

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](http://www.purchasing.ri.gov) to submit a bid proposal.*

**Solicitation Number:** 7550073  
**Solicitation Title:** FIRE PROTECTION SYSTEMS INSPECTIONS, TESTING & SERVICE, URI, CCE (37 PGS)

**Bid Proposal Submission  
Deadline Date & Time:** 12/23/2015 11:00 AM

**RIVIP Vendor ID #:** 76860  
**Bidder Name:** American Alarm & Communications, Inc  
**Address:** 2525 West Shore Rd  
dba Electronic Alarms  
Warwick, RI 02889  
USA

**Telephone:** 4017372221  
**Fax:** 4017370585  
**Contact Name:** Henry Guzeika  
**Contact Title:** GeneralManager  
**Contact Email:** hguzeika@electronicalarms.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):

<u>HENRY GUTSIKA</u> <u>MANAGER</u> <u>7525 W. SHORE RD.</u> <u>WARREN, RI 02889</u>	<u>LOUIS SAMSON (CO-OWNER)</u> <u>297 BROADWAY</u> <u>ARLINGTON, MA 02474</u> <u>(CFO)</u>
<u>WELLS SAMSON (CO-OWNER)</u> <u>297 BROADWAY</u> <u>ARLINGTON, MA 02474</u> <u>(PRESIDENT)</u>	<u>RICHARD SAMSON (CO-OWNER)</u> <u>297 BROADWAY</u> <u>ARLINGTON, MA 02474</u> <u>(CHAIRMAN)</u>

**SECTION 3 — CERTIFICATIONS**

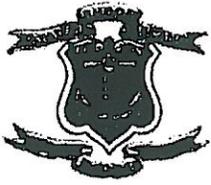
**Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.**

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.





# Request for Quote

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

BUYER: Ohara 2nd, John F  
PHONE #: 401-574-8125

CREATION DATE : 24-NOV-15  
BID NUMBER: 7550073  
TITLE: Fire Protection Systems Inspections, Testing & Service, URI-CCE  
  
BLANKET START : 01-JAN-16  
BLANKET END : 31-DEC-18  
BID CLOSING DATE AND TIME: 23-DEC-2015 11:00:00

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75 LOWER COLLEGE ROAD, SUITE 1  
KINGSTON, RI 02881  
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80 WASHINGTON STREET  
PROVIDENCE, RI 02903  
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US

Requisition Number: 1438371

Line	Description	Quantity	Unit	Unit Price	Total
1	<p>Blanket Requirement: January 1, 2016 - December 31, 2018.</p> <p>There will be a MANDATORY Pre-Bid Conference held. Please visit our website: <a href="http://www.purchasing.ri.gov">www.purchasing.ri.gov</a> for the Date, Time and Location. Or see page one (1) of this Invitation to Bid.</p> <p>Service Location: URI/Shepard Building (Prov/Campus) 80 Washington St. Providence, RI 02903</p> <p>Fire Protection Systems Inspections, Testing &amp; Service - URI CCE - 1/1/16-12/31/18</p>	1.00	Total		

Delivery: Immediate

Terms of Payment: Net 30 1% Ten DAYS

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

ATTACHMENT "A"

ITEM NO.	DESCRIPTION	QTY	UOM	UNIT PRICE	EXTENDED PRICE
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**GROUP PURCHASING ORGANIZATIONS (GPO):**

THE UNIVERSITY OF RHODE ISLAND IS A MEMBER OF THE FOLLOWING:

- 1) Educational & Institutional Cooperative Purchasing (E&I)
- 2) Provista

There will be a mandatory pre-bid conference:

**BLANKET REQUIREMENTS: 1/1/16 - 12/31/18**

**FIRE PROTECTION SYSTEMS INSPECTIONS, TESTING, and SERVICE for the University of Rhode Island College of Continuing Education Shepard Building**

Testing of fire alarm system, 100% of the system (Panel & Devices includes all Horns Strobes, PA System, etc.) is to be tested in quarterly increments, per RI Uniform Fire Code and NFPA 72 Line Note to Bidders: 100% Testing of Sprinkler System Quarterly. This entails flowing water, ascertaining the flow of the sprinkler water sends the appropriate alarm/signal to the fire alarm panel. Testing of all tamper devices to make sure they work as designed in the event someone turns the sprinkler-riser valve to the off position.. All of the inspection testing, and maintenance of the Shepard Building water-based fire protection system is to be done per RI Uniform Fire Code, NFPA 25 standards and attached URI Public Safety Fire Protection System Impairment Policy. This testing includes disconnecting the Fire Alarm.

