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: 7550490
Solicitation Title: HVAC MAINTENANCE - DOT TRAIN STATIONS (33 PGs)

Bid Proposal Submission Deadline Date & Time: 5/4/2016 11:00 AM
RIVIP Vendor ID #: 1979
Bidder Name: Cam HVAC & Construction, Inc.
Address: 116 LYDIA ANN ROAD

SMITHFIELD, RI 02917 USA

Telephone: 401-232-7230
Fax: 401-232-7290
Contact Name: Catherine S. Andrade
Contact Title: Secretary
Contact Email: cathy@camhvac.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

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...
## Request for Quote

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

**CREATION DATE:** 06-APR-16  
**BID NUMBER:** 7550490  
**TITLE:** HVAC SYSTEM MAINTENANCE - DOT TRAIN STATIONS  
**BLANKET START:** 01-JUL-16  
**BLANKET END:** 30-JUN-19  
**BID CLOSING DATE AND TIME:** 04-MAY-2016 11:00:00

---

**Bill To**  
DOT ACCOUNTS PAYABLE  
TWO CAPITOL HILL, RM 230  
SMITH ST  
PROVIDENCE, RI 02903  
US

**Ship To**  
DOT PROPERTY & MANAGEMENT  
340 LINCOLN AVENUE  
WARWICK, RI 02886  
US

**Requisition Number:** 1452134

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<td>2.00</td>
<td>Each</td>
<td>$850.00</td>
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It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer.
**Request for Quote**

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**
**ONE CAPITOL HILL**
**PROVIDENCE RI 02008**

**CREATION DATE:** 06-APR-16
**BID NUMBER:** 7550490
**TITLE:** HVAC SYSTEM MAINTENANCE - DOT TRAIN STATIONS

**BLANKET START:** 01-JUL-16
**BLANKET END:** 30-JUN-19
**BID CLOSING DATE AND TIME:** 04-MAY-2016 11:00:00

**BUYER:** Hill, Lisa
**PHONE #:** 401-574-8118

**BILL TO:**
**DOT ACCOUNTS PAYABLE**
**TWO CAPITOL HILL, RM 230**
**SMITH ST**
**PROVIDENCE, RI 02803**
**US**

**SHIP TO:**
**DOT PROPERTY & MANAGEMENT**
**365 LINCOLN AVENUE**
**WARWICK, RI 02888**
**US**

**Regulation Number:** 1452134

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<td>1.00</td>
<td>Each</td>
<td>$126.45</td>
<td>$126.45</td>
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**PARTS DISCOUNT FROM LIST:** 20%

**PARTS PAID AT $1.00 PER $1.00 OF ALLOWABLE EXPENSE.**

**Delivery:** 4 Weeks After Approved Submittals

**Terms of Payment:** 30 Days

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

KNOW ALL MEN BY THESE PRESENTS, that we CAM HVAC & CONSTRUCTION, INC., of 116 Lydia Ann Road, Smithfield, Rhode Island

as Principal, hereinafter called the Principal, and BERKLEY INSURANCE COMPANY a corporation duly organized under the laws of the State of Delaware as Surety, hereinafter called the Surety, are held and firmly bound unto STATE OF RHODE, DIVISION OF PURCHASES, ONE CAPITOL HILL, SECOND FLOOR, PROVIDENCE, RI 02908

as Obligee, hereinafter called the Obligee, in the sum of Five Percent of the Amount of the Attached Bid Dollars (5% of Bid),

for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid HVAC Maintenance – DOT Train Stations, Project #7550490

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this 4th day of May, 2016.

(Camilla Stenard, (Witness)

(Catherine S. Andrade, (Title) Secretary

BERKLEY INSURANCE COMPANY

(Seal)

(Title) Attorney-in-Fact

AIA DOCUMENT A310 • BID BOND • AIA • FEBRUARY 1970 ED • THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 N.Y. AVE., N.W., WASHINGTON, D.C. 20006
POWER OF ATTORNEY
BERKLEY INSURANCE COMPANY
WILMINGTON, DELAWARE

NOTICE: The warning found elsewhere in this Power of Attorney affects the validity thereof. Please review carefully.

