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:	7550213
Solicitation Title:	ASBESTOS REMOVAL - MPA-196 (31 PGS)
Bid Proposal Submission Deadline Date & Time:	2/18/2016 11:30 AM
RIVIP Vendor ID #:	25423
Bidder Name:	Yankee Fiber Control
Address:	50 Industrial Way Seekonk , MA 02771 USA
Telephone:	(401) 435-4390
Fax:	(401) 435-5584
Contact Name:	Jim Hutzler
Contact Title:	President
Contact Email:	jhutzler@yankeefiber.com

SECTION 2 —DISCLOSURES

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

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-4, and if "Yes," provide details below. Complete Disclosure 5. If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder.

No 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.

No 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.

No 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.

No 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):
James Hutzler, President, 50 Industrial Way, Seekonk MA 02771
Ronald Gagnon, Jr. Vice President, 50 Industrial Way, Seekonk MA 02771

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:

Yes 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.

Yes 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.

Yes 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.

Yes 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.

Yes 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.

Yes 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.

Yes 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.

Yes 8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.

Certification details (continue on additional sheet if necessary):

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

BIDDER

Date: 02/18/2016

Yankee Fiber Control, Inc
Name of Bidder

Signature in ink

Ronald Gagnon Jr
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 : 26-JAN-16
BID NUMBER: 7550213
TITLE: Asbestos Removal - MPA-196

BLANKET START : 01-MAR-16
BLANKET END : 28-FEB-17
BID CLOSING DATE AND TIME: 18-FEB-2016 11:30:00

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

BILL TO
MASTER PRICE AGREEMENT
SEE BELOW
RELEASE AGAINST, RI MPA
US

SHIP TO
MASTER PRICE AGREEMENT
SEE BELOW
RELEASE AGAINST, RI MPA
US

Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
	Blanket Requirement: March 1, 2016 - February 28, 2017 with one (1) year option to renew if so decided by the State of RI. THIS SOLICITATION IS ISSUED TO ACQUIRE THE SERVICES OF A RHODE ISLAND LICENSED CONTRACTOR FOR STATEWIDE ASBESTOS REMOVAL. THE VENDOR MUST BE AN ASBESTOS ABATEMENT CONTRACTOR CERTIFIED BY THE RHODE ISLAND DEPARTMENT OF HEALTH. IT IS ANTICIPATED THAT THE VENDOR WILL PROVIDE COMPLETE ASBESTOS ABATEMENT CONTRACTOR SERVICES TO THE STATE, INCLUDING REMOVAL, DISPOSAL, AND/OR ENCAPSULATION OF ASBESTOS AND ALL OTHER RELATED WORK ITEMS ASSOCIATED WITH THIS WORK. PAYMENT WILL BE ON A TIME AND MATERIAL BASIS, WITH THE RATES TO BE AS LISTED. ANY REIMBURSABLE ITEMS SHALL BE COMPENSATED FOR AT A DIRECT COST, WITH NO MARK-UP.				
1	MPA-196 3/1/16 - 2/28/17 RATE PER HOUR CLEANUP PERSONNEL WITH MISC. TOOLS AND EQUIPMENT (ON SITE - MILEAGE/TRAVEL TIME NOT ALLOWED) - EQUIPMENT RENTAL Includes application of all insulating materials, protective coverings, coatings, & finishings to all types of mechanical systems.	8.00	Hour	N/A	
2	MPA-196 3/1/16 - 2/28/17 OVERTIME RATE PER HOUR CLEANUP PERSONNEL WITH MISC. TOOLS AND EQUIPMENT (ON SITE - MILEAGE/TRAVEL TIME NOT ALLOWED) - EQUIPMENT RENTAL Includes application of all insulating materials, protective coverings, coatings, & finishings to all types of mechanical systems. Labor over 8 hours per day, after 5:00 PM or on Saturdays, Sundays and Holidays	5.00	Hour	N/A	
3	MPA-196 3/1/16 - 2/28/17 HEPA VACUUM (NIL FISK) One thousand dollars per day	1.00	Day	$1,000.00	

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

Request for Quote

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

CREATION DATE : 26-JAN-16
BID NUMBER: 7550213
TITLE: Asbestos Removal - MPA-196

BLANKET START : 01-MAR-16
BLANKET END : 28-FEB-17
BID CLOSING DATE AND TIME: 18-FEB-2016 11:30:00

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

BILL TO
MASTER PRICE AGREEMENT
SEE BELOW
RELEASE AGAINST, RI MPA
US

SHIP TO
MASTER PRICE AGREEMENT
SEE BELOW
RELEASE AGAINST, RI MPA
US

Requistion Number:

