONS

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

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE BIDDER CERTIFIES THAT:

- Y 1. The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.
- Y 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.
- Y 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.
- Y 4. The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.
- Y 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.
- Y 6. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.
- Y 7. The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.
- Y 8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.

Certification details (continue on additional sheet if necessary):

Lined area for certification details.

Submission by the Bidder of a bid proposal pursuant to this solicitation constitutes an offer to contract with the State of Rhode Island through the Division of Purchases on the terms and conditions contained in this solicitation and the bid proposal. The Bidder certifies that: (1) the Bidder has reviewed this solicitation and agrees to comply with its terms and conditions; (2) the bid proposal is based on this solicitation; and (3) the information submitted in the bid proposal (including this Bidder Certification Cover Form) is accurate and complete. The Bidder acknowledges that the terms and conditions of this solicitation and the bid proposal will be incorporated into any contract awarded to the Bidder pursuant to this solicitation and the bid proposal. The person signing below represents, under penalty of perjury, that he or she is fully informed regarding the preparation and contents of this bid proposal and has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

BIDDER

Date: 3/19/15

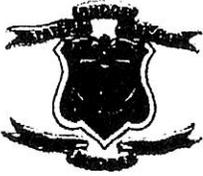
PATCH MANAGEMENT INC.
Name of Bidder
Signature in ink
CRAIG BACHT, PRESIDENT
Printed name and title of person signing on behalf of Bidder

**Patch Management Inc.
451 Tyburn Road
Fairless Hills, PA 19030**

Corporate Officers / Ownership Value Percentages

<u>Name</u>	<u>Position:</u>	<u>Ownership %</u>
Lew Tarlini	Chief Executive Officer ("CEO")	63%
Craig Baclit	President	0%
Scott Kleiger	Executive VP	25%
Helen Smith	Secretary	2%
PMI Treasury Stock		10%
	Total:	100%

**All business addresses for the above individuals are the same: 451 Tyburn Road
Fairless Hills, PA 19030. They are full time employees of the company.**



Request for Quote

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

CREATION DATE : 11-MAR-15
 BID NUMBER: 7549398
 TITLE: ON-CALL SPRAY POTHOLE REPAIR - DOT
 BLANKET START : 01-APR-15
 BLANKET END : 31-MAR-16
 BID CLOSING DATE AND TIME: 20-MAR-2015 11:00:00

BUYER: Hill, Lisa
 PHONE #: 401-574-8118

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T
O
DOT ACCOUNTS PAYABLE
 TWO CAPITOL HILL, RM 230
 SMITH ST
 PROVIDENCE, RI 02903
 US

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DOT ACCOUNTS PAYABLE
 TWO CAPITOL HILL, RM 230
 SMITH ST
 PROVIDENCE, RI 02903
 US

Requisition Number: 1406613

Line	Description	Quantity	Unit	Unit Price	Total
1	BLANKET DATES: 4/1/15-3/31/16 WITH OPTION TO RENEW FOR ONE ADDITIONAL YEAR AT STATE'S DISCRETION. UNIT COST PER HOUR (ALL INCLUSIVE) - YEAR 1 (04/01/2015 - 03/31/2016)	1.00	Each	250. ⁰⁰	250.00
2	UNIT COST PER HOUR (ALL INCLUSIVE) - YEAR 2 (04/01/2016 - 03/31/2017)	1.00	Each	250	250.00
3	OVERNIGHT UNIT COST PER HOUR (ALL INCLUSIVE) - YEAR 1 (04/01/2015 - 03/31/2016)	1.00	Each	250	250.00
4	OVERNIGHT UNIT COST PER HOUR (ALL INCLUSIVE) - YEAR 2 (04/01/2016 - 03/31/2017)	1.00	Each	250	250.00

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

Patch Management, Inc
451 Tyburn Rd.
Fairless Hills, PA 19030



Telephone: 215 949-9400
Fax: 215 949-3166
E-mail: crb@potholekillers.com

CLIENT REFERENCES

City of Philadelphia
Streets Department, Highways Division
MSB-1401 JFK Blvd., 9th Floor, Room 940
Philadelphia, PA 19102

Ms. Lynne Salayday 215-686-5066

DC Department of Transportation
W Street – Street Maintenance Operations
Washington, DC 20018

Mr. Lamont Hinton 202-576-3130 202-576-9268 (f)

City of New Orleans, Department of Public Works
1300 Perdido Street, Ste. 6W03
New Orleans, LA 70112

Mr. Mark Jernagin,
Director 504-658-8003 (t) 504-658-8007 (f)

New Jersey Department of Transportation
1035 Parkway Avenue
P.O. Box 607
Trenton, NJ 08625

Mr. Jim Schmidt,
Manager, Bureau of Equipment 609-530-2200 (t) 609-530-5692 (f)

Virginia Department of Transportation
Camp 30, Fairfax County
4726 West Ox Road
Fairfax, VA 22030

Mr. Troy Baker 703-383-2794 (t) 703-383-2750 (f)

New York State Dept. of Transportation
2005 Express Drive N.
Hauppauge, NY 11788

Mr. Joseph Carioscia 631-582-8645 (t) 631-433-2501 (m)

PK2000 Leasing – PK2000 Contract Services- PK2000 Sales -
www.fixroad.com



Patch Management, Inc
451 Tyburn Rd.
Fairless Hills, PA 19030



Telephone: 215 949-9400
Fax: 215 949-3166
E-mail: crb@potholekillers.com

CLIENT REFERENCES (continued)

West Chester Borough
205 Lacey Street
West Chester, PA 19382
Mr. Bob Wiltizeski

610-696-5282 (t)

610-436-1383 (f)

Quakertown School District
311 South 9th Street
Quakertown, PA 18951
Mr. Barry Hilegas

215-529-2044 (t)

215-529-2057 (f)

Norristown School District
401 N. Whitehall Rd.
Norristown, PA 17403
Mr. Robert Malkowski

610-630-5100 (t)

610-630-5021 (f)

PK2000 Leasing – PK2000 Contract Services- PK2000 Sales -
www.fixroad.com



RFQ #7549398

VENDOR NAME: PATCH MANAGEMENT, INC.