1	1/1/16-6/30/16 Quarterly Fire Alarm and Sprinkler Inspection	2	Each	\$ <u>499.00</u>	\$ <u>998.00</u>
2	7/1/16-6/30/17 Quarterly Fire Alarm and Sprinkler Inspection	4	Each	\$ <u>499.00</u>	\$ <u>1996.00</u>
3	7/1/17-6/30/18 Quarterly Fire Alarm and Sprinkler Inspection	4	Each	\$ <u>499.00</u>	\$ <u>1996.00</u>
4	7/1/18-12/31/18 Quarterly Fire Alarm and Sprinkler Inspection	2	Each	\$ <u>499.00</u>	\$ <u>998.00</u>

Annual Testing of Sprinkler System backflow devices to ascertain they work as designed, and deemed by applicable codes includes disconnecting the Fire Alarm System. See attached Fire Alarm/Sprinkler Specs and attached URI Public Safety Fire Protection System Impairment Policy.

5	7/1/16-6/30/17 Annual Testing of Sprinkler System backflow devices	1	Each	\$ <u>75.00</u>	\$ <u>525.00</u>
6	7/1/17-6/30/18 Annual Testing of Sprinkler System backflow devices	1	Each	\$ <u>75.00</u>	\$ <u>525.00</u>
7	7/1/18-12/31/18 Annual Testing of Sprinkler System backflow devices	1	Each	\$ <u>75.00</u>	\$ <u>525.00</u>

Annual cleaning of all Smoke Detectors (approximately 200 or more) - The cleaning should be an external cleaning completed in accordance with the RI Fire Code Board of Appeals Regulations. 9.6.11.5 In addition to the testing requirements, all system smoke detectors located within the protected premises shall be externally cleaned at least once every twelve (12) month period.

8	1/1/16-6/30/16 Annual cleaning of all Smoke Detectors	100	Each	\$ <u>1.99</u>	\$ <u>199.00</u>
9	7/1/16-6/30/17 Annual cleaning of all Smoke Detectors	200	Each	\$ <u>1.99</u>	\$ <u>398.00</u>
10	7/1/17-6/30/18 Annual cleaning of all Smoke Detectors	200	Each	\$ <u>1.99</u>	\$ <u>398.00</u>
11	7/1/18-12/31/18 Annual cleaning of all Smoke Detectors	100	Each	\$ <u>1.99</u>	\$ <u>199.00</u>

Fire alarm, backflow, and sprinkler system repairs, modifications, etc. are to be done on a time and material basis.

Repair work performed shall be considered public works per RI General Laws 37-13, and therefore the awarded vendor shall be required to pay his/her employees the applicable prevailing wage rates. Routine maintenance work is not considered public works and is not subject to prevailing wage rates.

