Boston Branch Office

KONE

Elevators Escalators

KONE Inc.
One New Boston Drive
Canton, MA 02021
Tel 781-603-6147
Fax 781-828-6499
www.kone.com
jon.sullivan@kone.com

State of Rhode Island and Providence Plantations
Department of Administration
Division of Purchases
Attn; John O'Hara
One Capitol Hill
Providence, RI 02908

RE: Elevator Maintenance and Repairs for (4) URI Campuses

Dear Mr. O'Hara,

On behalf of KONE, I would like to thank you for the opportunity to bid on such a prestigious project. Enclosed you will find our bid as outlined in the RFP, and I hope you find the information included complete.

I would like to propose the following as additions to the specifications outlined in the RFP:

Insurance – In lieu of naming the State of Rhode Island as "additional insured" KONE will provide Purchaser with an Owner's and Contractor's Protective Liability (OCPL) policy. An example of which is attached for your consideration.

Indemnification - KONE shall indemnify and hold harmless the State of Rhode Island and its officers, agents and employees of any of them from and against third party claims, damages, losses and expenses, including but not limited to reasonable attorney's fees, arising out of or resulting from performance of KONE's Services under this Bid, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, but only to the extent caused by the negligent acts or omissions of KONE.

Consequential Damages - Notwithstanding anything to the contrary in this Bid, in no event will either party be liable to the other party for any consequential, exemplary, special, liquidated, incidental, or indirect damages (including lost profits or loss of goodwill) (collectively, "Consequential Damages") arising out of or related to this Bid, whether such damages are based in contract, tort (including negligence and strict liability) or any other form of action, even if such party has been advised of the possibility of any Consequential Damages.

Hazardous Materials - Notwithstanding anything contained to the contrary within this bid or contract, KONE's work shall not include any abatement or disturbance of asbestos containing material (ACM), presumed asbestos containing materials (PACM) or other hazardous materials (i.e. lead, PCBs) (collectively "HazMat"). KONE shall have the right to discontinue its work in any location where suspected HazMat is encountered or disturbed. Any HazMat removal or abatement, or delays caused by such, required in order for KONE to perform its work shall be the State of Rhode Island's sole responsibility and expense.

We look forward to continuing our partnership with State of Rhode Island.

Should you have questions or concerns do not hesitate to contact me directly 781-603-6147.

Respectfully,

Jon Sullivan
Account Manager

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY DECLARATIONS
OLD REPUBLIC INSURANCE COMPANY

OLD REPUBLIC Insurance Company

POLICY NUMBER

MWZY 57677

RENEWAL OF NUMBER

POLICY HOLDER SERVICE OFFICE

Old Republic Risk Management, Inc.
445 South Moorland Road, Suite 300
Brookfield, WI 53005
(877) 797-3400

PRODUCER

Aon Risk Services Central, Inc.
200 E. Randolph St.
Chicago, IL 60601

NAMED INSURED AND MAILING ADDRESS

SAMPLE OWNER

123 ANY STREET
ANY CITY, ST

POLICY PERIOD: FROM 1/1/2014 **to** 12/31/2014 at 12:01 A.M. Standard Time at your mailing address shown above.

Location of Covered Operations: SAMPLE PROJECT NAME
SAMPLE CITY LOCATION, STATE

Designated Contractor: KONE INC.

Mailing Address: ONE KONE COURT, MOLINE, IL 61265

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THE POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE

Each Occurrence Limit	$1,000,000.00
Aggregate Limit	$1,000,000.00

DESCRIPTION OF BUSINESS

Form of Business:

☐ Individual ☐ Joint Venture ☐ Partnership ☐ Limited Liability Company ☐ Corporation

■ Organization (Other than one indicated above)

Business Description: OWNER

CLASSIFICATION AND PREMIUM-SUBJECT TO AUDIT

Classification	Code No.	Premium Base	Rate Per 1000 of Cost	Advance Premium
			$	Included

Audit Period (If applicable)

State Tax/Other (if applicable) $ _____

Total Advance Premium $ _____

Premium shown is payable $ _____ at inception

FORMS AND ENDORSEMENTS

Forms and Endorsements applying to this coverage part and made part of this policy at time of issue:
See Attached for List of Forms/Endorsements

Countersigned: 1/3/2014 By

Authorized Representative

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DECLARATIONS - GENERAL LIABILITY POLICY	POLICY IDENTIFICATION MWZY 57677

FORMS AND ENDORSEMENTS (Page 1 of 1)

FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY AT INCEPTION

Form No.	Description
CL 177 12 07	Quick Reference Owners And Contractors Protective Liability Coverage Part
CG 00 09 12 07	Owners And Contractors Protective Liability Coverage Form – Coverage for Operations Of Designated Contractor
PIL 008 12 03	Economic and Trade Sanctions Condition
CG 29 51 12 07	Employment-Related Practices Exclusion
PGL 004 11 03	Asbestos Exclusion Endorsement
PGL 023 11 03	Lead Exclusion Endorsement
CG 33 70 03 05	Silica or Silica-Related Dust Exclusion
CG 31 31 12 04	Fungi Or Bacteria Exclusion
IL 00 21 09 08	Nuclear Energy Liability Exclusion Endorsement
CG 21 73 01 08	Exclusion of Certified Acts of Terrorism
CG 29 05 07 05	Illinois Changes - Cancellation And Nonrenewal
IL 01 47 09 11	Illinois Changes – Civil Union
IL 01 62 09 08	Illinois Changes - Defense Costs
PGL 059 12 04	Total Pollution Exclusion with a Building Heating, Cooling and Dehumidifying Equipment Exception and a Hostile Fire Exception
GL 551 010a 0109	Issuance of Certificates of Insurance
CG 28 05 10 01	Personal Injury Liability
IL 00 03 09 08	Calculation of Premium
CG 28 04 10 93	Earlier Notice of Cancellation Provided By Us

This declaration and the coverage form(s) and endorsements, if any, listed above and attached, complete this policy.

Countersigned at: _____ Authorized Agent: Gary Vico

Date: 1/3/2014

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OTHER NAMED INSURED ENDORSEMENT

Named Insured:			Endorsement Number:
SAMPLE OWNER			1
Policy Number:	**Policy Period:**		
MWZY 57677	1/1/2014	**TO** 12/31/2014	
Issued By (Name of Insurance Company):			
Old Republic Insurance Company			

Insert the policy number. The remained of the information is to be completed only when the endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modified insurance provided under the following:

OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM

The following are added as named insureds:

SAMPLE GENERAL CONTRACTOR
SAMPLE ARCHITECT

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CL 177
(12-07)

QUICK REFERENCE
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART

READ YOUR POLICY CAREFULLY

The Owners and Contractors Protective Liability Coverage Part in your policy consists of Declarations, a Coverage Form (CG 00 09) and Endorsements, if applicable. Following is a Quick Reference indexing of the principal provisions contained in each of the components making up the Coverage Part, listed in sequential order, except for the provisions in the Declarations which may not be in the sequence shown.

DECLARATIONS

- Named Insured and Mailing Address
- Policy Period
- Designation of Contractor
- Location of Covered Operations
- Limits of Insurance
- Description of Business
- Forms and Endorsements applying to the Coverage Part at time of issue

COVERAGE FORM

- SECTION I—COVERAGES—BODILY INJURY AND PROPERTY DAMAGE LIABILITY
  - Insuring Agreement
  - Exclusions
  - Supplementary Payments
- SECTION II—WHO IS AN INSURED
- SECTION III—LIMITS OF INSURANCE
- SECTION IV—CONDITIONS
  - Bankruptcy
  - Cancellation
  - Changes
  - Duties In The Event Of Occurrence, Claim Or Loss
  - Examination Of Your Books And Records
  - Inspections And Surveys
  - Legal Action Against Us
  - Other Insurance
  - Premiums
  - Premium Audit
  - Separation Of Insureds
  - Transfer Of Rights Of Recovery Against Others To Us
  - When We Do Not Renew
- SECTION V—DEFINITIONS

ENDORSEMENTS (If Any)

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OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM – COVERAGE FOR OPERATIONS OF DESIGNATED CONTRACTOR

Various provisions of this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we", "us" and "our" refer to the Company providing this insurance.

The word "insured" means any person or organization qualifying as such under Section II – Who Is An Insured.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section V – Definitions.

SECTION I – COVERAGES

BODILY INJURY AND PROPERTY DAMAGE LIABILITY

1. Insuring Agreement

a. We will pay those sums that the insured becomes legally obligated to pay as damages because of "bodily injury" or "property damage" to which this insurance applies. We will have the right and duty to defend the insured against any "suit" seeking those damages. However, we will have no duty to defend the insured against any "suit" seeking damages for "bodily injury" or "property damage" to which this insurance does not apply. We may, at our discretion, investigate any "occurrence" and settle any claim or "suit" that may result. But:

(1) The amount we will pay for damages is limited as described in Section III – Limits Of Insurance; and

(2) Our right and duty to defend ends when we have used up the applicable limit of insurance in the payment of judgments or settlements.

No other obligation or liability to pay sums or perform acts or services is covered unless explicitly provided for under Supplementary Payments.

b. This insurance applies to "bodily injury" and "property damage" only if:

(1) The "bodily injury" or "property damage" is caused by an "occurrence" and arises out of:

(a) Operations performed for you by the "contractor" at the location specified in the Declarations; or

(b) Your acts or omissions in connection with the general supervision of such operations;

(2) The "bodily injury" or "property damage" occurs during the policy period; and

(3) Prior to the policy period, no insured listed under Paragraph **1.** of Section II – Who Is An Insured and no "employee" authorized by you to give or receive notice of an "occurrence" or claim, knew that the "bodily injury" or "property damage" had occurred, in whole or in part. If such a listed insured or authorized "employee" knew, prior to the policy period, that the "bodily injury" or "property damage" occurred, then any continuation, change or resumption of such "bodily injury" or "property damage" during or after the policy period will be deemed to have been known prior to the policy period.

c. "Bodily injury" or "property damage" which occurs during the policy period and was not, prior to the policy period, known to have occurred by any insured listed under Paragraph **1.** of Section II – Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim, includes any continuation, change or resumption of that "bodily injury" or "property damage" after the end of the policy period.

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d. "Bodily injury" or "property damage" will be deemed to have been known to have occurred at the earliest time when any insured listed under Paragraph **1.** of Section **II** – Who Is An Insured or any "employee" authorized by you to give or receive notice of an "occurrence" or claim:

(1) Reports all, or any part, of the "bodily injury" or "property damage" to us or any other insurer;

(2) Receives a written or verbal demand or claim for damages because of the "bodily injury" or "property damage"; or

(3) Becomes aware by any other means that "bodily injury" or "property damage" has occurred or has begun to occur.

e. Damages because of "bodily injury" include damages claimed by any person or organization for care, loss of services or death resulting at any time from the "bodily injury".

2. Exclusions

This insurance does not apply to:

a. Expected Or Intended Injury

"Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" resulting from the use of reasonable force to protect persons or property.

b. Contractual Liability

"Bodily injury" or "property damage" for which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages:

(1) That the insured would have in the absence of the contract or agreement; or

(2) Assumed in a contract or agreement that is an "insured contract", provided the "bodily injury" or "property damage" occurs subsequent to the execution of the contract or agreement. Solely for the purposes of liability assumed in an "insured contract", reasonable attorney fees and necessary litigation expenses incurred by or for a party other than an insured are deemed to be damages because of "bodily injury" or "property damage", provided:

(a) Liability to such party for, or for the cost of, that party's defense has also been assumed in the same "insured contract"; and

(b) Such attorney fees and litigation expenses are for defense of that party against a civil or alternative dispute resolution proceeding in which damages to which this insurance applies are alleged.

c. Work Completed Or Put To Intended Use

"Bodily injury" or "property damage" which occurs after the earlier of the following times:

(1) When all "work" on the project (other than service, maintenance or repairs) to be performed for you by the "contractor" at the site of the covered operations has been completed; or

(2) When that portion of the "contractor's" "work", out of which the injury or damage arises, has been put to its intended use by any person or organization, other than another contractor or subcontractor working directly or indirectly for the "contractor" or as part of the same project.

d. Acts Or Omissions By You And Your Employees

"Bodily injury" or "property damage" arising out of your, or your "employees", acts or omissions other than general supervision of "work" performed for you by the "contractor".

e. Workers' Compensation And Similar Laws

Any obligation of the insured under a workers' compensation, disability benefits or unemployment compensation law or any similar law.

f. Employer's Liability

"Bodily injury" to:

(1) An "employee" of the insured arising out of and in the course of:

(a) Employment by the insured; or

(b) Performing duties related to the conduct of the insured's business; or

(2) The spouse, child, parent, brother or sister of that "employee" as a consequence of Paragraph (1) above.

