

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:** 7550187A2  
**Solicitation Title:** ROOFTOP UNIT REPLACEMENT FOR THE CONCERT HALL - FINE ARTS BUILDING  
MODULE B-URI- (11 PGS)  
**Bid Proposal Submission  
Deadline Date & Time:** 2/26/2016 1:30 PM  
**RIVIP Vendor ID #:** 34964  
**Bidder Name:** Arden Engineering Constructors,LLC  
**Address:** 505 Narragansett Park Dr.  
Pawtucket , RI 02861  
USA  
**Telephone:** 401-727-3500  
**Fax:** 401-312-0092  
**Contact Name:** Jeff Potter  
**Contact Title:** Director Service Operations  
**Contact Email:** jpotter@ardeneng.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):

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**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.



Solicitation # : 7550187

Solicitation Title: Rooftop Unit Replacement for the Concert Hall – Fine Arts Building –  
Module B

## BID FORM

To: The Department of Administration, Division of Purchases  
One Capitol Hill, Providence, RI 02908

Project: Fine Arts Building, Module B Concert Hall – RTU Replacement  
University of Rhode Island, Kingston Campus

Bidder:

Arden Engineering Constructors, LLC

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Legal name of entity

505 Narragansett Park Drive, Pawtucket, RI 02861

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Address

Nora Benson

nbenson@gmail.com

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Contact name

Contact email

401-727-3500 x 1618 401-727-3540

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Contact telephone

Contact fax

### 1. BASE BID PRICE

The Bidder submits this bid proposal to perform all of the work (including labor and materials) as described in the solicitation for this Base Bid Price, (including the costs for all Allowances, Bonds, and Addenda):

\$

180,345.00

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(Base Bid Price *in figures* printed electronically, typed, or handwritten legibly in ink)

One Hundred Eighty Thousand Three Hundred and Forty Five Dollars

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(Base Bid Price *in words* electronically, typed, or handwritten legibly in ink)

Solicitation # : 7550187

Solicitation Title: Rooftop Unit Replacement for the Concert Hall – Fine Arts Building – Module B

• **ALLOWANCES**

The Base Bid Price ***includes*** the costs for the following Allowances (see specification section 01 2000 and its attachment for allowance provisions):

|                                  |                           |
|----------------------------------|---------------------------|
| 1. Roof Work Allowance           | \$40,000.00               |
| 2. Ductwork Insulation Allowance | \$10,000.00               |
| <b>Total Allowances:</b>         | <b><u>\$50,000.00</u></b> |

• **BONDS**

The Base Bid Price ***includes*** the costs for all Bid and Payment and Performance Bonds required by the solicitation.

• **ADDENDA**

The Bidder has examined the entire solicitation (including the following Addenda), and the Base Bid Price ***includes*** the costs of any modifications required by the Addenda.

All Addenda must be acknowledged.

Addendum No. 1, dated 2/10/2016

Addendum No. 2, dated 2/18/2016

Addendum No. 3, dated \_\_\_\_\_

2. **ALTERNATES** (*Additions to Base Bid Price*)

The Bidder offers to: (i) perform the work described in these Alternates as selected by the State in the order of priority specified below, based on the availability of funds and the best interest of the State; and (ii) increase the Base Bid Price by the amount set forth below for each Alternate selected.

**ADD ALTERNATE- #1**

Include pricing to provide and install an automatic temperature control system for the new rooftop equipment connected to the existing Andover BMS in the Fine Arts Building.

**\$** 21,575.00

(Amount *in figures* printed electronically, typed, or handwritten legibly in ink)

Twenty One Thousand Five Hundred Seventy Five dollars

(Amount *in words* electronically, typed, or handwritten legibly in ink)

Solicitation # : 7550187

Solicitation Title: Rooftop Unit Replacement for the Concert Hall – Fine Arts Building – Module B

**DEDUCT ALTERNATE- #2**

Deduct the base bid Trane Accessory thermostats and control wiring along with installation.