Line	Description	Quantity	Unit	Unit Price	Total
4	MPA-196 3/1/16 - 2/28/17 NEG. PRESSURE UNIT (HEPA) Thirty-five dollars per day.	1.00	Day	$35.00	
5	MPA-196 3/1/16 - 2/28/17 HIGH VOL. SAMPLE PUMP Thirty dollars per day.	1.00	Day	$30.00	
6	MPA-196 3/1/16 - 2/28/17 PERSONAL SAMPLE PUMP Twenty dollars per day.	1.00	Day	$20.00	
7	MPA-196 3/1/16 - 2/28/17 AIR PRESSURE MONITOR (CHART TYPE) Forty-five dollars per day.	1.00	Day	$45.00	
8	MPA-196 3/1/16 - 2/28/17 DECON Seventy-five dollars per day.	1.00	Day	$75.00	
9	MPA-196 3/1/16 - 2/28/17 DISPOSAL Six dollars and twenty-five cents per bag.	14.00	Cylinder (Bag)	$6.25	
10	MPA-196 3/1/16 - 2/28/17 MPA-196 CLEANUP PERSONNEL WITH MISC. TOOLS AND EQUIPMENT (ON SITE - MILEAGE/TRAVEL TIME NOT ALLOWED) - EQUIPMENT RENTAL Includes preparation, wetting, stripping, removal scrapping, vacuuming, bagging & disposing of all insulation materials, whether they contain asbestos or not, from mechanical systems.	7.00	Hour	$122.00 One hundred twenty-two dollars per hour.	
11	MPA-196 3/1/16 - 2/28/17 OVERTIME RATE PER HOUR CLEANUP PERSONNEL WITH MISC. TOOLS AND EQUIPMENT (ON SITE - MILEAGE/TRAVEL TIME NOT ALLOWED) - EQUIPMENT RENTAL Includes preparation, wetting, stripping, removal scrapping, vacuuming, bagging & disposing of all insulation materials, whether they contain asbestos or not, from mechanical systems. SHOW YOUR VALID RHODE ISLAND LICENSE #: LAC-001 /RI LIC. NO. OVERTIME RATES: 1. LABOR OVER 8 HOURS PER DAY, AFTER 5:00 P.M. OR ON SATURDAYS WILL BE PAID AT ONE AND ONE-HALF TIMES THE ABOVE RATES.	3.00	Hour	$152.80 One hundred fifty-two dollars and eighty cents per hour.	

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

Request for Quote

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

CREATION DATE : 26-JAN-16
BID NUMBER: 7550213
TITLE: Asbestos Removal - MPA-196

BLANKET START : 01-MAR-16
BLANKET END : 28-FEB-17
BID CLOSING DATE AND TIME: 18-FEB-2016 11:30:00

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

BILL TO
MASTER PRICE AGREEMENT
SEE BELOW
RELEASE AGAINST, RI MPA
US

SHIP TO
MASTER PRICE AGREEMENT
SEE BELOW
RELEASE AGAINST, RI MPA
US

Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
	2. LABOR ON SUNDAY AND HOLIDAYS WILL BE PAID AT TWO TIMES THE ABOVE RATES. A STATEWIDE MASTER PRICE AGREEMENT ISSUED AS A RESULT OF THIS SOLICITATION SHALL BE UTILIZED BY THE VARIOUS DEPARTMENTS AND AGENCIES OF THE STATE FOR INTERMITTENT PROJECTS WHOSE COMPLETION COST WILL NOT EXCEED $30,000.00. PROJECTS EXCEEDING $30,000.00 SHALL NOT BE ALLOWED UNDER PROVISIONS OF THE MPA WITHOUT PRIOR APPROVAL AND EXPRESSED AUTHORIZATION OF THE DIVISION OF PURCHASES. THE MASTER PRICE AGREEMENT AWARDED AS THE RESULT OF THIS SOLICITATION, MAY, AT THE SOLE DISCRETION OF THE STATE BE EXTENDED FOR ONE (1) ADDITIONAL YEAR. VENDOR, BY SUBMISSION OF THIS OFFER, AGREES TO MAINTAIN SUCH PRICING FOR A SECOND YEAR IF MPA EXTENSION IS SO DECIDED BY THE STATE. THE STATE, AT ITS SOLE OPTION, SHALL RESERVE THE RIGHT TO REJECT ANY OR ALL BIDS OR TO MAKE A SINGLE OR MULTIPLE AWARD AS THE RESULT OF THIS SOLICITATION.				

Delivery: FOB

Terms of Payment: Net 30

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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

Lincoln D. Chafee
Governor
Charles J. Fogarty
Director

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

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

CERTIFICATION

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

By: Ronald A. Gay Jr.

Title: Vice President

Subscribed and sworn before me this 18th day of February 2016

Notary Public
My commission expires: 2-19

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

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

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

Taxpayer Identification Number (T.I.N.)