This exclusion applies whether the insured may be liable as an employer or in any other capacity and to any obligation to share damages with or repay someone else who must pay damages because of the injury.

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This exclusion does not apply to liability assumed by the insured under an "insured contract".

g. Damage To Property

"Property damage" to:

(1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property;

(2) Property loaned to you;

(3) Personal property in the care, custody or control of the insured; or

(4) "Work" performed for you by the "contractor".

h. War

"Bodily injury" or "property damage", however caused, arising, directly or indirectly, out of:

(1) War, including undeclared or civil war;

(2) Warlike action by a military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or

(3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

i. Mobile Equipment

"Bodily injury" or "property damage" arising out of the use of "mobile equipment" in, or while in practice for, or while being prepared for, any prearranged racing, speed, demolition, or stunting activity.

j. Pollution

(1) "Bodily injury" or "property damage" arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

(a) At or from any premises, site or location which is or was at any time owned or occupied by, or rented or loaned to, any insured. However, this subparagraph does not apply to:

(i) "Bodily injury" if sustained within a building and caused by smoke, fumes, vapor or soot produced by or originating from equipment that is used to heat, cool or dehumidify the building, or equipment that is used to heat water for personal use, by the building's occupants or their guests;

(ii) "Bodily injury" or "property damage" arising out of heat, smoke or fumes from a "hostile fire";

(b) At or from any premises, site or location which is or was at any time used by or for any insured or others for the handling, storage, disposal, processing or treatment of waste;

(c) Which are or were at any time transported, handled, stored, treated, disposed of, or processed as waste by or for:

(i) Any insured; or

(ii) Any person or organization for whom you may be legally responsible; or

(d) At or from any premises, site or location on which any insured or any contractors or subcontractors working directly or indirectly on any insured's behalf are performing operations if the "pollutants" are brought on or to the premises, site or location in connection with such operations by such insured, contractor or subcontractor. However, this subparagraph does not apply to:

(i) "Bodily injury" or "property damage" arising out of the escape of fuels, lubricants or other operating fluids which are needed to perform the normal electrical, hydraulic or mechanical functions necessary for the operation of "mobile equipment" or its parts, if such fuels, lubricants or other operating fluids escape from a vehicle part designed to hold, store or receive them. This exception does not apply if the "bodily injury" or "property damage" arises out of the intentional discharge, dispersal or release of the fuels, lubricants or other operating fluids, or if such fuels, lubricants or other operating fluids are brought on or to the premises, site or location with the intent that they be discharged, dispersed or released as part of the operations being performed by such insured, contractor or subcontractor;

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(ii) "Bodily injury" or "property damage" sustained within a building and caused by the release of gases, fumes or vapors from materials brought into that building in connection with operations being performed by or on behalf of any insured; or

(iii) "Bodily injury" or "property damage" arising out of heat, smoke or fumes from a "hostile fire".

(e) At or from any premises, site or location on which any insured or any contractors or subcontractors working directly or indirectly on any insured's behalf are performing operations if the operations are to test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants".

(2) Any loss, cost or expense arising out of any:

(a) Request, demand, order or statutory or regulatory requirement that any insured or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants"; or

(b) Claim or suit by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to, or assessing the effects of "pollutants".

However, this paragraph does not apply to liability for damages because of "property damage" that the insured would have in the absence of such request, demand, order or statutory or regulatory requirement, or such claim or "suit" by or on behalf of a governmental authority.

k. Damage To Impaired Property Or Property Not Physically Injured

"Property damage" to "impaired property" or property that has not been physically injured, arising out of:

(1) A defect, deficiency, inadequacy or dangerous condition in "work" performed for you by the "contractor"; or

(2) A delay or failure by you or anyone acting on your behalf to perform a contract or agreement in accordance with its terms.

This exclusion does not apply to the loss of use of other property arising out of sudden and accidental physical injury to "work" performed for you by the "contractor".

l. Electronic Data

Damages arising out of the loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate electronic data.

As used in this exclusion, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from computer software, including systems and applications software, hard or floppy disks, CD-ROMS, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

SUPPLEMENTARY PAYMENTS

1. We will pay, with respect to any claim we investigate or settle, or any "suit" against an insured we defend:

a. All expenses we incur.

b. Up to $250 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which this insurance applies. We do not have to furnish these bonds.

c. The cost of bonds to release attachments, but only for bond amounts within the applicable limit of insurance. We do not have to furnish these bonds.

d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to $250 a day because of time off from work.

e. All court costs taxed against the insured in the "suit". However, these payments do not include attorneys' fees or attorneys' expenses taxed against the insured.

f. Prejudgment interest awarded against the insured on that part of the judgment we pay. If we make an offer to pay the applicable limit of insurance, we will not pay any prejudgment interest based on that period of time after the offer.

g. All interest on the full amount of any judgment that accrues after entry of the judgment and before we have paid, offered to pay, or deposited in court the part of the judgment that is within the applicable limit of insurance.

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h. Expenses incurred by the insured for first aid administered to others at the time of an accident, for "bodily injury" to which this insurance applies.

These payments will not reduce the limits of insurance.

2. If we defend an insured against a "suit" and an indemnitee of the insured is also named as a party to the "suit", we will defend that indemnitee if all of the following conditions are met:

   a. The "suit" against the indemnitee seeks damages for which the insured has assumed the liability of the indemnitee in a contract or agreement that is an "insured contract";

   b. This insurance applies to such liability assumed by the insured;

   c. The obligation to defend, or the cost of the defense of, that indemnitee, has also been assumed by the insured in the same "insured contract";

   d. The allegations in the "suit" and the information we know about the "occurrence" are such that no conflict appears to exist between the interests of the insured and the interests of the indemnitee;

   e. The indemnitee and the insured ask us to conduct and control the defense of that indemnitee against such "suit" and agree that we can assign the same counsel to defend the insured and the indemnitee; and

   f. The indemnitee:

      (1) Agrees in writing to:

         (a) Cooperate with us in the investigation, settlement or defense of the "suit";

         (b) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "suit";

         (c) Notify any other insurer whose coverage is available to the indemnitee; and

         (d) Cooperate with us with respect to coordinating other applicable insurance available to the indemnitee; and

      (2) Provides us with written authorization to:

         (a) Obtain records and other information related to the "suit"; and

         (b) Conduct and control the defense of the indemnitee in such "suit".

   So long as the above conditions are met, attorneys fees incurred by us in the defense of that indemnitee, necessary litigation expenses incurred by us and necessary litigation expenses incurred by the indemnitee at our request will be paid as Supplementary Payments. Notwithstanding the provisions of Paragraph **2.b.(2)** of Section **I** – Coverages – Bodily Injury And Property Damage Liability, such payments will not be deemed to be damages for "bodily injury" and "property damage" and will not reduce the limits of insurance.

   Our obligation to defend an insured's indemnitee and to pay for attorneys fees and necessary litigation expenses as Supplementary Payments ends when we have used up the applicable limit of insurance in the payment of judgments or settlements or the conditions set forth above, or the terms of the agreement described in Paragraph **f.** above, are no longer met.

SECTION II – WHO IS AN INSURED

1. If you are designated in the Declarations as:

   a. An individual, you and your spouse are insureds.

   b. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to their duties as partners or members of a joint venture.

   c. A limited liability company, you are an insured. Your members are also insureds, but only with respect to their duties as members of a limited liability company. Your managers are insureds, but only with respect to their duties as your managers.

   d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.

2. Each of the following is also an insured:

   a. Any person (other than your "employee") or any organization while acting as your real estate manager.

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b. Any person or organization having proper temporary custody of your property if you die, but only:

(1) With respect to liability arising out of the maintenance or use of that property; and

(2) Until your legal representative has been appointed.

c. Your legal representative if you die, but only with respect to duties as such. That representative will have all your rights and duties under this Coverage Part.

No person or organization is an insured with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

SECTION III – LIMITS OF INSURANCE

1. The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:

a. Insureds;

b. Claims made or "suits" brought; or

c. Persons or organizations making claims or bringing "suits".

2. The Aggregate Limit is the most we will pay for the sum of damages because of all "bodily injury" and "property damage".

3. Subject to Paragraph **2.** above, the Each Occurrence Limit is the most we will pay for the sum of damages because of all "bodily injury" and "property damage" arising out of any one "occurrence".

If you designate more than one project in the Declarations, the Aggregate Limit shall apply separately to each project.

The Limits of Insurance of this Coverage Part apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

SECTION IV – CONDITIONS

1. **Bankruptcy**

Bankruptcy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under this Coverage Part.

2. **Cancellation**

a. The first Named Insured shown in the Declarations may cancel this policy by mailing or delivering to us advance written notice of cancellation.

b. We may cancel this policy by mailing or delivering to the first Named Insured and the "contractor" written notice of cancellation at least:

(1) 10 days before the effective date of cancellation if we cancel for non-payment of premium; or

(2) 30 days before the effective date of cancellation if we cancel for any other reason.

c. We will mail or deliver our notices to the first Named Insured's and the "contractor's" last mailing address known to us.

d. Notice of cancellation will state the effective date of cancellation. The policy period will end on that date.

e. If this policy is cancelled, we will send the "contractor" any premium refund due. If we cancel, the refund will be pro rata. If the first Named Insured cancels, the refund may be less than pro rata. The cancellation will be effective even if we have not made or offered a refund.

f. If notice is mailed, proof of mailing will be sufficient proof of notice.

3. **Changes**

This policy contains all the agreements between you, the "contractor" and us concerning the insurance afforded. The first Named Insured shown in the Declarations and the "contractor" are authorized to make changes in the terms of this policy with our consent. This policy's terms can be amended or waived only by endorsement issued by us and made a part of this policy.

4. **Duties In The Event Of Occurrence, Claim Or Suit**

a. You must see to it that we are notified as soon as practicable of an "occurrence" which may result in a claim. To the extent possible, notice should include:

(1) How, when and where the "occurrence" took place;

(2) The names and addresses of any injured persons and witnesses; and

(3) The nature and location of any injury or damage arising out of the "occurrence".

b. If a claim is made or "suit" is brought against any insured, you must:

(1) Immediately record the specifics of the claim or "suit" and the date received; and

(2) Notify us as soon as practicable.

You must see to it that we receive written notice of the claim or "suit" as soon as practicable.

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c. You and any other involved insured must:

(1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";

(2) Authorize us to obtain records and other information;

(3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit"; and

(4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury or damage to which this insurance may also apply.

d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

5. Examination Of Your Books And Records

We may examine and audit your books and records as well as the "contractor's" books and records as they relate to this policy at any time during the policy period and up to three years afterward.

6. **Inspections And Surveys**

a. We have the right to:

(1) Make inspections and surveys at any time;

(2) Give you reports on the conditions we find; and

(3) Recommend changes.

b. We are not obligated to make any inspections, surveys, reports or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. And we do not warrant that conditions:

(1) Are safe or healthful; or

(2) Comply with laws, regulations, codes or standards.

c. Paragraphs **a.** and **b.** of this condition apply not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

d. Paragraph **b.** of this condition does not apply to any inspections, surveys, reports or recommendations we may make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

7. **Legal Action Against Us**

No person or organization has a right under this Coverage Part:

a. To join us as a party or otherwise bring us into a "suit" asking for damages from an insured; or

b. To sue us on this Coverage Part unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this Coverage Part or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

8. **Other Insurance**

The insurance afforded by this Coverage Part is primary insurance and we will not seek contribution from any other insurance available to you unless the other insurance is provided by a contractor other than the designated "contractor" for the same operation and job location designated in the Declarations. Then we will share with that other insurance by the method described below.

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach, each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

9. Premiums

The "contractor":

a. Is responsible for the payment of all premiums; and

b. Will be the payee for any return premiums we pay.

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10. Premium Audit

a. We will compute all premiums for this Coverage Part in accordance with our rules and rates.

b. Premium shown in this Coverage Part as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period and send notice to the "contractor". The due date for audit and retrospective premiums is the date shown as the due date on the bill. If the sum of the advance and audit premiums paid for the policy period is greater than the earned premium, we will return the excess to the "contractor".

c. The "contractor" must keep records of the information we need for premium computation, and send us copies at such times as we may request.

11. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

a. As if each Named Insured were the only Named Insured; and

b. Separately to each insured against whom claim is made or "suit" is brought.

12. Transfer Of Rights Of Recovery Against Others To Us

If the insured has rights to recover all or part of any payment we have made under this Coverage Part those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

13. When We Do Not Renew

If we decide not to renew this Coverage Part, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than 30 days before the expiration date.