**\$** 755.00

(Amount in figures printed electronically, typed, or handwritten legibly in ink)

Seven Hundred Fifty Five Dollars

(Amount in words electronically, typed, or handwritten legibly in ink)

**3. UNIT PRICES**

The Bidder submits these predetermined Unit Prices as the Basis for any change orders approved in advance by the State. These Unit Prices include **all** costs, including labor, materials, services, regulatory compliance, overhead, and profit.

| DESCRIPTION OF SERVICES | CONTRACTORS UNIT COST |
|-------------------------|-----------------------|
|-------------------------|-----------------------|

| Unit Price No. 1 | Provide and Install Duct Insulation per Section 01-2010, C.1 |                     |
|------------------|--|---------------------|
|                  | Unit of Measurement: per Section 01-2200, C.1                | \$ 336.89 per sq ft |

**4. CONTRACT TIME**

The Bidder offers to perform the work in accordance with the timeline specified below:

- Start of Construction..... Upon Issue of State Purchase Order
- The existing cooling equipment must remain operational through July 31, 2016 and the new equipment must be available to provide cooling for the start of the school year on September 7, 2016.
- Base Bid Substantial Completion ..... 120-Days after Issue of State Purchase Order (Substantial Completion is considered to be the level of completion that allows the owner to move forward with the next phase of Testing and Balancing)
- Base Bid Final Completion  
Final Completion shall be achieved when the weather permits the equipment to be operated and tested to confirm performance in both heating and cooling modes under typical outdoor conditions for each mode. This Final Completion testing shall take place as soon after Substantial Completion as possible, but in no case longer than 180 days

**Solicitation # : 7550187**

**Solicitation Title: Rooftop Unit Replacement for the Concert Hall – Fine Arts Building – Module B**

after Substantial Completion. We have included all premium time or additional staffing required to accommodate this schedule.

- Alternates and Close-out Documentation Final Completion

180-Days after Issue of State Purchase Order

The Final Completion date for Work shall be within **180** calendar days of the Purchase Order from the Division of Purchases.

## **5. LIQUIDATED DAMAGES**

The successful bidder awarded a contract pursuant to this solicitation shall be liable for and pay the State, as liquidated damages and not as a penalty, the following amount for each calendar day of delay beyond the date for substantial completion, as determined in the sole discretion of the State: **Five Hundred Dollars (\$500.00) per day.**

## **BID FORM SIGNATURE(S)**

This bid proposal is irrevocable for 60 days from the bid proposal submission deadline.

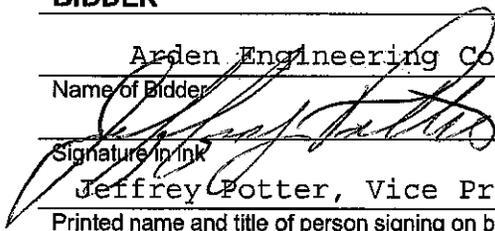
If the Bidder is determined to be the successful bidder pursuant to this solicitation, the bidder will promptly: (i) comply with each of the requirements of the Tentative Letter of Award; and (ii) commence and diligently pursue the work upon issuance and receipt of the purchase order from the State and authorization from the user agency.

The person signing below certifies that he or she has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

### **BIDDER**

Date: 2/26/2016

Arden Engineering Constructors LLC  
Name of Bidder

  
Signature in Ink

Jeffrey Potter, Vice President  
Printed name and title of person signing on behalf of Bidder

# Master Contractor License 7544 RIVIP # 34964

Bidder's Contractor Registration Number



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](http://www.dlt.ri.gov/pw).

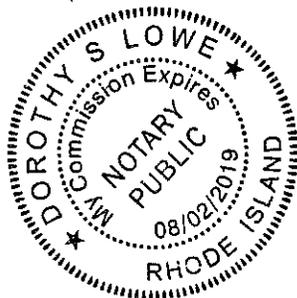
**CERTIFICATION**

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

By: *[Signature]*  
Title: Vice President

Subscribed and sworn before me this 19 day of February 2016

*Dorothy S Lowe*  
Notary Public  
My commission expires: 8/2/19



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

*TTY via RI Relay 711*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/3/2016

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).

