

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: 7550131A1
Solicitation Title: BLDG AUTOMATION SVCES FOR ANDOVER, HONEYWELL, JOHNSON & OTHER CONTROL SYSTEMS (9 PGS)
Bid Proposal Submission Deadline Date & Time: 1/13/2016 10:00 AM
RIVIP Vendor ID #: 14251
Bidder Name: Incontrol, Inc.
Address: 22 Dewey Ave.
Suite 4
Warwick , RI 02886
USA
Telephone: (401) 734-9250
Fax: 401-734-9333
Contact Name: Steven E. Beveridge
Contact Title: President
Contact Email: sbeveridge@incontrolri.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):

Steven E. Beveridge/President 22Dewey Ave./Ste#4 Warwick, RI 02886 50%

Robert J. Spinella/V.P. of Sales&Marketing 22Dewey Ave./Ste#4 50%
Warwick, RI 02886

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: January 13, 2016

inControl, Inc.
Name of Bidder
Signature in ink
Robert J. Spinella/V.P.of Sales&Marketing
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 : 04-JAN-16
 BID NUMBER: 7550131,1
 TITLE: BLDG AUTOMATION SVCS FOR ANDOVER,
 HONEYWELL, JOHNSON & OTHER CONTROL SYSTEMS
 BLANKET START : 01-FEB-16
 BLANKET END : 31-DEC-18
 BID CLOSING DATE AND TIME: 13-JAN-2016 10:00:00

BUYER: Cadoret, David
 PHONE #: N/A

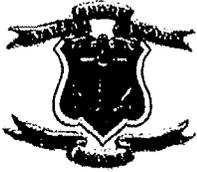
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 DOA CONTROLLER
 ONE CAPITOL HILL, 4TH FLOOR
 SMITH ST
 PROVIDENCE, RI 02908
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 DOC CDC WAREHOUSE
 ATTN: (SEE 'ATTN' line in PO)
 25 POWER ROAD
 CRANSTON, RI 02920
 US

Requisition Number: 1432974
 Amendment Description: This addendum posts sign in sheet from mandatory pre bid conference held 12/28/15 at 1pm.
 This addendum posts notes/clarifications from pre bid conference.
 This addendum changes wording on lines 45 through 49 as discussed at pre bid conference.
 This addendum changes bid to NO READ.

Line	Description	Quantity	Unit	Unit Price	Total
1	2/1/16 - 6/30/16 CONTROLS HOURLY RATE FOR WORK DONE REMOTELY AT THE SHOP	1.00	Hour	\$ 110	
2	7/1/16 - 6/30/17 CONTROLS HOURLY RATE FOR WORK DONE REMOTELY AT THE SHOP	1.00	Hour	\$ 115	
3	7/1/17 - 6/30/18 CONTROLS HOURLY RATE FOR WORK DONE REMOTELY AT THE SHOP	1.00	Hour	\$ 120	
4	7/1/18 - 12/31/18 CONTROLS HOURLY RATE FOR WORK DONE REMOTELY AT THE SHOP	1.00	Hour	\$ 120	
5	2/1/16 - 6/30/16 CONTROLS OVERTIME RATE FOR WORK DONE REMOTELY AT THE SHOP	1.00	Hour	\$ 165	
6	7/1/16 - 6/30/17 CONTROLS OVERTIME RATE FOR WORK DONE REMOTELY AT THE SHOP	1.00	Hour	\$ 172.50	
7	7/1/17 - 6/30/18 CONTROLS OVERTIME RATE FOR WORK DONE REMOTELY AT THE SHOP	1.00	Hour	\$ 180	
8	7/1/18 - 12/31/18 CONTROLS OVERTIME RATE FOR WORK DONE REMOTELY AT THE SHOP	1.00	Hour	\$ 180	
9	2/1/16 - 6/30/16 CONTROLS HOURLY RATE ON SITE	1.00	Hour	\$ 120	
10	7/1/16 - 6/30/17 CONTROLS HOURLY RATE ON SITE	1.00	Hour	\$ 125	
11	7/1/17 - 6/30/18 CONTROLS HOURLY RATE ON SITE	1.00	Hour	\$ 130	
12	7/1/18 - 12/31/18 CONTROLS HOURLY RATE ON SITE	1.00	Hour	\$ 130	
13	2/1/16 - 6/30/16 CONTROLS OVERTIME RATE PER	1.00	Hour	\$ 180	