If notice is mailed, proof of mailing will be sufficient proof of notice.

SECTION V – DEFINITIONS

1. "Auto" means:

   a. A land motor vehicle, trailer or semitrailer designed for travel on public roads, including any attached machinery or equipment; or

   b. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged.

   However, "auto" does not include "mobile equipment".

2. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these at any time.

3. "Contractor" means the contractor designated in the Declarations.

4. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".

5. "Executive officer" means a person holding any of the officer positions created by your charter, constitution, by-laws or any other similar governing document.

6. "Hostile fire" means one which becomes uncontrollable or breaks out from where it was intended to be.

7. "Impaired property" means tangible property, other than work performed for you, that cannot be used or is less useful because:

   a. It incorporates work performed for you that is known or thought to be defective, deficient, inadequate or dangerous; or

   b. You have failed to fulfill the terms of a contract or agreement;

   if such property can be restored to use by the repair, replacement, adjustment or removal of the work performed for you or your fulfilling the terms of the contract or agreement.

8. "Insured contract" means:

   a. A lease of premises;

   b. A sidetrack agreement;

   c. Any easement or license agreement, except in connection with construction or demolition operations on or within 50 feet of a railroad;

   d. An obligation, as required by ordinance, to indemnify a municipality, except in connection with work for a municipality; or

   e. An elevator maintenance agreement.

9. "Leased worker" means a person leased to you by a labor leasing firm under an agreement between you and the labor leasing firm, to perform duties related to the conduct of your business. "Leased worker" does not include a "temporary worker".

10. "Mobile equipment" means any of the following types of land vehicles, including any attached machinery or equipment:

    a. Bulldozers, farm machinery, forklifts and other vehicles designed for use principally off public roads;

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b. Vehicles maintained for use solely on or next to premises you own or rent;

c. Vehicles that travel on crawler treads;

d. Vehicles, whether self-propelled or not, maintained primarily to provide mobility to permanently mounted:

(1) Power cranes, shovels, loaders, diggers or drills; or

(2) Road construction or resurfacing equipment such as graders, scrapers or rollers;

e. Vehicles not described in Paragraph **a., b., c.** or **d.** above that are not self-propelled and are maintained primarily to provide mobility to permanently attached equipment of the following types:

(1) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment; or

(2) Cherry pickers and similar devices used to raise or lower workers;

f. Vehicles not described in Paragraph **a., b., c.** or **d.** above maintained primarily for purposes other than the transportation of persons or cargo.

However, self-propelled vehicles with the following types of permanently attached equipment are not "mobile equipment" but will be considered "autos":

(1) Equipment designed primarily for:

(a) Snow removal;

(b) Road maintenance, but not construction or resurfacing; or

(c) Street cleaning;

(2) Cherry pickers and similar devices mounted on automobile or truck chassis and used to raise or lower workers; and

(3) Air compressors, pumps and generators, including spraying, welding, building cleaning, geophysical exploration, lighting and well servicing equipment.

However, "mobile equipment" does not include land vehicles that are subject to a compulsory or financial responsibility law or other motor vehicle insurance law in the state where it is licensed or principally garaged. Land vehicles subject to a compulsory or financial responsibility law or other motor vehicle insurance law are considered "autos".

11. "Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions.

12. "Pollutants" mean any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.

13. "Property damage" means:

a. Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it; or

b. Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the "occurrence" that caused it.

For the purposes of this insurance, electronic data is not tangible property.

As used in this definition, electronic data means information, facts or programs stored as or on, created or used on, or transmitted to or from, computer software, including systems and applications software, hard or floppy disks, CD-ROMS, tapes, drives, cells, data processing devices or any other media which are used with electronically controlled equipment.

14. "Suit" means a civil proceeding, brought in the United States of America (including its territories and possessions), Puerto Rico or Canada, in which damages because of "bodily injury" or "property damage" to which this insurance applies are alleged. "Suit" includes:

a. An arbitration proceeding in which such damages are claimed and to which the insured must submit or does submit with our consent; or

b. Any other alternative dispute resolution proceeding in which such damages are claimed and to which the insured submits with our consent.

15. "Temporary worker" means a person who is furnished to you to substitute for a permanent "employee" on leave or to meet seasonal or short-term workload conditions.

16. "Work" includes materials, parts or equipment furnished in connection with the operations.

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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:	7550225
Solicitation Title:	ELEVATOR MAINTENANCE & REPAIRS FOR (4) URI CAMPUSES 29 PAGES AND 1 ZIP FILE
Bid Proposal Submission Deadline Date & Time:	2/25/2016 11:30 AM
RIVIP Vendor ID #:	74783
Bidder Name:	KONE Inc.
Address:	1 New Boston Drive Canton , MA 02021 USA
Telephone:	781-603-6147
Fax:	
Contact Name:	Jon Sullivan
Contact Title:	AccountManager
Contact Email:	jon.sullivan@kone.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): Attached

SECTION 3 —CERTIFICATIONS

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

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE BIDDER CERTIFIES THAT:

Y 1. The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.

Y 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.

Y 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.

Y 4. The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.

Y 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.

Y 6. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.

Y 7. The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.

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

Certification details (continue on additional sheet if necessary):

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

BIDDER

Date: 2/24/2016

KONE, Inc.
Name of Bidder

Jonathan P. Sullivan
Signature in ink

Jonathan P. Sullivan / Account Manager
Printed name and title of person signing on behalf of Bidder

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

TTY: Via RI Relay 711

Lincoln D. Chafee
Governor
Charles J. Fogarty
Director

STATE CONTRACT ADDENDUM

RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING

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

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

All Prevailing Wage Contractors and Subcontractors are required to:

1. Submit to the Awarding Authority a list of the contractor's subcontractors for any part or all of the prevailing wage work in accordance with RIGL § 37-13-4;

2. Pay all prevailing wage employees at least once per week and in accordance with RIGL §37-13-7 (see Appendix B attached);

3. Post the prevailing wage rate scale and the Department of Labor and Training's prevailing wage poster in a prominent and easily accessible place on the work site in accordance with RIGL §37-13-11; posters may be downloaded at www.dlt.ri.gov/pw/Posters.htm .poster/htm or obtained from the Department of Labor and Training, Center General Complex, 1511 Pontiac Avenue, Cranston, Rhode Island;

4. Access the Department of Labor and Training website, at www.dlt.ri.gov on or before July 1st of each year, until such time as the contract is completed, to ascertain the current prevailing wage rates and the amount of payment or contributions for each covered prevailing wage employee and make any necessary adjustments to the covered employee's prevailing wage rates effective July 1st of each year in compliance with RIGL §37-13-8;

5. Attach a copy of this CONTRACT ADDENDUM and its attachments as a binding obligation to any and all contracts between the contractor and any

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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

Lincoln D. Chafee
Governor
Charles J. Fogarty
Director

subcontractors and their assignees for prevailing wage work performed pursuant to this contract;

6. Provide for the payment of overtime for prevailing wage employees who work in excess of eight (8) hours in any one day or forty (40) hours in any one week as provided by RIGL §37-13-10;

7. Maintain accurate prevailing wage employee payroll records on a Rhode Island Certified Weekly Payroll form available for download at www.dlt.ri.gov/pw.forms/htm, as required by RIGL §37-13-13, and make those records available to the Department of Labor and Training upon request;

8. Furnish the fully executed RI Certified Weekly Payroll Form to the awarding authority on a monthly basis for all work completed in the preceding month.

9. For general or primary contracts one million dollars ($1,000,000) or more, shall maintain on the work site a fully executed RI Certified Prevailing Wage Daily Log listing the contractor's employees employed each day on the public works site; the RI Certified Prevailing Wage Daily Log shall be available for inspection on the public works site at all times; this rule shall not apply to road, highway, or bridge public works projects. Where applicable, furnish both the Rhode Island Certified Prevailing Wage Daily Log together with the Rhode Island Weekly Certified Payroll to the awarding authority.

10. Assure that all covered prevailing wage employees on construction projects with a total project cost of one hundred thousand dollars ($100,000) or more has a OSHA ten (10) hour construction safety certification in compliance with RIGL § 37-23-1;

11. Employ apprentices for the performance of the awarded contract when the contract is valued at one million dollars ($1,000,000) or more, and comply with the apprentice to journeyperson ratio for each trade approved by the apprenticeship council of the Department of Labor and Training in compliance with RIGL §37-13-3.1;

12. Assure that all prevailing wage employees who perform work which requires a Rhode Island trade license possess the appropriate Rhode Island trade license in compliance with Rhode Island law; and

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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: _____

Title: Account Manager

Subscribed and sworn before me this 11th day of December 2015

_____
Notary Public
My commission expires: 1/23/2020

An Equal Opportunity Employer/Program, /Auxiliary aids and services are available upon request to individuals with disabilities.
TTY via RI Relay 711

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
KONE Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) 5
Exemption from FATCA reporting code (if any) N/A
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
One KONE Court

Requester's name and address (optional)

6 City, state, and ZIP code
Moline, IL 61265

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
3 6 – 2 3 5 7 4 2 3

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.

Sign Here Signature of U.S. person ▶ Jodi Coderre Date ▶ 11.9.15

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

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. See *What is FATCA reporting?* on page 2 for further information.

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 1446 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.

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

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor[2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity[4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

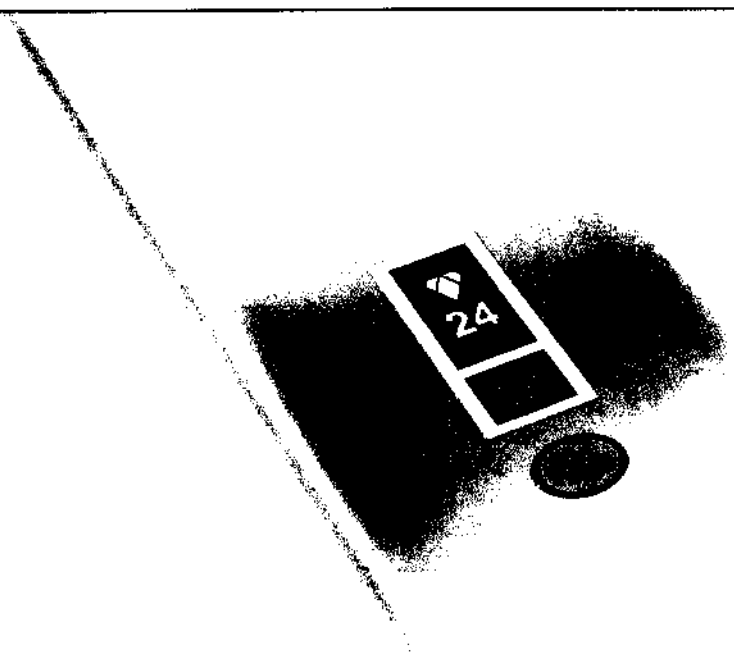
If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

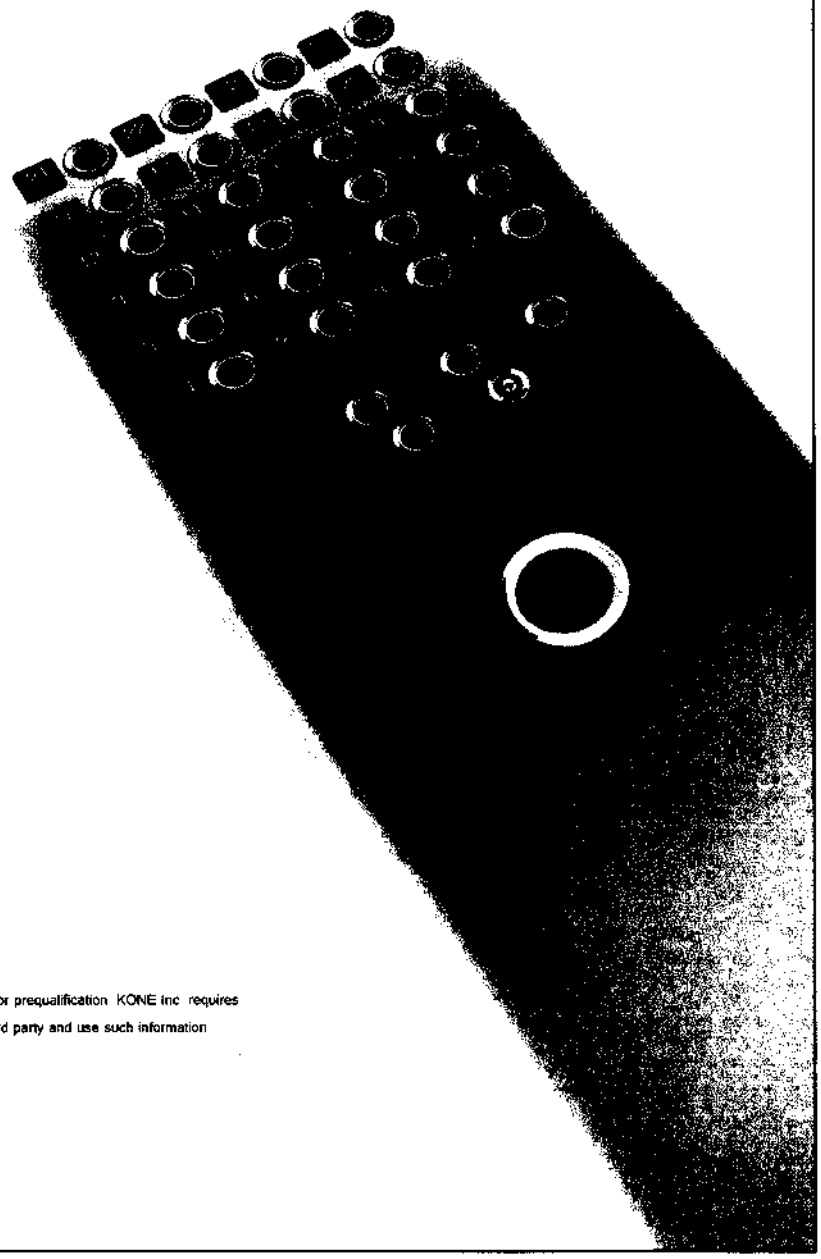
Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Dedicated to People Flow™ KONE