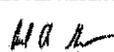
| <b>PRODUCER</b><br>Capacity Coverage Company<br>One International Blvd.<br>3rd Floor<br>Mahwah NJ 07495   | <b>CONTACT NAME:</b> Paula Moscetti<br><b>PHONE (A/C No. Ext):</b> 201-661-2397<br><b>E-MAIL ADDRESS:</b> mleschhorn@capcoverage.com  | <b>FAX (A/C No.):</b> 201-661-7360 |                               |        |  |  |                                 |       |                                      |       |  |       |            |  |            |
|---|---|------------------------------------|-------------------------------|--------|--|--|---------------------------------|-------|--------------------------------------|-------|--|-------|------------|--|------------|
|   | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: National Union Fire Co. of Pittsbur</td> <td></td> </tr> <tr> <td>INSURER B: Phoenix Insurance Co</td> <td>25623</td> </tr> <tr> <td>INSURER C: Charter Oak Fire Ins. Co.</td> <td>25615</td> </tr> <tr> <td>INSURER D: Travelers Indemnity Co of America</td> <td>25666</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table> |                                    | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: National Union Fire Co. of Pittsbur |  | INSURER B: Phoenix Insurance Co | 25623 | INSURER C: Charter Oak Fire Ins. Co. | 25615 | INSURER D: Travelers Indemnity Co of America | 25666 | INSURER E: |  | INSURER F: |
| INSURER(S) AFFORDING COVERAGE   | NAIC #  |                                    |                               |        |  |  |                                 |       |                                      |       |  |       |            |  |            |
| INSURER A: National Union Fire Co. of Pittsbur  |   |                                    |                               |        |  |  |                                 |       |                                      |       |  |       |            |  |            |
| INSURER B: Phoenix Insurance Co   | 25623   |                                    |                               |        |  |  |                                 |       |                                      |       |  |       |            |  |            |
| INSURER C: Charter Oak Fire Ins. Co.  | 25615   |                                    |                               |        |  |  |                                 |       |                                      |       |  |       |            |  |            |
| INSURER D: Travelers Indemnity Co of America  | 25666   |                                    |                               |        |  |  |                                 |       |                                      |       |  |       |            |  |            |
| INSURER E:  |   |                                    |                               |        |  |  |                                 |       |                                      |       |  |       |            |  |            |
| INSURER F:  |   |                                    |                               |        |  |  |                                 |       |                                      |       |  |       |            |  |            |
| <b>INSURED</b><br>Arden Engineering Constructors LLC<br>505 Narragansett Park Drive<br>Pawtucket RI 02861 |   |                                    |                               |        |  |  |                                 |       |                                      |       |  |       |            |  |            |

**COVERAGES**                      **CERTIFICATE NUMBER:** 1261185663                      **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        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> contractual<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | Y                  | Y             | VTNCO2400A489PHX15      | 4/18/2015               | 4/18/2016 | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$ |
| C        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS   | Y                  | Y             | VTHCAP2399A437TIA15     | 4/18/2015               | 4/18/2016 | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| A        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000   | Y                  | Y             | 066694913               | 4/18/2015               | 4/18/2016 | EACH OCCURRENCE \$11,000,000<br>AGGREGATE \$11,000,000<br>\$  |
| D        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y                  | N/A           | VTJUB2400A47715         | 4/18/2015               | 4/18/2016 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000                               |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 re: project name and no. Listed below are additional insureds under general liability and auto liability as respects the operations and completed operations of the named insured, where required by written contract and per policy terms and conditions. General liability and auto liability is primary and non-contributory where required by written contract. General liability, auto liability and workers compensation includes waivers of subrogation in favor of the additional insureds where required by written contract. General liability and workers compensation exclude any consolidated Insurance Program (CIP) including but not limited to an Owner Controlled Program (OCIP) Contractor Controlled Insurance Program (CCIP), Wrap up or similar program that any insured is an enrolled contractor of any tier.

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>To Whom it May concern | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|

## Request for Taxpayer Identification Number and Certification

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

|  |  |   |
|--|--|---|
| Print or type<br>See Specific Instructions on page 2.    | Name (as shown on your income tax return)<br><b>Arden Building Companies, LLC</b>  |   |
|  | Business name/disregarded entity name, if different from above<br><b>Arden Engineering Constructors, LLC</b>   |   |
|  | Check appropriate box for federal tax classification:<br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>P</b><br><input type="checkbox"/> Other (see instructions) ▶ |   |
|  | Exemptions (see instructions):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____   |   |
|  | Address (number, street, and apt. or suite no.)<br><b>505 Narragansett Park Drive</b>  | Requester's name and address (optional) |
| City, state, and ZIP code<br><b>Pawtucket, R I 02861</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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**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  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |
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|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Employer identification number  |   |   |   |   |   |   |   |   |   |   |   |  |
| <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">-</td> <td style="width: 20px;">5</td> <td style="width: 20px;">1</td> <td style="width: 20px;">-</td> <td style="width: 20px;">2</td> <td style="width: 20px;">6</td> <td style="width: 20px;">7</td> <td style="width: 20px;">4</td> <td style="width: 20px;">7</td> </tr> </table> | 2 | 0 | - | 5 | 1 | - | 2 | 6 | 7 | 4 | 7 |  |
| 2   | 0 | - | 5 | 1 | - | 2 | 6 | 7 | 4 | 7 |   |  |