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

BUYER: Cadoret, David
 PHONE #: N/A

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 DOA CONTROLLER
 ONE CAPITOL HILL, 4TH FLOOR
 SMITH ST
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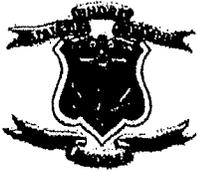
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 DOC CDC WAREHOUSE
 ATTN: (SEE 'ATTN' line in PO)
 25 POWER ROAD
 CRANSTON, RI 02920
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Line	Description	Quantity	Unit	Unit Price	Total
	HOUR ON SITE				
14	7/1/16 - 6/30/17 CONTROLS OVERTIME RATE PER HOUR ON SITE	1.00	Hour	\$187.50	
15	7/1/17 - 6/30/18 CONTROLS OVERTIME RATE PER HOUR ON SITE	1.00	Hour	\$195	
16	7/1/18 - 12/31/18 CONTROLS OVERTIME RATE PER HOUR ON SITE	1.00	Hour	\$195	
17	2/1/16 - 6/30/16 INSTALLATION RATE FOR DIGITAL, NUMATIC, CONTROL SYSTEMS	1.00	Hour	\$120	
18	7/1/16 - 6/30/17 INSTALLATION RATE FOR DIGITAL, NUMATIC, CONTROL SYSTEMS	1.00	Hour	\$125	
19	7/1/17 - 6/30/18 INSTALLATION RATE FOR DIGITAL, NUMATIC, CONTROL SYSTEMS	1.00	Hour	\$130	
20	7/1/18 - 12/31/18 INSTALLATION RATE FOR DIGITAL, NUMATIC, CONTROL SYSTEMS	1.00	Hour	\$130	
21	2/1/16 - 6/30/16 HOURLY RATE FOR INSTALLER OF CONTROL SYSTEMS	1.00	Hour	\$120	
22	7/1/16 - 6/30/17 HOURLY RATE FOR INSTALLER OF CONTROL SYSTEMS	1.00	Hour	\$125	
23	7/1/17 - 6/30/18 HOURLY RATE FOR INSTALLER OF CONTROL SYSTEMS	1.00	Hour	\$130	
24	7/1/18 - 12/31/18 HOURLY RATE FOR INSTALLER OF CONTROL SYSTEMS	1.00	Hour	\$130	
25	2/1/16 - 6/30/16 OVERTIME HOURLY RATE FOR INSTALLER OF CONTROL SYSTEMS	1.00	Hour	\$180	

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 ONE CAPITOL HILL
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BUYER: Cadoret, David
 PHONE #: N/A

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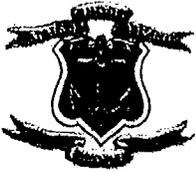
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26	7/1/16 - 6/30/17 OVERTIME HOURLY RATE FOR INSTALLER OF CONTROL SYSTEMS	1.00	Hour	\$187.50	
27	7/1/17 - 6/30/18 OVERTIME HOURLY RATE FOR INSTALLER OF CONTROL SYSTEMS	1.00	Hour	\$195	
28	7/1/18 - 12/31/18 OVERTIME HOURLY RATE FOR INSTALLER OF CONTROL SYSTEMS	1.00	Hour	\$195	
29	2/1/16 - 6/30/16 HOURLY RATE FOR PROGRAMMER OF CONTROL SYSTEMS	1.00	Hour	\$125	
30	7/1/16 - 6/30/17 HOURLY RATE FOR PROGRAMMER OF CONTROL SYSTEMS	1.00	Hour	\$130	
31	7/1/17 - 6/30/18 HOURLY RATE FOR PROGRAMMER OF CONTROL SYSTEMS	1.00	Hour	\$135	
32	7/1/18 - 12/31/18 HOURLY RATE FOR PROGRAMMER OF CONTROL SYSTEMS	1.00	Hour	\$135	
33	2/1/16 - 6/30/16 OVERTIME HOURLY RATE FOR PROGRAMMER OF CONTROL SYSTEMS	1.00	Hour	\$187.50	
34	7/1/16 - 6/30/17 OVERTIME HOURLY RATE FOR PROGRAMMER OF CONTROL SYSTEMS	1.00	Hour	\$195	
35	7/1/17 - 6/30/18 OVERTIME HOURLY RATE FOR PROGRAMMER OF CONTROL SYSTEMS	1.00	Hour	\$202.50	
36	7/1/18 - 12/31/18 OVERTIME HOURLY RATE FOR PROGRAMMER OF CONTROL SYSTEMS	1.00	Hour	\$202.50	
37	2/1/16 - 6/30/16 HOURLY RATE FOR TROUBLE SHOOTING CONTROL SYSTEMS	1.00	Hour	\$120	
38	7/1/16 - 6/30/17 HOURLY RATE FOR TROUBLE SHOOTING CONTROL SYSTEMS	1.00	Hour	\$125	

