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:	7549522
Solicitation Title:	ASBESTOS ABATEMENT ZAMBARANO HOSPITAL - BEASLEY BUILDING - (30 PGS) AND (1) ZIP FILE
Bid Proposal Submission Deadline Date & Time:	5/13/2015 1:30 PM
RIVIP Vendor ID #:	25423
Bidder Name:	Yankee Fiber Control
Address:	50 Industrial Way Seekonk , MA 02771 USA
Telephone:	(401) 435-4390
Fax:	(401) 435-5584
Contact Name:	Jim Hutzler
Contact Title:	President
Contact Email:	jhutzler@yankeefiber.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):

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):

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: 5/12/15

Jim Hutzler / Yankee Fiber Control
Name of Bidder

James Hutzler
Signature in ink

James Hutzler
Printed name and title of person signing on behalf of Bidder

Request for Quote

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

CREATION DATE : 01-MAY-15
BID NUMBER: 7549522,1
TITLE: ASBESTOS ABATEMENT ZAMBARANO HOSPITAL-BEASLEY BUILDING

BLANKET START : 01-JUN-15
BLANKET END : 31-DEC-15
BID CLOSING DATE AND TIME: 13-MAY-2015 01:30:00

BUYER: Cadoret, David
PHONE #: N/A

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

SHIP TO
DOA CENTRAL SERVICES
ONE CAPITOL HILL, 2ND FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

Requistion Number: 1410585
Note to Bidders: THERE WILL BE A MANDATORY PRE BID CONFERENCE AS SHOWN ON ATTACHED SHEET.
Amendment Description: THIS ADDENDUM POSTS SIGN IN SHEET FROM MANDATORY PRE BID CONFERENCE.

THIS ADDENDUM POSTS 2 ADDITIONAL LAYOUTS PROVIDED BY ENGINEER AT PRE BID (IN PDF FORMAT)

THIS ADDENDUM POSTS NOTE/CLARIFICATIONS FROM PRE BID INCLUDING A SHEET FOR UNIT PRICES AND A SHEET ACKNOWLEDGING THE ADDENDUM.

Line	Description	Quantity	Unit	Unit Price	Total
1	ZAMBARANO ASBESTOS ABATEMENT (BEASLEY BLDG) AS PER ATTACHED SPECIFICATIONS	1.00	Each	$224,000.00	$224,000.00 Two hundred twenty-four thousand dollars.

James Hubbler
Pres
Yankee Fiber Control Inc

Delivery: TBD

Terms of Payment: NET 30

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

May 1, 2015
ADDENDUM NUMBER ONE
RFQ #7549522
TITLE: Asbestos Abatement-Zambarano Hospital-Beasley Building

Unit price request:

If owner requests additional abatement work, the work shall be based on a unit price basis as noted below:

$ 50.00 per linear foot of pipe insulation <4" pipe
$ 6.25 per square foot for floor tile/mastic

FAILURE TO SUBMIT THIS PAGE MAY RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.

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

May 1, 2015
ADDENDUM NUMBER ONE
RFQ #7549522
TITLE: Asbestos Abatement-Zambarano Hospital-Beasley Building

Acknowledgement of addendum(a):

I have received and reviewed the following addendum(a) that pertain to this bid. This sheet must be submitted with your bid proposal. Failure to do so may result in your bid being considered NON-RESPONSIVE.

Addendum Number 1 Dated 05/01/2015

Addendum Number _____ Dated _____

Addendum Number _____ Dated _____

Addendum Number _____ Dated _____

Addendum Number _____ Dated _____

Signed James Thibeault Dated 5/12/15

Title President

YANKEE

YANKEE FIBER CONTROL INC.

COMPLETED PROJECTS

Owner & Contracting Officer:	Brown University, PO Box 1941, Providence RI 02912 Steve Morin, Director at Environmental Health & Safety (401) 863-1933 James Sisson, Construction Manager (401) 863-1706
Scope:	Prime contractor for various Asbestos Abatement projects
Contract Price:	288 projects, each valued between $1,000 to $1,000,000
Timeframe:	2012 thru 2015

Owner & Contracting Officer:	PSEG Power Connecticut, 1 Atlantic Street, Bridgeport CT 06604 Vinny Fiumidinisi, Maintenance Manager (203) 551-6030
Scope:	Prime contractor for various Asbestos Abatement projects
Contract Price:	12 projects, each valued between $3,000 to $400,000
Timeframe:	2010 thru 2015

Owner & Contracting Officer:	VA Medical Center, 830 Chalkstone Ave, Providence RI 02908 Elizabeth Leslie (401) 640-3601
Scope:	Prime contractor for various Asbestos Abatement projects
Contract Price:	30 projects, each valued between $2,000 to $10,000
Timeframe:	2009 thru 2015

Owner & Contracting Officer:	Pfizer Inc, 445 Eastern Point Road, Building 118, Groton CT 06340 Brandon Tivnan (203) 430-8521
Scope:	Prime contractor for Asbestos Abatement of 300,00ft^2 building prior to demolition by others.
Contract Price:	$825,000
Timeframe:	June 2013 thru September 2013