### Part II Certification

Under penalties of perjury, I certify that:

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

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

|                  |   |                       |
|------------------|---|-----------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ <i>Maguelme M Benoit</i> | Date ▶ <i>1/29/16</i> |
|------------------|---|-----------------------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** The IRS has created a page on [irs.gov](http://irs.gov) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

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

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

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

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

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

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

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

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

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1449 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

State of Rhode Island and Providence Plantations  
Rhode Island Department of Labor and Training

**CONTRACT MASTER/PIPE 00007544**



**JOHN A PUNIELLO  
23 KING PHILLIP AVENUE  
BRISTOL RI 02809**

**JOHN SHAW**  
Administrator

**11/30/2017**  
Expiration Date

State of Rhode Island and Providence Plantations  
Rhode Island Department of Labor and Training

**ARDEN ENGINEERING CONSTRUCTOR  
CONTRACTOR MASTER CMP02272**



**JOHN A PUNIELLO  
23 KING PHILLIP AVENUE  
BRISTOL RI 02809**

**JOHN SHAW**  
Administrator

**11/30/2017**  
Expiration Date

Bank References: Bank of America

Surety: Travelers Casualty and Surety Company

Name of bonding company: Cormack Routhier Agency

Name and address of agent: 1 Harry St  
Cranston, R.I.

## 5. FINANCING

### Financial Statement

Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:

Current assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory, and prepaid expenses);

Net fixed assets;

Other assets;

Current liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries, and accrued payroll taxes);

Other liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).

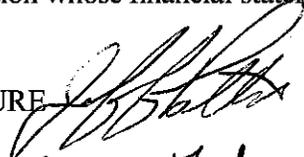
Name and address of firm preparing attached financial statement, and date thereof:

Is the attached financial statement for the identical organization named on Page 1?

If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent-subsiary).

Will the organization whose financial statement is attached act as guarantor of the contract for construction?

6. SIGNATURE



6.1 Dated at this 19 day of February, 2016

Name of Organization: Arden Engineering Constructors

By: Jeff Potter

Title: Vice President

6.2 Mr. or Mrs.

being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

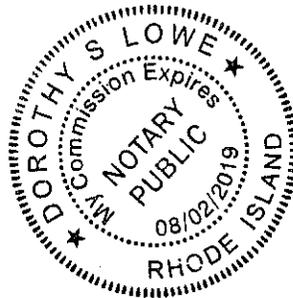
Subscribed and sworn to before me in Pawtucket this 19 day of February, 2016

Notary Public: Dorothy S Lowe (Printed Name)

Dorothy S Lowe (Signature)

My Commission Expires: 8/2/19

END OF DOCUMENT





**FINANCIAL STATEMENTS:**

Arden Engineering Constructors, LLC does not release its financial statements.

Financial statements and Line of Credit information can be viewed in person or via Go-T0-Meeting upon request to Gordon Fletcher, Chief Financial Officer.  
Contact Tel: (401) 727-3500 Contact Email: [gletcher@ardeneng.com](mailto:gletcher@ardeneng.com)

Thank you for your cooperation.  
ARDEN ENGINEERING CONSTRUCTORS, LLC

**505 Narragansett Park Drive  
Pawtucket, RI 02861**



505 Narragansett Park Drive  
Pawtucket, RI 02961  
**Phone: (401) 727-3500**  
**Fax: (401) 727-3540**

**Credit Information**

**Bill to Address:** Arden Engineering Constructors, LLC.  
505 Narragansett Park Drive  
Pawtucket, RI 02861

**Federal ID #:** 20-5126747 Arden Building Companies, LLC. – Arden Engineering Constructors, LLC

**Business Type:** Mechanical Contractors

**Year Established:** "03" (Previously Arden Engineering Constructors, Inc.)

**President:** Robert M. Bolton

**Vice President:** Kenneth E. Demers

**Accounts Payable Contacts** Karyn Kirylo email: [kkirylo@ardeneng.com](mailto:kkirylo@ardeneng.com) (Materials)  
Dorothy Silva-Lowe email: [dsilva-lowee@ardeneng.com](mailto:dsilva-lowee@ardeneng.com) (Sub Contractors)