12	1/1/16-6/30/16 Hourly rate on site for an alarm technician for repairs as needed (Prevailing Wage)	100	Hour	\$ <u>125.00</u>	\$ <u>12,500</u>
13	7/1/16-6/30/17 Hourly rate on site for an alarm technician for repairs as needed (Prevailing Wage)	200	Hour	\$ <u>125.00</u>	\$ <u>25,000</u>
14	7/1/17-6/30/18 Hourly rate on site for an alarm technician for repairs as needed (Prevailing Wage)	200	Hour	\$ <u>125.00</u>	\$ <u>25,000</u>
15	7/1/18-12/31/18 Hourly rate on site for an alarm technician for repairs as needed (Prevailing Wage)	100	Hour	\$ <u>125.00</u>	\$ <u>12,500</u>
16	1/1/16-6/30/16 Hourly overtime rate on site for an alarm technician for repairs as needed (Prevailing Wage)	25	Hour	\$ <u>175.00</u>	\$ <u>4375.00</u>
17	7/1/16-6/30/17 Hourly overtime rate on site for an alarm technician for repairs as needed (Prevailing Wage)	50	Hour	\$ <u>175.00</u>	\$ <u>8750.00</u>
18	7/1/17-6/30/18 Hourly overtime rate on site for an alarm technician for repairs as needed (Prevailing Wage)	50	Hour	\$ <u>175.00</u>	\$ <u>8750.00</u>
19	7/1/18-12/31/18 Hourly overtime rate on site for an alarm technician for repairs as needed (Prevailing Wage)	25	Hour	\$ <u>175.00</u>	\$ <u>4375.00</u>
20	1/1/16-6/30/16 Hourly rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	20	hour	\$ <u>95.00</u>	\$ <u>1900.00</u>
21	7/1/16-6/30/17 Hourly rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	40	hour	\$ <u>95.00</u>	\$ <u>3800.00</u>
22	7/1/17-6/30/18 Hourly rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	40	hour	\$ <u>105.00</u>	\$ <u>4200.00</u>
23	7/1/18-12/31/18 Hourly rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	20	hour	\$ <u>105.00</u>	\$ <u>2100.00</u>
24	1/1/16-6/30/16 Hourly rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	20	hour	\$ <u>75.00</u>	\$ <u>1500.00</u>
25	7/1/16-6/30/17 Hourly rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	40	hour	\$ <u>75.00</u>	\$ <u>3000.00</u>
26	7/1/17-6/30/18 Hourly rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	40	hour	\$ <u>85.00</u>	\$ <u>3400.00</u>
27	7/1/18-12/31/18 Hourly rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	20	hour	\$ <u>85.00</u>	\$ <u>1700.00</u>
28	1/1/16-6/30/16 Hourly overtime rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	10	hour	\$ <u>125.00</u>	\$ <u>1250.00</u>
29	7/1/16-6/30/17 Hourly overtime rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	20	hour	\$ <u>125.00</u>	\$ <u>2500.00</u>
30	7/1/17-6/30/18 Hourly overtime rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	20	hour	\$ <u>135.00</u>	\$ <u>2700.00</u>
31	7/1/18-12/31/18 Hourly overtime rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	10	hour	\$ <u>135.00</u>	\$ <u>1350.00</u>
32	1/1/16-6/30/16 Hourly overtime rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	10	hour	\$ <u>95.00</u>	\$ <u>950.00</u>

33 7/1/16-6/30/17 Hourly overtime rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	20 hour \$ <u>95.00</u> \$ <u>1900.00</u>
34 7/1/17-6/30/18 Hourly overtime rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	20 hour \$ <u>105.00</u> \$ <u>2100.00</u>
35 7/1/18-12/31/18 Hourly overtime rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	10 hour \$ <u>105.00</u> \$ <u>1050.00</u>
36 Material/Parts Discount (%) off Manufacturer's List Price.	<u>25</u> %
37 Flow and Standpipes inspection - Inspect, flush/flow sprinkler system standpipes in accordance with RI code NFPA 25 and at least once per the (3) year contract period.	1 Each \$ <u>340.00</u> \$ <u>340.00</u>
38 Replacement of the Simplex Smoke Dector and Base, if required, in accordance with NFPA 72. Part numbers 4098-9714 and 4098-9792.	45 Each \$ <u>490.00</u> \$ <u>22072.50</u>

Number of pull stations - approximately (47). Number of flow switches - approximately (20).



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](http://www.purchasing.ri.gov)

December 16, 2015

**ADDENDUM NUMBER ONE**

**RFQ # 7550073**

**TITLE: Fire Protection Systems Inspections, Testing & Service, URI, CCE**

**Closing Date and Time: 12/23/15 at 11:00 AM**

**Per the issuance of this ADDENDUM # (1), (82) pages, including this cover sheet.**

**Specification Change /Addition / Clarifications**

**Listed below are the Questions and the Answers we received regarding this Invitation to Bid.**

1. Q. Page 8 of 10 in the Instructions to Bidders states "Environmental Impairment" "Pollution Control" Insurance as a requirement of successful bidder. Is this coverage required for this contract?  
A. No it is not a requirement of this bid.

2. Q. Can the results of the last time this location was out to bid be provided?

A. Go to our website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov)

Click on Solicitation Opportunities

Click State Agency Solicitation

Click search every bid status

Type in the bid #7457863

Click search

Click OK

Click 7457863

Click 7457863 Awarded



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

3. Q. Can you please provide accurate fire alarm test reports with device counts? If the fire alarm reports were submitted correctly, all device counts in the building should be provided on the quarterly test reports.

A. See attached pages.

Attached is a copy of the Mandatory Pre-Bid Sign-In sheet.



Lincoln D. Chafee  
Governor  
Charles J. Fogarty  
Director

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training  
Center General Complex  
1511 Pontiac Avenue  
Cranston, RI 02920-4407

TTY: Via RI Relay 711

## STATE CONTRACT ADDENDUM

### RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING

#### PREVAILING WAGE REQUIREMENTS (37-13-1 ET SEQ.)

The prevailing wage requirements are generally set forth in RIGL 37-13-1 et seq. These requirements refer to the prevailing rate of pay for regular, holiday, and overtime wages to be paid to each craftsmen, mechanic, teamster, laborer, or other type of worker performing work on public works projects when state or municipal funds exceed one thousand dollars (\$1,000).