Submitted to:
Rhode Island Department of
Administration
Division of Purchases

Submitted by:
Jonathan Sullivan

Contact: Jonathan Sullivan
Phone: 781-603-6147
E-mail: jon.sullivan@kone.com

State Contractor License/
Business Registration: 74783

This information is up-to-date and
accurate to the best of our knowledge.

Date: December 4, 2015

CONFIDENTIALITY STATEMENT

The information contained herein is being disclosed to you in connection with a bid or prequalification KONE Inc requires that you keep this information in confidence not disclose such information to any third party and use such information only in connection with the bid or prequalification.

Thank you for considering KONE Inc. as a partner for your project!

KONE, one of the global leaders in the elevator and escalator industry, was founded in 1910. The company's objective is to offer the best People Flow experience by developing and delivering solutions that enable people to move smoothly, safely, comfortably and quickly through buildings in an increasingly urbanizing environment.

Our solutions are known for their industry leading eco-efficiency, design and innovative technology. Additionally, we offer a portfolio of services to support our customers and partners – architects, consultants, builders, developers, building owners and facility managers – at every step of their building's lifecycle; from design and construction to maintenance and modernization of their buildings.

KONE delivers a performance edge with a strong focus on Safety and Quality. In addition, we are proud to have engaged employees who are focused on providing the best Customer Experience possible.

The detail you will find throughout this Qualification Package provides KONE information and responses to the most commonly asked questions we see from customers when selecting KONE – and these are the same types of questions we ask of our partners! I trust you will find this package informative and helpful in your vendor qualification process. Please feel free to contact your local sales representatives for any further detail needed.

Thank you for considering KONE to work on your project. We look forward to doing business with you in the future.

Larry Wash
Executive Vice President
KONE Americas

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KONE

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Organization

KONE Inc.'s objective is to offer the best People Flow experience by developing and delivering solutions that enable people to move smoothly, safely, comfortably and without waiting in buildings in an increasingly urbanizing environment.

Legal Name:	KONE Inc.
Principal Office:	One KONE Court Moline, IL 61265
Type of Entity:	Corporation
State of Incorporation:	Delaware
Date of Incorporation:	12/31/1956
FEIN:	36-2357423
Website:	www.kone.us
Parent Company:	KONE Holdings Inc.
Address:	PO Box 5214 Bettendorf, IA 52722
History:	Founded in 1892*
Former names:	Moline Elevator Company (1892 –1913) Montgomery Elevator (1913 –1994) Montgomery KONE Inc. (1994 – 2000) KONE Inc. (2000 – present)
Nature of Business:	Design, manufacture, install, service, repair, maintain and modernize elevators, escalators and autowalks.
Licensing:	KONE Inc. is authorized to do business in all 50 states, U.S. Virgin Islands and Puerto Rico and holds current contractor licenses and business registrations where applicable.
NAICS Codes	238290 & 333921
SIC Codes	1796 & 3534
Subcontractor Scope of Work	Division 14
DUNS#:	00-526-2308

* KONE Inc. is an indirect subsidary of KONE Corporation, a Finnish company founded in 1910.

KONE

General Workforce Summary

The America's Workforce Summary as of June 30, 2014*:

US 4,119
Mexico 470
Canada 928

US Workforce Summary by:

Job Category	Employee Count
Exec/Sr Officials & Managers	15
First/Mid Officials & Managers	510
Professionals	246
Technicians	24
Sales Workers	261
Admin Support	218
Craft Workers	2,698
Operatives	73
Laborers	74
Grand Total	4,119

* Workforce demographic data for specific locations is available upon request.

KONE

KONE Inc. Directors and Officers

First Name	Last Name	Title	Business Address
Larry G.	Wash	Executive Vice President KONE Americas; Director/Chairman of the Board	4225 Naperville Road, Suite 400 Lisle, IL 60532
Kenneth E.	Schmid, Jr.	Senior Vice President Finance, Chief Financial Officer, Director	4225 Naperville Road, Suite 400 Lisle, IL 60532
Jeffrey S.	Blum	Senior Vice President West Region	1751 Harbor Bay Parkway, Suite 150 Alameda, CA 94502
Timothy J.	Joyce	Senior Vice President South Region	3550 George Busbee Parkway, Suite 360 Kennesaw, GA 30144
Mikko	Korte	Senior Vice President New Equipment Business	4225 Naperville Road, Suite 400 Lisle, IL 60532
Jay	Dietz	Senior Vice President North Region	4225 Naperville Road, Suite 400 Lisle, IL 60532
Michael	James	Senior Vice President Modernization	3550 George Busbee Parkway, Suite 360 Kennesaw, GA 30144
Charles D.	Moore	Senior Vice President Human Resources	4225 Naperville Road, Suite 400 Lisle, IL 60532
Jussi	Oijala	Senior Vice President Supply and Sourcing	4225 Naperville Road, Suite 400 Lisle, IL 60532
Kurt E.	Stepaniak	Senior Vice President Law and Acquisitions; Secretary	4225 Naperville Road, Suite 400 Lisle, IL 60532
Ronald L.	Bagwill	Vice President, Director of Supply Unit Americas	One Allen Center 700 Central Expwy South Allen, TX 75013
Corey	Ward	Vice President, Environmental Health & Safety	4225 Naperville Road, Suite 400 Lisle, IL 60532
Michael P.	Bauschka	Treasurer	One KONE Court Moline, IL 61265
John	Dahlquist, Jr.	Assistant Secretary	4225 Naperville Road, Suite 400 Lisle, IL 60532
Joseph	Kang	Assistant Secretary	4225 Naperville Road, Suite 400 Lisle, IL 60532
Barbara	Brockmeyer	Assistant Treasurer	One KONE Court Moline, IL 61265

Insurance and Bonding

KONE

Bonding Company:

Fidelity and Deposit Company of Maryland
1400 American Lane, Schaumburg, IL
Underwriter: John Bokovitz
Phone: 847-240-8111

State Incorporated: MD
Bonding Capacity: $300,000,000+
Best Key Rating: A+
Relationship Duration: 07/01/2002

Bonding Company:

Travelers Casualty and Surety Company of America
215 Shuman Boulevard, Naperville, IL 60563
Underwriter: Launa Reidenbach
Phone: 630-961-7051

State Incorporated: CT
Bonding Capacity: $125,000,000
Best Rating: A+
Relationship Duration: 05/01/2009

Bonding Company:

Chubb Insurance Group
233 S. Wacker Drive, Chicago, IL 60606
Underwriter: Nenad Osmanovic
Phone: 312-831-3778

State Incorporated: IN
Bond Capacity: $250,000,000
Best Rating: A++
Relationship Duration: 06/01/2009

Agent/Broker for All:

Aon Surety
Jean Torres
Surety Analyst/Aon Construction Services Group
Phone: 312-381-5214

Jeff Leadley
Director/Aon Construction Services Group
Phone: 312-381-2158

200 East Randolph Street, 12th Floor, Chicago, IL 60601
Email: kone.bonds@aon.com
Relationship Duration: 07/17/2007

KONE Inc.'s Surety program has been able to furnish all Performance and Payment Bonds required to date. Additional Surety capacity is available should the need arise. There have been no claims paid to date by our Surety program. Current bond rate is $4.00 per thousand dollars of total contract amount.

KONE

Sample Certificate of Insurance

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/18/2014

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: Aon Risk Services Central, Inc.
Chicago IL Office
200 East Randolph
Chicago, IL 60601

CONTACT NAME: Aon Client Services
PHONE (A/C, No, Ext): 866-269-7122 FAX (A/C, No): 847-953-5300
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Old Republic Insurance Company	24147
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED: KONE Inc.
Attn: insurancerequests@kone.com
One KONE Court
Moline IL 61265

COVERAGES — CERTIFICATE NUMBER: 22708279 — 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	✓ COMMERCIAL GENERAL LIABILITY			MWZY 67732	1/1/2015	1/1/2016	EACH OCCURRENCE	$ 10,000,000
	☐ CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 10,000,000
							MED EXP (Any one person)	$ 0
							PERSONAL & ADV INJURY	$ 10,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 10,000,000
	☐ POLICY ✓ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$ 10,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			MWTB 20018	1/1/2015	1/1/2016	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	✓ ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			MWC 11536707 (AOS)	1/1/2015	1/1/2016	✓ PER STATUTE / OTH-ER	
A	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N	N/A		MWXS 82207 (OH)	1/1/2015	1/1/2016	E.L. EACH ACCIDENT	$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	$ 2,000,000

SAMPLE

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

Contract No. - Project/Location: Sample Project Name Sample Project City St

CERTIFICATE HOLDER

Sample Holder Name
Sample Holder Address
City ST ZIP

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: Aon Risk Services Central, Inc.

Aon Risk Services Central, Inc.

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ACORD 25 (2014/01) — The ACORD name and logo are registered marks of ACORD

CERT NO.: 22708279 CLIENT CODE: 001 U.S. Vicki Perez 12/18/2014 3:43:31 AM (CST) Page 1 of 1
This certificate cancels and supersedes ALL previously issued certificates.

Safety

At KONE, safety has always been a high priority area. We strongly believe that each employee has the right to return home injury-free after each workday; therefore we have zero tolerance towards unsafe behavior and attitudes and our ultimate goal is to have zero incidents. To minimize incidents, we ensure that all our employees have the right set of competencies they need in order to perform their work in a safe manner. We have the same level of requirements for the safety of our subcontractors' employees as our own employees.

KONE continually strives to improve the safety of its equipment and work methods to realize the zero incident expectation. To improve KONE's safety culture, incidents and near-misses are continuously monitored and investigated. The lessons learned are discussed with the entire organization on a regular basis.

KONE trains employees on safety

The minimum requirement for all KONE employees and subcontractors is a general level of training in health and safety, which must be regularly refreshed. Additional training relating to respective work roles and tasks must be completed in order to develop and maintain the needed competencies.

KONE's steps to achieving world-class EHS performance

KONE Inc. is committed to becoming a world-class leader of Environment, Health, and Safety (EHS) excellence in everything we do and everywhere we conduct business. The actions below demonstrate KONE Inc.'s steps towards achieving world-class EHS performance:

- Employs full time safety-trained and health personnel.
- In place procedures for investigating, reporting, and follow-up of accidents and occupational injuries. Action items are documented to completion.
- Written Safety and Health program addressing management's commitment and expectations, employee participation, accountability, and responsibility, as well as work best practices and procedures.
- Personnel trained in first aid and CPR.
- Written substance abuse prevention program.
- Maintain inspection and maintenance certification for operating equipment.
- Safety field inspections are conducted on a weekly basis, while safety and health audits of company policies and procedures are conducted annually.
- Trained employees in appropriate job skills. Understanding is verified through: written and oral exams, performance testing, and job monitoring.
- Conduct safety and health orientation (8 hours) for new hires and personnel promotions.