**Bank:** Bank of America Account Number: 009429280747  
111 Westminster Street Contact: Don McQueen  
Providence, RI 02903 (PH) 401-278-2906

**References:**

|  |  |
|--|--|
| F.W. Webb<br>3 Slater Road<br>Cranston, RI 02920                         | Contact: Ted Bryan<br>(PH) 401-463-3741<br>(FAX) 401-463-4103<br>Email: <a href="mailto:emb@fwwebb.com">emb@fwwebb.com</a>                           |
| Cranston Windustrial<br>150 Jefferson Blvd.<br>Warwick, RI 02888         | Contact: Eva Turcotte<br>(PH) 401-941-8370<br>(FAX) 401-781-6250<br>Email: <a href="mailto:eturcotte@windustrial.com">eturcotte@windustrial.com</a>  |
| Newman Associates, Inc.<br>80 Hudson Road, Suite 200<br>Canton, MA 02021 | Contact: Barbara Bonanno<br>(PH) 781-329-4000<br>(FAX) 781-471-3123<br>Email: <a href="mailto:bbonanno@newmanassoc.com">bbonanno@newmanassoc.com</a> |

# THE AMERICAN INSTITUTE OF ARCHITECTS



A 1A Document A 3 1 0

## Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we Arden Engineering Constructors, LLC,  
505 Narragansett Park Drive, Pawtucket, RI 02861

as Principal, hereinafter called the Principal, and Travelers Casualty and Surety Company of America  
350 Granite Street, Suite 1201, Braintree, MA 02184-3905

a corporation duly organized under the laws of the State of CT  
as Surety, hereinafter called the Surety, are held and firmly bound unto  
State of Rhode Island, Department of Administration, One Capitol Hill, Providence, RI 02908

as Obligee, hereinafter called the Obligee, in the sum of Five Percent (5%) of the amount  
of the accompanying 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.

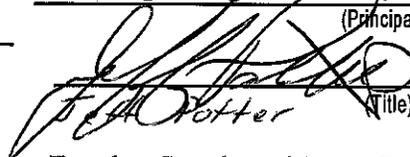
WHEREAS, the Principal has submitted a bid for \_\_\_\_\_  
URI - Fine Arts Building, Module B Concert Hall Rooftop Replacements

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.

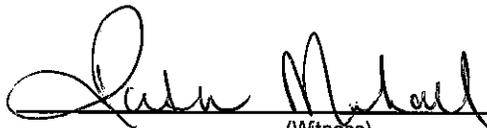
Signed and sealed this 19th day of February 2016

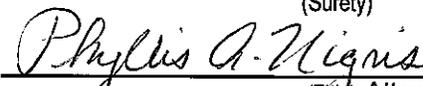
  
(Witness)

Arden Engineering Constructors, LLC,  
(Principal) (Seal)

  
(Title) Vice Pres.

Travelers Casualty and Surety Company of America  
(Surety) (Seal)

  
(Witness)

  
(Title) Attorney-in-Fact



POWER OF ATTORNEY

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company

Attorney-In Fact No. 223141

Certificate No. 006350918

KNOW ALL MEN BY THESE PRESENTS: That Farmington Casualty Company, St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company are corporations duly organized under the laws of the State of Connecticut, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

Michael E. Bromage, James J. Bromage, and Phyllis A. Nigris

of the City of Cranston, State of Rhode Island, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 14th day of July, 2015.

Farmington Casualty Company
Fidelity and Guaranty Insurance Company
Fidelity and Guaranty Insurance Underwriters, Inc.
St. Paul Fire and Marine Insurance Company
St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
Travelers Casualty and Surety Company
Travelers Casualty and Surety Company of America
United States Fidelity and Guaranty Company



State of Connecticut
City of Hartford ss.

By: [Signature]
Robert L. Raney, Senior Vice President

On this the 14th day of July, 2015, before me personally appeared Robert L. Raney, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal. My Commission expires the 30th day of June, 2016.



[Signature]
Marie C. Tetreault, Notary Public