All Prevailing Wage Contractors and Subcontractors are required to:

1. Submit to the Awarding Authority a list of the contractor's subcontractors for any part or all of the prevailing wage work in accordance with RIGL § 37-13-4;
2. Pay all prevailing wage employees at least once per week and in accordance with RIGL §37-13-7 (see Appendix B attached);
3. Post the prevailing wage rate scale and the Department of Labor and Training's prevailing wage poster in a prominent and easily accessible place on the work site in accordance with RIGL §37-13-11; posters may be downloaded at [www.dlt.ri.gov/pw/Posters.htm](http://www.dlt.ri.gov/pw/Posters.htm) or obtained from the Department of Labor and Training, Center General Complex, 1511 Pontiac Avenue, Cranston, Rhode Island;
4. Access the Department of Labor and Training website, at [www.dlt.ri.gov](http://www.dlt.ri.gov) on or before July 1st of each year, until such time as the contract is completed, to ascertain the current prevailing wage rates and the amount of payment or contributions for each covered prevailing wage employee and make any necessary adjustments to the covered employee's prevailing wage rates effective July 1st of each year in compliance with RIGL §37-13-8;
5. Attach a copy of this CONTRACT ADDENDUM and its attachments as a binding obligation to any and all contracts between the contractor and any

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

TTY via RI Relay 711



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

- subcontractors and their assignees for prevailing wage work performed pursuant to this contract;
6. Provide for the payment of overtime for prevailing wage employees who work in excess of eight (8) hours in any one day or forty (40) hours in any one week as provided by RIGL §37-13-10;
  7. Maintain accurate prevailing wage employee payroll records on a Rhode Island Certified Weekly Payroll form available for download at [www.dlt.ri.gov/pw.forms/htm](http://www.dlt.ri.gov/pw.forms/htm), as required by RIGL §37-13-13, and make those records available to the Department of Labor and Training upon request;
  8. Furnish the fully executed RI Certified Weekly Payroll Form to the awarding authority on a monthly basis for all work completed in the preceding month.
  9. For general or primary contracts one million dollars (\$1,000,000) or more, shall maintain on the work site a fully executed RI Certified Prevailing Wage Daily Log listing the contractor's employees employed each day on the public works site; the RI Certified Prevailing Wage Daily Log shall be available for inspection on the public works site at all times; this rule shall not apply to road, highway, or bridge public works projects. Where applicable, furnish both the Rhode Island Certified Prevailing Wage Daily Log together with the Rhode Island Weekly Certified Payroll to the awarding authority.
  10. Assure that all covered prevailing wage employees on construction projects with a total project cost of one hundred thousand dollars (\$100,000) or more has a OSHA ten (10) hour construction safety certification in compliance with RIGL § 37-23-1;
  11. Employ apprentices for the performance of the awarded contract when the contract is valued at one million dollars (\$1,000,000) or more, and comply with the apprentice to journey person ratio for each trade approved by the apprenticeship council of the Department of Labor and Training in compliance with RIGL §37-13-3.1;
  12. Assure that all prevailing wage employees who perform work which requires a Rhode Island trade license possess the appropriate Rhode Island trade license in compliance with Rhode Island law; and

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TTY via Rf Relay 711



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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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](http://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: MANAGER

Subscribed and sworn before me this 22 day of Dec., 2015

[Signature]  
Notary Public  
My commission expires: 1/21/19

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

TTY via RI Relay 711



## 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) <b>American Alarm and Communications, Inc.</b>	
Business name, if different from above <b>d.b.a. Electronic Alarms</b>	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....	
<input type="checkbox"/> Other (see instructions) ▶	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) <b>2525 West Shore Rd</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Warwick, RI 02889</b>	
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 Line 1 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.

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

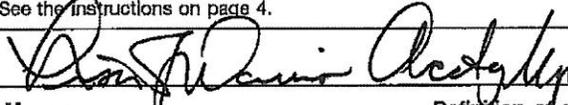
Social security number	
or	
Employer identification number	
<b>04</b>	<b>2485072</b>

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below).