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

Social Security No. (SSN) | | | |

Employer ID No. (EIN) | 05 | 0411293 |

NAME Yankee Fiber Control Inc

ADDRESS 50 Industrial Way, Seekonk MA 02771

(REMITTANCE ADDRESS, IF DIFFERENT) _____

CITY, STATE AND ZIP CODE _____

CERTIFICATION: Under penalties of perjury, I certify that:

(1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), **and**
(2) I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

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

PLEASE SIGN HERE

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

BUSINESS DESIGNATION:

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

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

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

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

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

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

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

Client#: 36145 YANKEFIB

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/10/2016

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 Starkweather & Shepley PO Box 549 Providence, RI 02901-0549 401 435-3600	CONTACT NAME: Jessica Mussi PHONE (A/C, No, Ext): 401 435-3600 FAX (A/C, No): 401 431-9321 E-MAIL ADDRESS: jmussi@starshep.com
INSURED Yankee Fiber Control, Inc. 50 Industrial Way Seekonk, MA 02771	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Starr Indemnity & Liability Co — 38318 INSURER B : Massachusetts Bay Insurance Co. — 22306 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			1000065537151	04/07/2015	04/07/2016	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
	X BI/PD Ded:5,000						MED EXP (Any one person)	$5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$1,000,000
	POLICY X PRO-JECT LOC						GENERAL AGGREGATE	$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$2,000,000
								$
B	AUTOMOBILE LIABILITY			ADE9629040	04/06/2015	04/06/2016	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			1000336457151	04/07/2015	04/07/2016	EACH OCCURRENCE	$10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$10,000,000
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		100 0001997	02/11/2016	02/11/2017	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH)						E.L. EACH ACCIDENT	$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$1,000,000
							E.L. DISEASE - POLICY LIMIT	$1,000,000
A	Pollution			1000065537151	04/07/2015	04/07/2016	$1,000,000	
A	Professional			1000065537151	04/07/2015	04/07/2016	$1,000,000	

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

** Supplemental Name **

Yankee Leasing Corp.

Yankee Surface Technologies Inc.

Jaca, Inc.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

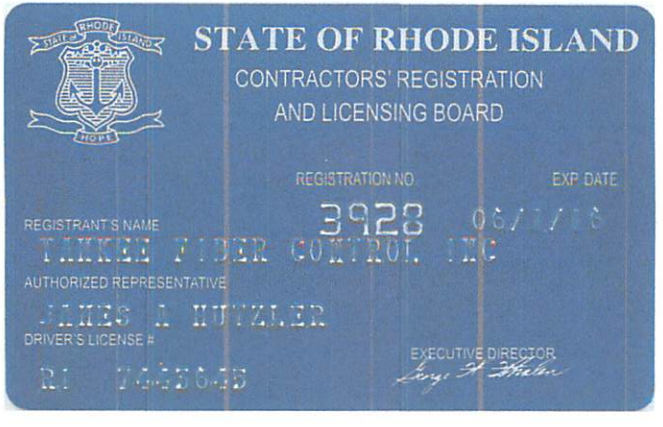
AUTHORIZED REPRESENTATIVE

Steven E Bewore

© 1988-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

KMG



STATE OF RHODE ISLAND

CONTRACTORS' REGISTRATION AND LICENSING BOARD

REGISTRATION NO. 3928

EXP. DATE 06/1/18

REGISTRANT'S NAME
TANKEE FIBER CONTROL INC

AUTHORIZED REPRESENTATIVE
JAMES J HUTZLER

DRIVER'S LICENSE #
RI [illegible]

EXECUTIVE DIRECTOR

State of Rhode Island and Providence Plantations
DEPARTMENT OF HEALTH
HEALTHY ENVIRONMENT TEAM – ASBESTOS PROGRAM

ASBESTOS ABATEMENT CONTRACTOR LICENSE

Pursuant to Title 23, Chapter 24.5 of the General Laws of Rhode Island (the Act) and the Rhode Island Rules and Regulations for Asbestos Control and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to act as an Asbestos Abatement Contractor. This licens eis subject to all applicable provisions of the Act and all applicable rules, regulations and orders of the Rhode Island Department of Health-Office of Occupational and Radiological Health now or hereafter in effect and to any conditions specified below.

Licensee:	**YANKEE FIBER CONTROL INC**
Address:	**50 INDUSTRIAL WAY** **SEEKONK MA 02771**
License Number:	**LAC-001**
Expiration Date:	**06/30/2016**
Asbestos Abatement Activities Authorized:	**Removal, encapsulation or enclosure of asbestos containing material in accordance with Part B of the Rhode Island Rules and Regulations**

For a listing of site supervisors that are associated with this license please visit our website at the following web address:

http://www.health.ri.gov/hsr/professions/license.php

At least one Asbestos Abatement Site Supervisors must be physically present whenever any on-site work is being performed in conjunction with an approved asbestos abatement project. The photo ID issued by the Agency must be clearly displayed by an Asbestos Abatement Site Supervisor at all times while supervising an approved asbestos abatement project. Except as specifically provided otherwise in this license, the licensee shall conduct his program in accordance with statements, procedures and representations contained in the documents, including any enclosures. The Rhode Island Rules and Regulations for Asbestos Control shall govern unless the statements, representations and procedures in the licensee's application and correspondence are more restrictive than the regulations.

Bonnie Cassani-Brandt
Training and Compliance Manager
Healthy Homes and Environment