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BUYER: Cadoret, David
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39	7/1/17 - 6/30/18 HOURLY RATE FOR TROUBLE SHOOTING CONTROL SYSTEMS	1.00	Hour	\$ 130	
40	7/1/18 - 12/31/18 HOURLY RATE FOR TROUBLE SHOOTING CONTROL SYSTEMS	1.00	Hour	\$ 130	
41	2/1/16 - 6/30/16 OVERTIME HOURLY RATE FOR TROUBLE SHOOTING CONTROL SYSTEMS	1.00	Hour	\$ 180	
42	7/1/16 - 6/30/17 OVERTIME HOURLY RATE FOR TROUBLE SHOOTING CONTROL SYSTEMS	1.00	Hour	\$ 187.50	
43	7/1/17 - 6/30/18 OVERTIME HOURLY RATE FOR TROUBLE SHOOTING CONTROL SYSTEMS	1.00	Hour	\$ 195	
44	7/1/18 - 12/31/18 OVERTIME HOURLY RATE FOR TROUBLE SHOOTING CONTROL SYSTEMS	1.00	Hour	\$ 195	
45	2/1/16 - 6/30/16 HOURLY RATE FOR TRAINING ON SITE. BID PER HOUR.	1.00	Each	\$ 120	
46	7/1/16 - 6/30/17 HOURLY RATE FOR TRAINING ON SITE. BID PER HOUR.	1.00	Each	\$ 125	
47	7/1/17 - 6/30/18 HOURLY RATE FOR TRAINING ON SITE. BID PER HOUR.	1.00	Each	\$ 130	
48	7/1/18 - 12/31/18 HOURLY RATE FOR TRAINING ON SITE. BID PER HOUR.	1.00	Each	\$ 130	
49	2/1/16 - 12/31/18 PARTS PRICING. LIST PRICE X _____ MULTIPLIER	1.00	Hour		SEE ATTACHED LETTER

Delivery: AS REQUESTED

Terms of Payment: NET 30

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January 13, 2016

Mr. David Cadoret
State of Rhode Island Division of Purchases
One Capitol Hill
Providence, RI 02908

Re: Bid#7550131A1 – Building Automation Services for Andover Controls – DOC CDC Warehouse

Dear Mr. Cadoret:

This letter is being submitted as part of the standard State Bid Form due to the limited space on that form to provide an explanation of the “Percent Discount off List Price for Parts”. In addition to the purchase of parts, the same discount multiplier applies to “Peripheral Devices”, “Corporate Training Courses” and “Repairs to Controllers”.

Andover Controllers/Peripheral Devices/Training Courses/ Controller Repairs = List Price X .60

These Discount Multipliers will remain consistent throughout the term of the contract.

If you have any questions regarding this correspondence, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert J. Spinella". The signature is fluid and cursive.

Robert J. Spinella
Vice President of Sales & Marketing



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/5/2016

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 TOM MAGGIACOMO MAGGIACOMO INSURANCE AGENCY, INC. 260 WEST EXCHANGE STREET SUITE 002 PROVIDENCE RI 02903	CONTACT NAME: Erin Sullivan PHONE (A/C, No. Ext): (401) 353-0300 E-MAIL ADDRESS: erin@maggins.com FAX (A/C, No.): (401) 353-8560
INSURED INCONTROL, INC. 22 DEWEY AVENUE, SUITE 4 WARWICK RI 02886	INSURER(S) AFFORDING COVERAGE INSURER A: PEERLESS INSURANCE CO. INSURER B: BEACON MUTUAL INSURANCE CO. INSURER C: HOUSTON CASUALTY CO. INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: **CL153200275** 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	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CBP9393886	3/10/2015	3/10/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 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"/> PROJECT <input type="checkbox"/> LOC							
	A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			BA9395096	3/20/2015	3/20/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$
	A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU9396396	3/10/2015	3/10/2016	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	30158	10/1/2015	10/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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	
C	PROFESSIONAL LIABILITY			HCC 15 21719	8/21/2015	8/21/2016	EACH CLAIM 1,000,000 DEDUCTIBLE 2,500	

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

BLANKET CONTRACT FOR ANDOVER CONTROLS SERVICE AND REPAIR AT DEPARTMENT OF CORRECTIONS. BID# 7550131A1.

CERTIFICATE HOLDER

CANCELLATION

STATE OF RHODE ISLAND
AS ADDITIONAL INSURED
ONE CAPITOL HILL
PROVIDENCE, RI 02908

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

T Maggiacomo/ERIN 

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)

Empty boxes for Social Security No. (SSN)

05 0510008

NAME inControl Inc.

ADDRESS 22 Dewey Avenue Unit 4

(REMITTANCE ADDRESS, IF DIFFERENT)

CITY, STATE AND ZIP CODE Warwick RI 02886

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 Kimberly Mann TITLE Office Mgr DATE 1/5/16 TEL NO. 401 734 9250

BUSINESS DESIGNATION:

- Please Check One: Individual [] Medical Services Corporation [] Government/Nonprofit Corporation []
Partnership [] Corporation [x] 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