Safety

KONE

EHS Team

Valdez Hails
EHS Director - New England, New York and Mid Atlantic
Phone: 240-743-8175
E-mail: Valdez.Hails@kone.com

Christopher Johnson
EHS Director - Southeast and South Central
Phone: 469-549-0581
E-mail: Christopher.Johnson@kone.com

Robert Whitaker
EHS Director, North - Central, and Great Plains
Phone: 678-290-4100
E-mail: Robert.Whitaker@kone.com

Lena Velluso
EHS Director – Mid Pacific, Mountain West, and Pacific Southwest
Phone: 425-260-1359
E-mail: Lena.Velluso@kone.com

Matthew Walsh
EHS Coordinator - ENA
Phone: 630-995-3171
E-mail: Matthew.Walsh@kone.com

Corey Ward
Vice President, EHS
Phone: 630-955-4220
E-mail: Corey.Ward@kone.com

Corporate Safety Statistics

Interstate (National) EMR	2010	2011	2012	2013	2014
# Total OSHA Recordable Cases	89	103	150	120	93
# Restricted Work Activity Cases	32	28	55	59	44
# Restricted Workdays	1,327	1,789	3,433	3,938	3,025
# Lost Workday Cases	13	16	37	29	17
# Lost Workdays	528	539	1479	1,385	425
# Fatalities	0	0	0	0	0
Employees Hours Worked	7,921,792	7,451,069	7,875,351	7,993,960	7,854,974
# Employees	3,961	3,725	3,930	3,996	3,927
Total Recordable Rate	2.25	2.76	3.8	3.0	2.39
Lost Workday Incident Rate (Lost Time Only)	0.33	0.43	0.93	0.73	0.43
DART Rate (Lost Time and Restricted Time)	1.14	1.18	2.3	2.20	1.55

Experience Mod Rate Verification

OLD REPUBLIC RISK MANAGEMENT
445 South Moorland Road, Suite 300
Brookfield, WI 53005
(262) 797 - 3400

January 5, 2015

Kristin Kahn
AON Risk Services Central, Inc.
200 East Randolph Street
Chicago, IL 60601

Re: KONE, Inc.
Effective 1/1/15 – 1/1/16

Dear Kristin:

According to your request, below are the NCCI Experience Modification Factors for the five years, valuation date 01/05/2015.

.72 eff. 1-1-15
.74 eff. 1-1-14
.73 eff. 1-1-13
.75 eff. 1-1-12
.80 eff. 1-1-11

These modification factors are true and correct as per the National Council on Compensation Insurance, Inc. (NCCI).

Sincerely,

OLD REPUBLIC RISK MANAGEMENT, INC.

Smita Desai
Sr. Account Manager

www.orrm.com
Please reply P.O. Box 2939 Milwaukee, Wisconsin 53201-2939•Fax 262/797-0486

KONE

Workers' Compensation Rates

Class Code 5160
Rates Effective 1/1/15

Rate per $100 payroll

State	2015 Rate
AK	3.37
AL	4.88
AR	1.64
AZ	3.24
CA	3.67
CO	3.74
CT	8.38
DC	7.80
DE	7.50*
FL	3.58
GA	3.23
HI	2.02
IA	5.06
ID	2.96
IL	8.99
IN	1.43
KS	2.62
KY	4.58
LA	4.19
MA	3.91
MD	4.13
ME	3.38
MI	2.82
MN	4.60
MO	4.48
MS	2.96

State	2015 Rate
MT	3.85
NC	5.64
ND	Upon Request
NE	4.21
NH	5.12
NJ	7.43
NM	5.44
NV	3.41
NY	8.23
OH	0.5184
OK	3.02
OR	2.25
PA	5.26*
RI	4.63
SC	5.34
SD	4.29
TN	3.99
TX	3.05
UT	3.27
VA	4.06
VT	5.06
WA	1.6903 (per hr)
WI	3.93
WV	3.02
WY	5.47

** Interstate/NCCI Experience Mod – 0.72, Applies in all states except where another mod is shown above (CA, DE, MI, NJ, PA)

*For DE and PA, class code 675 is equivalent to 5160

Quality

KONE Quality Objectives are to improve customer loyalty, reduce call outs and minimize the cost of poor quality. To achieve our objectives, our established Quality Strategy is to provide superior service experience by strengthening involvement of people and continuously improve the quality of our solutions and processes. A copy of the KONE Quality Manual describing the KONE Management System focused on Quality and Environment is available upon request.

KONE uses the ISO 9001:2008 and ISO 14001:2004 for selected units to provide benchmarks against which entire global operations can be measured. KONE Americas Supply Line is certified under the global Certification Process. Certificates are available upon request.

KONE ISO 9001 and 14001 Certificate Number(s):

FQA 0964592/A
Expires June 30, 2015
Issued by Lloyd's Register Quality Assurance France

Supplier Quality Management

KONE has created one KONE Sourcing organization to continuously improve customer value with the aim of reducing total cost of ownership. Supplier Quality Management, as a part of the KONE Sourcing organization, is responsible to set up and implement a harmonized supplier qualification process across the organization and assure an effective supplier development system.

Cross functional teams take into account the sensitivity of the goods/services purchased. We maintain a list of supplier profiles to achieve quality targets and competitiveness when changing products and/or suppliers.

A "Quality Annex" is a part of the supply agreement. The Quality Annex contains all the Quality targets and the Quality control plan agreed with supplier, in line with KONE targets and processes.

Supplier Quality Management monitors the performance of suppliers using KONE Process (Preventative and Corrective Action System, Feedback Process and KPI measurements). Regular performance reporting between KONE and key suppliers are conducted in order to motivate both parties to improve continuously toward the agreed quality targets.

Financials

KONE

KONE Inc. is an indirect subsidiary of KONE Corporation located in Espoo, Finland. KONE operates on a calendar year end (December 31). The KONE Annual Report and audited financial statements are prepared globally on a consolidated basis only, and reflect KONE worldwide operations. A condensed income statement and balance sheet are attached for your reference. Please visit the KONE Investor page for a complete copy of the current and past interim and annual reports.
http://www.kone.com/corporate/en/Investors/reportsandpresentations/Pages/default.aspx

The audited financials and annual reports are prepared by:
PricewaterhouseCoopers Oy
Itämerentori 2
FI-00180 Helsinki, Finland

KONE Inc. has never filed for Bankruptcy or Reorganization. A copy of the *Letter of Support* from KONE Corporation is included.

Key Figures

Currency = MEUR	2014	2013	2012	2011	2010
Sales	7,335	6,933	6,277	5,225	4,987
Orders received	6.813	6.151	5.496	4.465	3.809
Order book	6.952	5.587	5.050	4.348	3.598
Total Assets	6,360	5,343	5,109	4,727	4,148
Total Liabilities	4.297	3.691	3.204	2.694	2.547
Equity / Net Worth (Total Assets - Total Liabilities)	2.063	1.725	1.905	2.033	1.601
Leverage (Total Liab / Equity)	2.08	2.10	1.68	1.33	1.59
Current Assets	4,191	3,405	3,204	2,977	2,725
Current Liabilities	3.839	3.217	2.862	2.397	2.245
Working Capital (Current Assets - Current Liabilities)	352	188	342	580	480
Current Ratio (Current Assets / Current Liabilities)	1.09	1.06	1.12	1.24	1.21

KONE

KONE Consolidated Balance Sheet

Assets MEUR (Million Euros)	Dec 31, 2014	Dec 31, 2013
Non-current assets		
Goodwill	1,208.9	1,103.6
Other intangible assets	261.8	228.9
Property, plant and equipment	317.1	269.6
Investments in associated companies	4.5	4.3
Shares	108.0	107.9
Non-current loans receivable	6.3	5.3
Deferred tax assets	262.8	218.9
Total non-current assets	**2,169.4**	**1,938.3**
Current assets		
Inventories	1,211.8	1,103.9
Accounts receivable	1,368.3	1,164.6
Deferred assets	284.7	203.0
Income tax receivables	47.2	43.0
Current deposits and loans receivable	942.7	551.4
Cash and cash equivalents	336.1	339.1
Total current assets	**4,190.6**	**3,405.0**
Total assets	**6,360.0**	**5,343.3**

Equity and liabilities MEUR (Million Euros)	Dec 31, 2014	Dec 31, 2013
Capital and reserves attributable to the shareholders of the parent company		
Share capital	65.6	65.3
Share premium account	100.3	100.3
Paid-up unrestricted equity reserve	127.0	105.4
Fair value and other reserves	-5.5	7.3
Translation differences	118.3	-7.0
Remeasurements of employee benefits	-92.0	-50.6
Retained earnings	1,704.2	1,473.3
Total shareholders' equity	**2,017.8**	**1,694.2**
Non-controlling interests	44.5	30.4
Total equity	**2,062.4**	**1,724.6**
Non-current liabilities		
Loans	31.2	21.1
Deferred tax liabilities	110.6	106.1
Employee benefits	178.9	134.7
Total non-current liabilities	**320.8**	**261.9**
Provisions	**137.4**	**139.4**
Current liabilities		
Current portion of long-term loans	9.3	8.1
Short-term loans and other liabilities	153.8	110.0
Advance payments received	1,628.7	1,397.5
Accounts payable	597.1	511.2
Accruals	1,371.0	1,105.5
Income tax payables	79.6	85.2
Total current liabilities	**3,839.4**	**3,217.4**
Total equity and liabilities	**6,360.0**	**5,343.3**

KONE

KONE Consolidated Statement of Income

Currency = MEUR (Million Euros)	Jan 1 - Dec 31, 2014	%	Jan 1 - Dec 31, 2013	%
Sales	7,334.5		6,932.5	
Costs, expenses and depreciation	-6,298.8		-5,979.1	
One-time cost	0.0		0.0	
Operating income	**1,035.7**	**14.1**	**953.4**	**13.8**
Share of associated companies' net income	-0.3		1.1	
Financing income	43.5		42.7	
Financing expenses	-62.6		-36.8	
Income before taxes	**1,016.4**	**13.9**	**960.4**	**13.9**
Taxes	-242.4		-247.3	
Net income	**773.9**	**10.6**	**713.1**	**10.3**
Net income attributable to:				
Shareholders of the parent company	755.6		701.8	
Non-controlling interests	18.4		11.3	
Total	**773.9**		**713.1**	
Earnings per share for profit attributable to the shareholders of the parent company, EUR				
Basic earnings per share, EUR	1.47		1.37	
Diluted earnings per share, EUR	1.47		1.36	

Corporate Financial Letter of Support

Treasury

To whom it may concern

Espoo, 1st of January, 2015

Letter of Support

KONE Inc., One KONE Court, Moline, IL 61625, USA, is a solely, indirectly 100% owned subsidiary of KONE Corporation.

It has always been our business policy to manage all units of our group companies in such a manner that they are able to meet their financial obligations. We confirm that it will remain our policy to manage KONE Inc. in the same way so as to enable them to satisfy all their obligations and liabilities.

This confirmation is valid until 31st December 2015 after which it will automatically become void.

Yours faithfully,

KONE Corporation

Sirkku Markula

SVP, Corporate Treasurer

Nina Leväjärvi

SVP, Global Taxes

References and Experience

KONE

Our customers' success is our goal. We work for and with them to identify and deliver solutions that exceed expectations. We keep our promises. We drive new ideas to realization with speed and an obsession for customer-driven quality.

Bank Reference

Name:	First Midwest Bank, N.A. 506 15th Street Moline, IL 61265
Contact:	Ray Tiedeman
Phone:	309-797-7505
Line of Credit:	15,000,000 (LOC letter included)
ABA (Routing):	071901604
Account:	01-1800-1

Trade References

Giese Companies Attn: Charlie Giese	7025 Chavenelle Road Dubuque, IA 52002 Tel: 563-588-8772 Email: Charlie@gieseco.com
DRAKA Elevator Products Attn: Accounts Payable	2151 North Church Street, PO B Rocky Mount, NC 27802-0400 Tel: 877-32-5237 Email: Eric.lazear@draka.com
Innovation Industries, Inc. Attn: Paul Horney, CEO	3500 East Main Street, PO Box 29 Russellville, AR 72802 Tel: 800-843-1004 Email: Paul.Horney@innovationind.com

KONE

First Midwest Bank Line of Credit

First Midwest Bank

July 22, 2015

To whom it may concern:

Please allow this letter to serve as notice that Kone, Inc. currently maintains a revolving line of credit with First Midwest Bank in the amount of $2,500,000. The line of credit has a maturity date of June 4, 2016. The company also maintains a depository relationship with First Midwest Bank since 1964. The banking relationship has always been handled as agreed. Kone, Inc. is a valued client of First Midwest Bank. If you need any additional information, please do not hesitate to contact me at (309) 797-7537.