Bidders are required to complete this form and return with your bid responses.

1. Estimated Daily Production Rate (Tons of Patch/Day) 5 TONS/DAY PER TRUCK

2. Typical Service Life of Patch: 42 MONTHS

3. Warranty Period for Patch: 90 DAYS

4. Do you have company owned dedicated heated, and metered asphalt emulsion tankers to support this operation? Yes No

5. Can you meet the 48-hour notice to be on location? Yes No

6. Can you meet the minimum equipment and materials specifications? Yes No

7. Years in business providing spray injection repair services equal to this request:
Yrs. 19

8. Are your operators factory trained? Yes No

9. Do you have factory trained equipment service personnel? Yes No

10. In an effort to assure the agency that you can meet the delivery of services how many spray injection pothole patcher trucks do you have available in your fleet to support this effort? 42

11. Have you ever defaulted on a contract? Yes No
If yes, use additional pages to explain the details

12. Have you filed for bankruptcy during the past 10 years? Yes No
If yes, use additional pages to explain the details

13. Has completed **W-9 FORM** been included in bid submission? Yes No

REFERENCES

List three references where you provide these services, technical support and full maintenance that is equal to this project:

Reference 1:

Contact name: SEE ATTACHED LIST

Telephone number: _____

Email address: _____

Type of services provided:

Reference 2:

Contact name: _____

Telephone number: _____

Email address: _____

Type of services provided:

Reference 3:

Contact name: _____

Telephone number: _____

Email address: _____

Type of services provided:

State of Rhode Island
PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

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23	2820620
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NAME PATCH MANAGEMENT, INC.

ADDRESS 451 TYBURN ROAD

(REMITTANCE ADDRESS, IF DIFFERENT) _____

CITY, STATE AND ZIP CODE FAIRLESS HILLS PA 19030

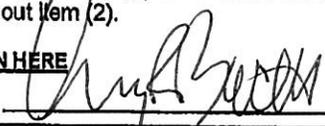
CERTIFICATION: Under penalties of perjury, I certify that:

- (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 either: (A) 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 (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions – You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE



TITLE

PRESIDENT

DATE

3/19/15

TEL NO.

215-949-9400

BUSINESS DESIGNATION:

- Please Check One:
- | | | |
|--------------------------------------|---|---|
| Individual <input type="checkbox"/> | Medical Services Corporation <input type="checkbox"/> | Government/Nonprofit Corporation <input type="checkbox"/> |
| Partnership <input type="checkbox"/> | Corporation <input checked="" type="checkbox"/> | Trust/Estate <input type="checkbox"/> |
| | | Legal Services Corporation <input type="checkbox"/> |

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.

Mail to: Supplier Coordinator, One Capitol Hill, Providence, RI 02908



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/18/2015

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 Beneficial Insurance Services 1818 Market Street Suite 2100 Philadelphia, PA 19103	CONTACT NAME: Geraldine C. Stagliano	
	PHONE (A/C, No, Ext): (215) 925-7656 FAX (A/C, No): (215) 923-0342	
INSURED Patch Management, Inc. 451 Tyburn Road Fairless Hills, PA 19030	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Employers Mutual Casualty Company	21415
	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 INSD	SUBR 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			4N4794915	04/20/2014	04/20/2015	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 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: XCH - NOT Excluded						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			4E4794915	04/20/2014	04/20/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			4J4794915	04/20/2014	04/20/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
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"/> N	N/A	4H4794915	04/20/2014	04/20/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

Rhode Island Department of Administration
Division of Purchases
One Capital Hill
Providence, RI 02908-5855

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

Patch Management, Inc.
451Tyburn Road
Fairless Hills, PA 19030



Phone 215-949-9400
Fax 215-949-3166

March 20, 2015

Patch Management acknowledges its obligation to meet the 10% requirement under the regulations governing participation by minority business enterprises in state funded and directed public construction projects, construction contracts and procurement contracts for goods and services.

Signed _____

A handwritten signature in black ink, appearing to read "Craig R. Baclit", is written over a horizontal line.

Craig R. Baclit, President
Patch Management, Inc.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex
1511 Pontiac Avenue
Cranston, RI 02920-4407

Telephone: (401) 462-8000
TTY: Via RI Relay 711

Lincoln D. Chafee
Governor
Charles J. Fogarty
Director

13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at www.dlt.ri.gov/pw.

CERTIFICATION

I hereby certify that I have reviewed this CONTRACT ADDENDUM and understand my obligations as stated above.

By: [Signature]
Title: PRESIDENT

Subscribed and sworn before me this 19 day of MARCH, 2015

[Signature]
Notary Public
My commission expires: November 17, 2017

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
HELEN M. TARLINI-SMITH, Notary Public
Falls Twp., Bucks County
My Commission Expires November 17, 2017

An Equal Opportunity Employer/Program, /Auxiliary aids and services are available upon request to individuals with disabilities.

TTY via RI Relay 711