Owner & Contracting Officer:	Waesche Hall USCGA, 1 Mohegan Ave Pkwy, New London CT 06320 Peter Reinhold, G Donovan Associates, Lebanon CT (860) 642-0700
Scope:	Sub-contractor for Asbestos Abatement: full containment of 8,000ft^2 mechanical room placed under HEPA filtered negative pressure; removed 600 linear feet of moldy pipe insulation and 20,000ft^2 of moldy duct insulation.
Contract Price:	$145,000
Timeframe:	10/30/2014 to 11/03/2014 (4 days)

Owner & Contracting Officer:	Navy Chapel/Hope Chapel Henry Mellynchuk, KMK Construction, Groton CT (207) 439-3569
Scope:	Sub-contractor for Asbestos Abatement and Mold Remediation: removed 5,000ft^2 of carpet, asbestos tile and mastic.
Contract Price:	$50,000
Timeframe:	Two weeks in December 2011

Owner & Contracting Officer:	NSTAR, One NSTAR Way, Westwood MA 02090 John Pietrella, NSTAR Facilities Engineer (781) 441-8113 Specialized Roofing Inc, N Billerica MA 01862 (978) 670-9090
Scope:	Sub-contractor for 25,000ft^2 Lead Paint Abatement Blasting and Recoat of Epoxy Urethane System.
Contract Price:	$500,000
Timeframe:	May 2011 thru August 2011

YANKEE INGENUITY AT WORK

Form W-9 (Rev. 3/7/11)

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)

05	0411293

NAME Yankee Fiber Control Inc

ADDRESS 50 Industrial Way, Seekonk MA 02771

(REMITTANCE ADDRESS, IF DIFFERENT) _____

CITY, STATE AND ZIP CODE _____

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 Cheryl A. Floyd TITLE Controller DATE 05/04/15 TEL NO. 508-343-5115

BUSINESS DESIGNATION:

Please Check One: Individual ☐ Medical Services Corporation ☐ Government/Nonprofit Corporation ☐
Partnership ☐ Corporation ☒ Trust/Estate ☐ Legal Services Corporation ☐

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

THE AMERICAN INSTITUTE OF ARCHITECTS

AIA Document A310

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we **Yankee Fiber Control, Inc. of 50 Industrial Way, Seekonk, Massachusetts** as Principal, hereinafter called the Principal, and **INTERNATIONAL FIDELITY INSURANCE COMPANY** a corporation duly organized under the laws of the state of **New Jersey** as Surety, hereinafter called the Surety, are held and firmly bound unto the **State of Rhode Island**

as Obligee, hereinafter called the Obligee, in the sum of **Five Percent of the Amount of the Attached Bid**

Dollars **($ 5% of Bid)**,

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 **Asbestos Abatement Zambarano Hospital - Beasley Building Bid # 7549522, Requisition # 1410585**

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 thereof, 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 **13th day of May, 2015**

(Witness)

(Witness)

Yankee Fiber Control, Inc. *(Principal)*

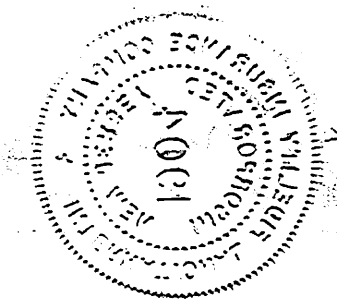
By: _____ *(Title)*

INTERNATIONAL FIDELITY INSURANCE COMPANY

(Surety) *(Seal)*

By: _____

Charles A. Byrne *(Title)* **Attorney-in-Fact**



Tel (973) 624-7200

POWER OF ATTORNEY

INTERNATIONAL FIDELITY INSURANCE COMPANY
ALLEGHENY CASUALTY COMPANY

ONE NEWARK CENTER, 20TH FLOOR NEWARK, NEW JERSEY 07102-5207

KNOW ALL MEN BY THESE PRESENTS: That **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and **ALLEGHENY CASUALTY COMPANY** a corporation organized and existing under the laws of the State of Pennsylvania, having their principal office in the City of Newark, New Jersey, do hereby constitute and appoint

DENISE A. CHIANESE, DAVID J. BYRNE, III, CHARLES A. BYRNE

East Providence, RI.

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY and is granted under and by authority of the following resolution adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting duly held on the 20th day of July, 2010 and by the Board of Directors of ALLEGHENY CASUALTY COMPANY at a meeting duly held on the 15th day of August, 2000:

"RESOLVED, that (1) the President, Vice President, Chief Executive Officer or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY have each executed and attested these presents on this 22nd day of July, 2014.

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

ROBERT W. MINSTER
Chief Executive Officer (International Fidelity Insurance Company) and President (Allegheny Casualty Company)

ALLEGHENY CASUALTY COMPANY 1936 PENNSYLVANIA

On this 22nd day of July 2014, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

CATHY CRUZ NOTARY PUBLIC MY COMMISSION EXPIRES 04-16-2019 STATE OF NEW JERSEY

A NOTARY PUBLIC OF NEW JERSEY
My Commission Expires April 16, 2019

CERTIFICATION

I, the undersigned officer of INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand this 13th day of May, 2015

MARIA BRANCO, Assistant Secretary