Sincerely,

Mark A. Evans
Market President

Member FDIC

KONE

Construction Volume (past 5 years)

2014 – 4.976 Billion Euros
2013 – 4.710 Billion Euros
2012 – 4.143 Billion Euros
2011 – 3.292 Billion Euros
2010 – 3.142 Billion Euros

KONE Inc. subcontracts <2% of all construction work. On occasion, KONE may need to retain the service of qualified hole drillers.

Certified LEED Buildings

KONE has successfully helped projects across the United States earn LEED credits in the Energy & Atmosphere and Innovation in Design categories through the installation of KONE's Machine Room-Less elevator solutions. We fully support the needs of our customers and their projects and will work to gather all necessary quantitative data needed for your projects.

Building Name	Location	Level of Certification
Siemens Medical Solutions Office Building	Cary	Gold
440 S. Church St.	Charlotte	Gold
300 N. LaSalle	Chicago	Gold
Howard M. Metzenbaum Court House	Cleveland	Certified
SAP America Headquarters	Newton Square	Platinum
McKinney Green Building	McKinney	Platinum
Corgan Associates, Inc.	Dallas	Silver
IntelliCenter – Dallas	Irving	Certified
Flour Corporate Headquarters	Irving	Certified
Westchase Park Campus Phase 1	Houston	Gold
Ronald McDonald House	Austin	Platinum
10001 New Hampshire Avenue	Silver Spring	Gold
Cashell Elementary School	Rockville	Gold
Sidwell Friends Middle School	Washington D.C.	Platinum
Hotel Terra	Teton Village	Silver
National Hispanic Cultural Center of New	Albuquerque	Gold
Day Break Corporate Center	South Jordan	Platinum
200 Renaissance at Colony Park	Ridgeland	Gold
Chevron North Park – Louisiana Office	Covington	Gold
EPA Region 8 Headquarters	Denver	Gold
Bourne Mille Apts.	Tiverton	Silver

KONE

Top 10 Completed Projects by Quantity of Units *

Project Name	Location	Quantity	Project End Date
McCarran Airport, T-3	Las Vegas	73	February 2012
Blocks 75 & 76 Redevelopment – City Creek	Salt Lake City	64	February 2012
WMATA Silver Line Phase 1	Multiple	51	September 2013
SEATAC	Seattle	44	November 2013
CONRAC – Atlanta Airport	College Park	34	March 2009
LAX VT Project – Escalators	Los Angeles	32	January 2011
J.W. Marriott Hotel Complex	Indianapolis	31	November 2010
United Nations Capital	New York	31	June 2012
OSU Boone Pickens III	Stillwater	28	July 2009
Wishard Hospital Replacement Facility	Indianapolis	28	December 2013

Top 10 Projects in Progress by Quantity of Units*

Project Name	Location	Quantity	Project End Date
WMATA	Washington DC	129	June 2020
Madison Square Garden Renovations	New York	55	October 2014
VA Hospital New Orleans	New Orleans	41	April 2015
SLVCHS Replacement Hospital	Los Angeles	41	April 2015
Kyle Field	College Station	34	September 2015
Atlanta Airport Escalator	Atlanta	29	February 2016
Ameristar	Lake Charles	27	August 2014
Stanford University Adult Hospital	Stanford	22	December 2016
Echo Aventura	Aventura	18	July 2015
GWB Bus Station	New York	18	February 2015

* KONE is publicly listed on the NASDAQ OMX Helsinki exchange. Due to KONE Disclosure Guidelines, we are unable to release specific contract dollar amounts. Disclosure guidelines also prevent release of specific customer information without customer approval.

Litigation, Arbitration, Mediation and Claims

Like other large American corporations, at any given time KONE has a variety of claims and lawsuits filed against it. KONE can state with confidence that there are no outstanding judgments against KONE, and that no known claims now existing, nor aggregate of known claims now pending, in any manner impinge on the financial strength of the company or in any manner limit the ability of KONE to perform any contract or project. KONE is seldom, if ever, subject to a judgment against it in a contractual dispute. KONE takes its contractual obligations very seriously and is committed to meeting all its obligations in a timely, professional and satisfactory manner. We take pride in being able to resolve disputes with or against our customers in a non-litigious manner to the satisfaction of both parties.

ATTACHMENT "A"

ITEM NO.	DESCRIPTION	QUANTITY	UOM	UNIT PRICE	EXTENDED PRICE

GROUP PURCHASING ORGANIZATIONS (GPO):
THE UNIVERSITY OF RHODE ISLAND IS A MEMBER OF THE FOLLOWING:
1) Educational & Institutional Cooperative Purchasing (E&I)
2) Provista

IF THIS IS A MULTI-YEAR BID/CONTRACT. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE UNIVERSITY. TERMINATION MAY BE EFFECTED BY THE UNIVERSITY BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE UNIVERSITY TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/ SERVICES AND SUBJECT TO AVAILABILITY OF FUNDS.

DELIVERY AS REQUESTED

BLANKET REQUIREMENTS 4/1/16 - 12/31/18

This is a full maintenance contract to include systematic maintenance, inspection, parts and all safety tests on the list of sixty (66) elevators and nine (9) wheel-chair lifts located in various buildings on the Kingston, Narragansett Bay Campus, Alton Jones Campus of the University of Rhode Island and CCE-Providence Campus.

Extent of Coverage
Regularly and systematically examine, adjust, lubricate, and whenever required as the result of wear and tear of normal elevator usage repair or replace the equipment using trained personnel directly employed and supervised by you to maintain the equipment in operating condition.

Furnish all labor, parts, tools, specialized testing equipment, computerized diagnostic equipment, lubricants, cleaning compounds and cleaning equipment.

After the annual and other elevator inspections all routine and conract required repairs and service shall be completed within 15 working days and the proper notice sent to the State of Rhode Island, and The University of Rhode Island.

All State of Rhode Island elevator laws and regulations shall be met under this contract.

This service contract shall cover all maintenance and normal wera and tear repairs as part of the base bid and shall not be billable. Student damage shall be a billable item under this contact.

A minimum of 1 hour of maintenance per month per unit is required to properly maintain the listed equipment. Log books and maintenance charts are to be supplied and maintained in each machine room for each elevator. The log books and charts will become the property of the University.

Relamp all signals as required during regular examinations only.

Periodically examine and test the hydraulic system and/or governor, safeties, and buffers on the equipment as outlined in Aamerican National Standard Safety Code for elevators and wheelchair lifts. A,N.S.I. A17.1 and Rhode Island state elevator F Code 2.50L current editionas of the date of this agreement is submitted.

The annual safety test is to be included and scheduled with the proper authorities The test will be performed on a date chosen by the authorities, in addition, the five-year full load safety test shall be performed in accordance with Rhode Island General Law. The contractor shall furnish all necessary labor, tools and weights for the test. All necessary retests, as may be required by the state elevator inspector, will be made at no cost to the University of Rhode Island.

Hours of Service
All service work is to be performed during the regular work day (8:00am and 5:00pm). A two (2) hour response time is required for routine service calls. All service work shall be accomplished during normal working hours unless authorized by the assistant director Facilities Services or his/her appointed representative.

This agreement is to include emergency service callbacks as required. An emergency call shall be defined as one in which personnel are trapped inside an elevator car or hoist way or any other condition that presents an immediate danger to personnel or threatens damage to the University or State assets. A one (1) hour response time is required for an emergency call back twenty-four (24) hours a day, seven (7) days a week. After recieiving a request for emergency service, the work shall be prosecuted continuously until the emergency situation is resolved. After resolving the emergency condition, work completion may be processed during normal working hours. Emergency call back as a result of vandalism is to be billed on a time and material basis.

The contractor shall, within five (5) days after the award, provide means for the University to contact the contractor twenty-four (24) hours a day during the contract period to provide the required service to the elevators and chair lifts.

The contractor will punch in/out on the time clock provided at the operations Control Center located in the Sherman Building.

Although the University is requesting pricing per unit, it is the University's intention that service, for all of the elevators and chair lifts, is performed by a single contractor, or to award by campus, whichever is in the best interest of the University.

The following pricing is for the period 4/1/16 - 6/30/16

	BUILDING	MAKE				
	URI Kingston Campus:					
1	210 Flagg Road	Thyssen	3	Month	$92.00	$276.00
2	Alumni Center	Otis	3	Month	$92.00	$276.00
3	Ballentine	RI Elevator	3	Month	$92.00	$276.00
4	Barlow	Otis	3	Month	$92.00	$276.00
5	Bliss	2500# Freight	3	Month	$92.00	$276.00
6	Browning	Otis	3	Month	$92.00	$276.00
7	Butterfield	Thyssen	3	Month	$92.00	$276.00
8	Carlotti	Otis	3	Month	$92.00	$276.00
9	CBLS #1 - Center for Biological Sciences	Otis	3	Month	$92.00	$276.00
10	CBLS #2 - Center for Biological Sciences	Otis	3	Month	$92.00	$276.00
11	Chafee #1	Dover	3	Month	$92.00	$276.00
12	Chafee #2	Dover	3	Month	$92.00	$276.00
13	Coastal Institute	Otis	3	Month	$92.00	$276.00
14	COP-1 - College of Pharmacy	Otis	3	Month	$92.00	$276.00
15	COP-2 - College of Pharmacy	Otis	3	Month	$92.00	$276.00
16	CPRC - Cancer Prevention Research Center	Otis	3	Month	$92.00	$276.00
17	Crawford	Payne	3	Month	$92.00	$276.00
18	East Hall	Otis	3	Month	$92.00	$276.00
19	Eddy #1	Otis	3	Month	$92.00	$276.00
20	Eddy #2	Otis	3	Month	$92.00	$276.00
21	Fascitelli Fitness Center	Otis	3	Month	$115.00	$345.00
22	Fine Arts #1	Payne	3	Month	$92.00	$276.00
23	Fine Arts #2	Otis	3	Month	$92.00	$276.00
24	Fogarty	Otis	3	Month	$92.00	$276.00
25	Garrahy	Otis	3	Month	$92.00	$276.00
26	Green Hall	Thyssen/Krupp	3	Month	$92.00	$276.00
27	Hillside Hall - 1	Kone	3	Month	$92.00	$276.00
28	Hillside Hall - 2	Kone	3	Month	$92.00	$276.00
29	Hope Common's Dining #1	Otis	3	Month	$92.00	$276.00
30	Hope Common's Dining #2	Otis	3	Month	$92.00	$276.00
31	Kelly Annex	Payne	3	Month	$92.00	$276.00
32	Kirk	Otis	3	Month	$92.00	$276.00
33	Library #1	Bay State	3	Month	$92.00	$276.00
34	Library #2	Payne	3	Month	$92.00	$276.00
35	Lippitt Hall	Otis	3	Month	$92.00	$276.00
36	Merrow	Otis	3	Month	$92.00	$276.00
37	Morrill	Otis	3	Month	$92.00	$276.00
38	Memorial Union Pass	Payne	3	Month	$92.00	$276.00
39	Memorial Union Freight	Payne	3	Month	$92.00	$276.00
40	Multicultural	Thyssen	3	Month	$92.00	$276.00
41	Pastore	RI Elevator	3	Month	$92.00	$276.00
42	Peck	Otis	3	Month	$92.00	$276.00
43	Potter	Payne	3	Month	$92.00	$276.00
44	Quinn	Payne	3	Month	$92.00	$276.00
45	Ranger	Payne	3	Month	$92.00	$276.00
46	Rodman Hall	Otis	3	Month	$92.00	$276.00
47	Roosevelt	RI Elevator	3	Month	$92.00	$276.00
48	Swan Hall (Independence)	Payne	3	Month	$92.00	$276.00
49	Tootell	Otis	3	Month	$92.00	$276.00
50	Tyler	Otis	3	Month	$92.00	$276.00
51	Weldin	Otis	3	Month	$92.00	$276.00
52	Wiley #1	Otis	3	Month	$92.00	$276.00
53	Wiley #2	Otis	3	Month	$92.00	$276.00
54	White #1	Payne	3	Month	$92.00	$276.00
55	White #2	Payne	3	Month	$92.00	$276.00
56	Woodward	Payne	3	Month	$92.00	$276.00
	CHAIRLIFTS	**MAKE**				
57	Bressler	Garventa Genisis Lift	3	Month	$65.00	$195.00
58	Chafee	Porch - Lift	3	Month	$65.00	$195.00
59	Edwards	Wheel-O-Vator	3	Month	$65.00	$195.00
60	Swan Hall (Independence) Auditorium - Chair Lift	Carrier	3	Month	$65.00	$195.00