**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 4.

**Sign Here**      Signature of U.S. person ▶       Date ▶ **2/15/12**

**General Instructions**

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

**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, 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/10/2015

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 <b>Tonry Northwest Insurance Agency, Inc.</b> 238 Bedford Street  <b>Lexington MA 02420</b>	CONTACT NAME: <b>Patricia Capadanno</b>
	PHONE (A/C, No, Ext): <b>(781) 861-1800</b> FAX (A/C, No): <b>(781) 861-1804</b>
	E-MAIL ADDRESS: <b>pcapadanno@tonrynw.com</b>
	INSURER(S) AFFORDING COVERAGE
	INSURER A: <b>Travelers Casualty &amp; Insurance</b>
	INSURER B: <b>Beacon Insurance Company</b>
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: **CL1531010111** 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b> <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 - COMP/OP AGG \$ \$	
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		<b>BA1E87355415</b>	<b>2/3/2015</b>	<b>2/3/2016</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ <b>5,000</b>	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$	
<b>B</b>	<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 <input checked="" type="checkbox"/>	<b>N/A</b>	<b>0000067180</b>	<b>4/1/2015</b>	<b>4/1/2016</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Operations: Alarm Monitoring, Servicing & Installation. Certificate Holder is included as an additional insured when required by written contract with respects to the automobile policy. Proof of Insurance

<b>CERTIFICATE HOLDER</b>  <b>American Alarm &amp; Communications, Inc.</b> <b>297 Broadway</b> <b>Arlington, MA 02474</b>	<b>CANCELLATION</b>  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  <b>L Tonry Jr./PCAPAD</b>





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/10/2015

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).

<b>PRODUCER</b> <b>Tonry Northwest Insurance Agency, Inc.</b> <b>238 Bedford Street</b>  <b>Lexington MA 02420</b>	<b>CONTACT NAME:</b> Patricia Capadanno <b>PHONE (A/C No, Ext):</b> (781) 861-1800 <b>FAX (A/C, No):</b> (781) 861-1804 <b>E-MAIL ADDRESS:</b> pcapadanno@tonrynw.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b>	
<b>INSURED</b> <b>American Alarm &amp; Communications Inc.,</b> <b>Advanced Signal Corp &amp; Electronic Alarms</b> <b>297 Broadway</b> <b>Arlington MA 02474</b>	<b>INSURER A:</b> A.I.M. Mutual Insurance Co.	
	<b>INSURER B:</b> Travelers Ins. Company	
	<b>INSURER C:</b> Massachusetts Employers Ins Co	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL1531010108      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <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 - COMP/OP AGG \$ \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BA3E59208214	5/1/2015	5/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C A	<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	MCC20010001672015A (MA) WMZ80080002042015A (NH)	4/1/2015	4/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Operations: Alarm monitoring, servicing & installation. Proof of Insurance

<b>CERTIFICATE HOLDER</b>  hr@americanalarm.com  <b>American Alarm &amp; Communications Inc</b> <b>297 Broadway</b> <b>Arlington, MA 02474</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  L Tonry Jr./PCAPAD
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## Jazmyn Reid

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**From:** Robinson, Carol (DOA) [Carol.Robinson@purchasing.ri.gov]  
**Sent:** Wednesday, December 23, 2015 7:20 AM  
**To:** Jazmyn Reid  
**Subject:** FW: Electronic Alarms Vendor Login Question

Please put your dba name under you address. Submit a new W-9 with the dba name and this email. I will go in and adjust the W-9.

Regards,  
Carol

---

**From:** Moore, Lynda (DOA)  
**Sent:** Wednesday, December 23, 2015 7:08 AM  
**To:** Jazmyn Reid <jreid@electronicalarms.com>  
**Cc:** Robinson, Carol (DOA) <Carol.Robinson@purchasing.ri.gov>  
**Subject:** RE: Electronic Alarms Vendor Login Question

Cover forms do not show DBA information.

I will forward this email to the Carol Robinson, the vendor file coordinator

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**From:** Jazmyn Reid [mailto:jreid@electronicalarms.com]  
**Sent:** Tuesday, December 22, 2015 2:33 PM  
**To:** Moore, Lynda (DOA) <Lynda.Moore@DoIT.ri.gov>  
**Subject:** RE: Electronic Alarms Vendor Login Question

Okay. I re-registered on RIVIP. The new vendor ID is 76860 and the old vendor ID was 1181. Who should I contact to have the accounts merged?

Also, I have noticed on the cover form that the Bidder Name does not include our DBA name even though I put it in the registration? Is that normal?

Jazmyn Reid



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RI Lic. # 4835, AFC-9222, TSC-2104  
MA Lic. # 7079C

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