61	Tootell (Pool)	Porch - Lift	3	Month	$65.00	$195.00
62	Washburn	Wheel-O-Vator	3	Month	$65.00	$195.00
	BUILDING	**MAKE**				
	URI Providence Campus (80 Washington Street, Providence):					
63	CCE Elevator 1	Thyssen	3	Month	$125.00	$375.00
64	CCE Elevator 2	Thyssen	3	Month	$125.00	$375.00
65	CCE Elevator 3	Thyssen	3	Month	$125.00	$375.00
66	CCE Elevator 4	Thyssen	3	Month	$125.00	$375.00
	CHAIRLIFTS	**MAKE**				
67	CCE-Providence	Porch - Lift	3	Month	$65.00	$195.00
	Narragansett Bay Campus (Narragansett, RI):					
68	Coastal Institute	Schindler	3	Month	$92.00	$276.00
69	Horn	Otis	3	Month	$92.00	$276.00
70	OSEC (Ocean Science & Exploration Ctr)	Otis	3	Month	$92.00	$276.00
71	Watkins	Otis	3	Month	$92.00	$276.00
72	CACS (Center for Atmospheric Chemistry Studies)	Otis	3	Month	$92.00	$276.00
	CHAIRLIFTS	**MAKE**				
73	NBC Middleton Lab	Porch - Lift	3	Month	$65.00	$195.00
	W. Alton Jones (West Greenwich, RI):					
74	Sycamore Lodge	Payne	3	Month	$92.00	$276.00
	CHAIRLIFTS	**MAKE**				
75	WAJ Env Ed Center	Porch - Lift	3	Month	$65.00	$195.00
76	FY '16 (1/1/16 - 6/30/16)					
	Rate per Hour for Authorized Call Back		20	HR	$170.00	$3,400.00
	Overtime Rate per Hour on Site		10	HR	$340.00	$3,400.00

The following pricing is for the period 7/1/16-6/30/17

	BUILDING	**MAKE**				
	URI Kingston Campus:					
77	210 Flagg Road	Thyssen	12	Month	$92.00	$1,104.00
78	Alumni Center	Otis	12	Month	$92.00	$1,104.00
79	Ballentine	RI Elevator	12	Month	$92.00	$1,104.00
80	Barlow	Otis	12	Month	$92.00	$1,104.00
81	Bliss	2500# Freight	12	Month	$92.00	$1,104.00
82	Browning	Otis	12	Month	$92.00	$1,104.00
83	Butterfield	Thyssen	12	Month	$92.00	$1,104.00
84	Carlotti	Otis	12	Month	$92.00	$1,104.00
85	CBLS #1 - Center for Biological Sciences	Otis	12	Month	$92.00	$1,104.00
86	CBLS #2 - Center for Biological Sciences	Otis	12	Month	$92.00	$1,104.00
87	Chafee #1	Dover	12	Month	$92.00	$1,104.00
88	Chafee #2	Dover	12	Month	$92.00	$1,104.00
89	Coastal Institute	Otis	12	Month	$92.00	$1,104.00
90	COP-1 - College of Pharmacy	Otis	12	Month	$92.00	$1,104.00
91	COP-2 - College of Pharmacy	Otis	12	Month	$92.00	$1,104.00
92	CPRC - Cancer Prevention Research Center	Otis	12	Month	$92.00	$1,104.00
93	Crawford	Payne	12	Month	$92.00	$1,104.00
94	East Hall	Otis	12	Month	$92.00	$1,104.00
95	Eddy #1	Otis	12	Month	$92.00	$1,104.00
96	Eddy #2	Otis	12	Month	$92.00	$1,104.00
97	Fascitelli Fitness Center	Otis	12	Month	$115.00	$1,380.00
98	Fine Arts #1	Payne	12	Month	$92.00	$1,104.00
99	Fine Arts #2	Otis	12	Month	$92.00	$1,104.00
100	Fogarty	Otis	12	Month	$92.00	$1,104.00
101	Garrahy	Otis	12	Month	$92.00	$1,104.00
102	Green Hall	Thyssen/Krupp	12	Month	$92.00	$1,104.00
103	Hillside Hall - 1	Kone	12	Month	$92.00	$1,104.00
104	Hillside Hall - 2	Kone	12	Month	$92.00	$1,104.00
105	Hope Common's Dining #1	Otis	12	Month	$92.00	$1,104.00
106	Hope Common's Dining #2	Otis	12	Month	$92.00	$1,104.00
107	Kelly Annex	Payne	12	Month	$92.00	$1,104.00
108	Kirk	Otis	12	Month	$92.00	$1,104.00
109	Library #1	Bay State	12	Month	$92.00	$1,104.00
110	Library #2	Payne	12	Month	$92.00	$1,104.00
111	Lippitt Hall	Otis	12	Month	$92.00	$1,104.00
112	Merrow	Otis	12	Month	$92.00	$1,104.00
113	Morrill	Otis	12	Month	$92.00	$1,104.00
114	Memorial Union Pass	Payne	12	Month	$92.00	$1,104.00
115	Memorial Union Freight	Payne	12	Month	$92.00	$1,104.00
116	Multicultural	Thyssen	12	Month	$92.00	$1,104.00
117	Pastore	RI Elevator	12	Month	$92.00	$1,104.00
118	Peck	Otis	12	Month	$92.00	$1,104.00
119	Potter	Payne	12	Month	$92.00	$1,104.00
120	Quinn	Payne	12	Month	$92.00	$1,104.00

121	Ranger	Payne	12	Month	$92.00	$1,104.00
122	Rodman Hall	Otis	12	Month	$92.00	$1,104.00
123	Roosevelt	RI Elevator	12	Month	$92.00	$1,104.00
124	Swan Hall (Independence)	Payne	12	Month	$92.00	$1,104.00
125	Tootell	Otis	12	Month	$92.00	$1,104.00
126	Tyler	Otis	12	Month	$92.00	$1,104.00
127	Weldin	Otis	12	Month	$92.00	$1,104.00
128	Wiley #1	Otis	12	Month	$92.00	$1,104.00
129	Wiley #2	Otis	12	Month	$92.00	$1,104.00
130	White #1	Payne	12	Month	$92.00	$1,104.00
131	White #2	Payne	12	Month	$92.00	$1,104.00
132	Woodward	Payne	12	Month	$92.00	$1,104.00
	CHAIRLIFTS	**MAKE**				
133	Bressler	Garventa Genisis Lift	12	Month	$65.00	$780.00
134	Chafee	Porch - Lift	12	Month	$65.00	$780.00
135	Edwards	Wheel-O-Vator	12	Month	$65.00	$780.00
136	Swan Hall (Independence) Auditorium - Chair Lift	Carrier	12	Month	$65.00	$780.00
137	Tootell (Pool)	Porch - Lift	12	Month	$65.00	$780.00
138	Washburn	Wheel-O-Vator	12	Month	$65.00	$780.00
	BUILDING	**MAKE**				
	URI Providence Campus (80 Washington Street, Providence):					
139	CCE Elevator 1	Thyssen	12	Month	$125.00	$1,500.00
140	CCE Elevator 2	Thyssen	12	Month	$125.00	$1,500.00
141	CCE Elevator 3	Thyssen	12	Month	$125.00	$1,500.00
142	CCE Elevator 4	Thyssen	12	Month	$125.00	$1,500.00
	CHAIRLIFTS	**MAKE**				
143	CCE-Providence	Porch - Lift	12	Month	$65.00	$780.00
	Narragansett Bay Campus (Narragansett, RI):					
144	Coastal Institute	Schindler	12	Month	$92.00	$1,104.00
145	Horn	Otis	12	Month	$92.00	$1,104.00
146	OSEC (Ocean Science & Exploration Ctr)	Otis	12	Month	$92.00	$1,104.00
147	Watkins	Otis	12	Month	$92.00	$1,104.00
148	CACS (Center for Atmospheric Chemistry Studies)	Otis	12	Month	$92.00	$1,104.00
	CHAIRLIFTS	**MAKE**				
149	NBC Middleton Lab	Porch - Lift	12	Month	$65.00	$780.00
	W. Alton Jones (West Greenwich, RI):					
150	Sycamore Lodge	Payne	12	Month	$92.00	$1,104.00
	CHAIRLIFTS	**MAKE**				
151	WAJ Env Ed Center	Porch - Lift	12	Month	$65.00	$780.00
152	**FY '17 (7/1/16 - 6/30/17)**					
	Rate per Hour for Authorized Call Back		20	HR	$170.00	$3,400.00
	Overtime Rate per Hour on Site		10	HR	$340.00	$3,400.00

The following pricing is for the period 7/1/17-6/30/18

	BUILDING	MAKE				
	URI Kingston Campus:					
153	210 Flagg Road	Thyssen	12	Month	$96.00	$1,152.00
154	Alumni Center	Otis	12	Month	$96.00	$1,152.00
155	Ballentine	RI Elevator	12	Month	$96.00	$1,152.00
156	Barlow	Otis	12	Month	$96.00	$1,152.00
157	Bliss	2500# Freight	12	Month	$96.00	$1,152.00
158	Browning	Otis	12	Month	$96.00	$1,152.00
159	Butterfield	Thyssen	12	Month	$96.00	$1,152.00
160	Carlotti	Otis	12	Month	$96.00	$1,152.00
161	CBLS #1 - Center for Biological Sciences	Otis	12	Month	$96.00	$1,152.00
162	CBLS #2 - Center for Biological Sciences	Otis	12	Month	$96.00	$1,152.00
163	Chafee #1	Dover	12	Month	$96.00	$1,152.00
164	Chafee #2	Dover	12	Month	$96.00	$1,152.00
165	Coastal Institute	Otis	12	Month	$96.00	$1,152.00
166	COP-1 - College of Pharmacy	Otis	12	Month	$96.00	$1,152.00
167	COP-2 - College of Pharmacy	Otis	12	Month	$96.00	$1,152.00
168	CPRC - Cancer Prevention Research Center	Otis	12	Month	$96.00	$1,152.00
169	Crawford	Payne	12	Month	$96.00	$1,152.00
170	East Hall	Otis	12	Month	$96.00	$1,152.00
171	Eddy #1	Otis	12	Month	$96.00	$1,152.00
172	Eddy #2	Otis	12	Month	$96.00	$1,152.00
173	Fascitelli Fitness Center	Otis	12	Month	$125.00	$1,500.00
174	Fine Arts #1	Payne	12	Month	$96.00	$1,152.00
175	Fine Arts #2	Otis	12	Month	$96.00	$1,152.00
176	Fogarty	Otis	12	Month	$96.00	$1,152.00
177	Garrahy	Otis	12	Month	$96.00	$1,152.00
178	Green Hall	Thyssen/Krupp	12	Month	$96.00	$1,152.00
179	Hillside Hall - 1	Kone	12	Month	$96.00	$1,152.00

180	Hillside Hall - 2	Kone	12	Month	$96.00	$1,152.00
181	Hope Common's Dining #1	Otis	12	Month	$96.00	$1,152.00
182	Hope Common's Dining #2	Otis	12	Month	$96.00	$1,152.00
183	Kelly Annex	Payne	12	Month	$96.00	$1,152.00
184	Kirk	Otis	12	Month	$96.00	$1,152.00
185	Library #1	Bay State	12	Month	$96.00	$1,152.00
186	Library #2	Payne	12	Month	$96.00	$1,152.00
187	Lippitt Hall	Otis	12	Month	$96.00	$1,152.00
188	Merrow	Otis	12	Month	$96.00	$1,152.00
189	Morrill	Otis	12	Month	$96.00	$1,152.00
190	Memorial Union Pass	Payne	12	Month	$96.00	$1,152.00
191	Memorial Union Freight	Payne	12	Month	$96.00	$1,152.00
192	Multicultural	Thyssen	12	Month	$96.00	$1,152.00
193	Pastore	RI Elevator	12	Month	$96.00	$1,152.00
194	Peck	Otis	12	Month	$96.00	$1,152.00
195	Potter	Payne	12	Month	$96.00	$1,152.00
196	Quinn	Payne	12	Month	$96.00	$1,152.00
197	Ranger	Payne	12	Month	$96.00	$1,152.00
198	Rodman Hall	Otis	12	Month	$96.00	$1,152.00
199	Roosevelt	RI Elevator	12	Month	$96.00	$1,152.00
200	Swan Hall (Independence)	Payne	12	Month	$96.00	$1,152.00
201	Tootell	Otis	12	Month	$96.00	$1,152.00
202	Tyler	Otis	12	Month	$96.00	$1,152.00
203	Weldin	Otis	12	Month	$96.00	$1,152.00
204	Wiley #1	Otis	12	Month	$96.00	$1,152.00
205	Wiley #2	Otis	12	Month	$96.00	$1,152.00
206	White #1	Payne	12	Month	$96.00	$1,152.00
207	White #2	Payne	12	Month	$96.00	$1,152.00
208	Woodward	Payne	12	Month	$96.00	$1,152.00
	CHAIRLIFTS	MAKE				
209	Bressler	Garventa Genisis Lift	12	Month	$68.00	$816.00
210	Chafee	Porch - Lift	12	Month	$68.00	$816.00
211	Edwards	Wheel-O-Vator	12	Month	$68.00	$816.00
212	Swan Hall (Independence) Auditorium - Chair Lift	Carrier	12	Month	$68.00	$816.00
213	Tootell (Pool)	Porch - Lift	12	Month	$68.00	$816.00
214	Washburn	Wheel-O-Vator	12	Month	$68.00	$816.00
	BUILDING	**MAKE**				
	URI Providence Campus (80 Washington Street, Providence):					
215	CCE Elevator 1	Thyssen	12	Month	$131.00	$1,572.00
216	CCE Elevator 2	Thyssen	12	Month	$131.00	$1,572.00
217	CCE Elevator 3	Thyssen	12	Month	$131.00	$1,572.00
218	CCE Elevator 4	Thyssen	12	Month	$131.00	$1,572.00
	CHAIRLIFTS	MAKE				
219	CCE-Providence	Porch - Lift	12	Month	$68.00	$816.00
	Narragansett Bay Campus (Narragansett, RI):					
220	Coastal Institute	Schindler	12	Month	$96.00	$1,152.00
220	Horn	Otis	12	Month	$96.00	$1,152.00
220	OSEC (Ocean Science & Exploration Ctr)	Otis	12	Month	$96.00	$1,152.00
220	Watkins	Otis	12	Month	$96.00	$1,152.00
220	CACS (Center for Atmospheric Chemistry Studies)	Otis	12	Month	$96.00	$1,152.00
	CHAIRLIFTS	MAKE				
221	NBC Middleton Lab	Porch - Lift	12	Month	$68.00	$816.00
	W. Alton Jones (West Greenwich, RI):					
222	Sycamore Lodge	Payne	12	Month	$96.00	$1,152.00
	CHAIRLIFTS	MAKE				
223	WAJ Env Ed Center	Porch - Lift	12	Month	$68.00	$816.00
224	FY '18 (7/1/17 - 6/30/18)					
	Rate per Hour for Authorized Call Back		20	HR	$177.00	$3,540.00
	Overtime Rate per Hour on Site		10	HR	$354.00	$3,540.00

The following pricing is for the period 7/1/18 - 12/31/18

	BUILDING	MAKE				
	URI Kingston Campus:					
225	210 Flagg Road	Thyssen	6	Month	$100.00	$600.00
226	Alumni Center	Otis	6	Month	$100.00	$600.00
227	Ballentine	RI Elevator	6	Month	$100.00	$600.00
228	Barlow	Otis	6	Month	$100.00	$600.00
229	Bliss	2500# Freight	6	Month	$100.00	$600.00
230	Browning	Otis	6	Month	$100.00	$600.00
231	Butterfield	Thyssen	6	Month	$100.00	$600.00
232	Carlotti	Otis	6	Month	$100.00	$600.00
233	CBLS #1 - Center for Biological Sciences	Otis	6	Month	$100.00	$600.00
234	CBLS #2 - Center for Biological Sciences	Otis	6	Month	$100.00	$600.00

235	Chafee #1	Dover	6	Month	$100.00	$600.00
236	Chafee #2	Dover	6	Month	$100.00	$600.00
237	Coastal Institute	Otis	6	Month	$100.00	$600.00
238	COP-1 - College of Pharmacy	Otis	6	Month	$100.00	$600.00
239	COP-2 - College of Pharmacy	Otis	6	Month	$100.00	$600.00
240	CPRC - Cancer Prevention Research Center	Otis	6	Month	$100.00	$600.00
241	Crawford	Payne	6	Month	$100.00	$600.00
242	East Hall	Otis	6	Month	$100.00	$600.00
243	Eddy #1	Otis	6	Month	$100.00	$600.00
244	Eddy #2	Otis	6	Month	$100.00	$600.00
245	Fascitelli Fitness Center	Otis	6	Month	$130.00	$780.00
246	Fine Arts #1	Payne	6	Month	$100.00	$600.00
247	Fine Arts #2	Otis	6	Month	$100.00	$600.00
248	Fogarty	Otis	6	Month	$100.00	$600.00
249	Garrahy	Otis	6	Month	$100.00	$600.00
250	Green Hall	Thyssen/Krupp	6	Month	$100.00	$600.00
251	Hillside Hall - 1	Kone	6	Month	$100.00	$600.00
252	Hillside Hall - 2	Kone	6	Month	$100.00	$600.00
253	Hope Common's Dining #1	Otis	6	Month	$100.00	$600.00
254	Hope Common's Dining #2	Otis	6	Month	$100.00	$600.00
255	Kelly Annex	Payne	6	Month	$100.00	$600.00
256	Kirk	Otis	6	Month	$100.00	$600.00
257	Library #1	Bay State	6	Month	$100.00	$600.00
258	Library #2	Payne	6	Month	$100.00	$600.00
259	Lippitt Hall	Otis	6	Month	$100.00	$600.00
260	Merrow	Otis	6	Month	$100.00	$600.00
261	Morrill	Otis	6	Month	$100.00	$600.00
262	Memorial Union Pass	Payne	6	Month	$100.00	$600.00
263	Memorial Union Freight	Payne	6	Month	$100.00	$600.00
264	Multicultural	Thyssen	6	Month	$100.00	$600.00
265	Pastore	RI Elevator	6	Month	$100.00	$600.00
266	Peck	Otis	6	Month	$100.00	$600.00
267	Potter	Payne	6	Month	$100.00	$600.00
268	Quinn	Payne	6	Month	$100.00	$600.00
269	Ranger	Payne	6	Month	$100.00	$600.00
270	Rodman Hall	Otis	6	Month	$100.00	$600.00
271	Roosevelt	RI Elevator	6	Month	$100.00	$600.00
272	Swan Hall (Independence)	Payne	6	Month	$100.00	$600.00
273	Tootell	Otis	6	Month	$100.00	$600.00
274	Tyler	Otis	6	Month	$100.00	$600.00
275	Weldin	Otis	6	Month	$100.00	$600.00
276	Wiley #1	Otis	6	Month	$100.00	$600.00
277	Wiley #2	Otis	6	Month	$100.00	$600.00
278	White #1	Payne	6	Month	$100.00	$600.00
279	White #2	Payne	6	Month	$100.00	$600.00
280	Woodward	Payne	6	Month	$100.00	$600.00
	CHAIRLIFTS	**MAKE**				
281	Bressler	Garventa Genisis Lift	6	Month	$70.00	$420.00
282	Chafee	Porch - Lift	6	Month	$70.00	$420.00
283	Edwards	Wheel-O-Vator	6	Month	$70.00	$420.00
284	Swan Hall (Independence) Auditorium - Chair Lift	Carrier	6	Month	$70.00	$420.00
285	Tootell (Pool)	Porch - Lift	6	Month	$70.00	$420.00
286	Washburn	Wheel-O-Vator	6	Month	$70.00	$420.00
	BUILDING	**MAKE**				
	URI Providence Campus (80 Washington Street, Providence):					
287	CCE Elevator 1	Thyssen	6	Month	$136.00	$816.00
288	CCE Elevator 2	Thyssen	6	Month	$136.00	$816.00
289	CCE Elevator 3	Thyssen	6	Month	$136.00	$816.00
290	CCE Elevator 4	Thyssen	6	Month	$136.00	$816.00
	CHAIRLIFTS	**MAKE**				
291	CCE-Providence	Porch - Lift	6	Month	$70.00	$420.00
	Narragansett Bay Campus (Narragansett, RI):					
292	Coastal Institute	Schindler	6	Month	$100.00	$600.00
293	Horn	Otis	6	Month	$100.00	$600.00
294	OSEC (Ocean Science & Exploration Ctr)	Otis	6	Month	$100.00	$600.00
295	Watkins	Otis	6	Month	$100.00	$600.00
296	CACS (Center for Atmospheric Chemistry Studies)	Otis	6	Month	$100.00	$600.00
	CHAIRLIFTS	**MAKE**				
297	NBC Middleton Lab	Porch - Lift	6	Month	$70.00	$420.00
	W. Alton Jones (West Greenwich, RI):					
298	Sycamore Lodge	Payne	6	Month	$100.00	$600.00
	CHAIRLIFTS	**MAKE**				
299	WAJ Env Ed Center	Porch - Lift	6	Month	$70.00	$420.00

300 FY '18 (7/1/18 - 12/31/18)

Rate per Hour for Authorized Call Back	20	HR	$184.00	$3,680.00
Overtime Rate per Hour on Site	10	HR	$368.00	$3,680.00

(APPLICABLE) FEE FOR OVERHEAD, PICKUP AND DELIVERY. NO ADDITIONAL CHARGES WILL BE ACCEPTABLE.

$0-$500 No Fee
$501-$750 $75.00
$751-$1000 $96.00
$1001-$1500 $125.00
$1501-$2500 $180.00
$2501-$5000 $300.00
$5001-$7500 $438.00
Over $7501 $525.00

NO MILEAGE ALLOWANCE

HOURS WHICH OVERTIME RATES APPLY TO: 5:00 PM TO 8:00 AM MONDAY THRU FRIDAY, WEEKENDS AND HOLIDAYS

The University may make a pre-award survey of the low conforming bidder to determine whether such bidder is qualified and capable of performing the contract.

The pre-award survey will involve examination of the bidder's technical status and understanding of the contract requirements. The bidder shall be required to provide in writing for the pre-award survey. The requested information shall be forwarded within three days of the request. Failure to provide the requested information, or a determination, after review of the information, of the bidder's non-responsibility, may result in bid rejection.

Identification of the contractor's personnel and management to be used on this contract.

The contractors technical and management plans for performing the required services.

Description of contractors facilities and equipment.

Summary of the contractor's experience in performing work of the type required by this specification.

Other work presently under contract.

Prior contracts for similar work, and the names and addresses of individual with the organization issuing the contract who may be contacted for information concerning the contractor's performance.

Contractor's quality control plan for this contract.

A listing of the elevator mechanics performing the actual work of maintenance and repair services, along with the mechanics qualifications which shall include but not limited to copies of licenses and permits requires to perform work on the elevators and chair lifts specified under this contract. In addition, the elevator mechanic must have satisfactorily performed no less than two (2) consecutive years of elevator maintenance and repair. The experience demonstrated cannot occur earlier than 1995. For each elevator mechanic, include a detailed summary of licensing, certification, and experience.

OPERATIONAL PROCEDURES

- All vendors will report to the Sherman Building, 523 Plains Rd., between the of 7:30am and 4:00pm (ph.# 401-874-4060). Vendors will check in at the Maintenance Control Center (MCC) and sign out a key packet. Picture ID will be required at time of sign out as well as the service tech's contact phone number.
- Vendor will fill out a time card with company name, technician name, job location with URI work order number, punch in/out at the Sherman Building time clock. Only hours on the timecard will be paid.
- Vendor will notify requesting Facilities Supervisor of arrival. Vendor will contact requesting Supervisor upon completion of work and leave a detailed field service slip with Supervisor describing work performed, parts used and any remaining action necessary. URI work order# must be on service slip and hours on field service slip must match timecard. Key packet will be turned daily
- No parking on any grassy surfaces, handicap spots, fire lanes or on sidewalks. Service vehicles must have appropriate signage/labeling.
- Vendor will send (2) service technician unless prior arrangements have been made with University Management.

KEY PACKETS

- Key packets are available in the Control Center for vendor use only. They are signed out and returned daily. No exceptions.
- Keys lost or misplaced are the sole responsibility of the vendor affected. The vendor will assume all costs associated with any and all lost keys.
- Key packs in use after 4:00pm will need to be called in to the Control Center (ph.# 401-874-4060) and explained as to why the keys will be late. Late keys will be returned to the mail slot outside the Control Center daily. No keys will be held outside of working hours without management authorization.

PROPER ATTIRE

- On site technicians are to be properly attired. No tank tops, sleeveless shirts, hats with anything other than vendor company logo will be allowed. Shirts will contain company logo, or a company identification badge shall be clearly displayed and be available for inspection at any time.
- No sunglasses will be worn inside any building.

- Pants will be properly secured at the waist.
- Safety Shoes are required
- No smoking in or within 50 feet of any University Of Rhode Island building.