KNOW ALL MEN BY THESE PRESENTS, that BERKLEY INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Delaware, having its principal office in Greenwich, CT, has made, constituted and appointed, and does by these presents make, constitute and appoint: David J. Byrne, III; Charles A. Byrne or Denise A. Chianese of Starkweather & Shepley, Inc. of East Providence, RI its true and lawful Attorney-in-Fact, to sign its name as surety only as delineated below and to execute, seal, acknowledge and deliver any and all bonds and undertakings, with the exception of Financial Guaranty Insurance, providing that no single obligation shall exceed Fifty Million and 00/100 U.S. Dollars (U.S.$50,000,000.00), to the same extent as if such bonds had been duly executed and acknowledged by the regularly elected officers of the Company at its principal office in their own proper persons.

This Power of Attorney shall be construed and enforced in accordance with, and governed by, the laws of the State of Delaware, without giving effect to the principles of conflicts of laws thereof. This Power of Attorney is granted pursuant to the following resolutions which were duly and validly adopted at a meeting of the Board of Directors of the Company held on January 25, 2010:

RESOLVED, that, with respect to the Surety business written by Berkley Surety Group, the Chairman of the Board, Chief Executive Officer, President or any Vice President of the Company, in conjunction with the Secretary or any Assistant Secretary are hereby authorized to execute powers of attorney authorizing and qualifying the attorney-in-fact named therein to execute bonds, undertakings, recognizances, or other suretyship obligations on behalf of the Company, and to affix the corporate seal of the Company to powers of attorney executed pursuant hereto; and said officers may remove any such attorney-in-fact and revoke any power of attorney previously granted; and further
RESOLVED, that such power of attorney limits the acts of those named therein to the bonds, undertakings, recognizances, or other suretyship obligations specifically named therein, and they have no authority to bind the Company except in the manner and to the extent therein stated; and further
RESOLVED, that such power of attorney revokes all previous powers issued on behalf of the attorney-in-fact named; and further
RESOLVED, that the signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed. The Company may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Company, notwithstanding the fact that they may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, the Company has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 10 day of May, 2013.

Attest:

[Seal]

By

Ira S. Lederman
Senior Vice President & Secretary

Berkeley Insurance Company

By

Jeffrey S. Hafer
Senior Vice President

WARNING: THIS POWER INVALID IF NOT PRINTED ON BLUE "BERKLEY" SECURITY PAPER.

STATE OF CONNECTICUT )

COUNTY OF FAIRFIELD ) ss:

Sworn to before me, a Notary Public in the State of Connecticut, this 1st day of May, 2013, by Ira S. Lederman and Jeffrey M. Hafer who are sworn to me to be the Senior Vice President and Secretary, respectively, of Berkeley Insurance Company.

[Signature]
Notary Public, State of Connecticut

CERTIFICATE

I, the undersigned, Assistant Secretary of BERKLEY INSURANCE COMPANY, DO HEREBY CERTIFY that the foregoing is a true, correct and complete copy of the original Power of Attorney; that said Power of Attorney has not been revoked or rescinded and that the authority of the Attorney-in-Fact set forth therein, who executed the bond or undertaking to which this Power of Attorney is attached, is in full force and effect as of this date.

Given under my hand and seal of the Company, this 1st day of May, 2013.

[Seal]

Andrew M. Tuma
As requested.

Catherine S. Andrade, Secretary

CAM H.V.A.C. & Construction Inc.
116 Lydia Ann Road
Smithfield, RI 02917
P: 401-232-7230
F: 401-232-7290
E: cathy@camhvac.com
www.camhvac.com
STATE OF RHODE ISLAND
FORM W-9 PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

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

Taxpayer Identification Number (TIN)
Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)   Employer ID No. (EIN)
N/A N/A N/A 05 0353525

NAME CAM HVAC & CONSTRUCTION INC.

ADDRESS 116 LYDIA ANN ROAD

CITY, STATE AND ZIP CODE SMITHFIELD, RI 02917

PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE

ADDRESS

CITY, STATE AND ZIP CODE

CERTIFICATION: Under penalties of perjury, I certify that:
(1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
(2) I am not subject to backup withholding because either: (A) I 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.
(3) I am a U.S. citizen or other U.S. person (as defined by the IRS).

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.

Please sign here and provide title, date and telephone number:

SIGNATURE ___________________________ TITLE SECRETARY ___________________________ DATE 5/4/16 TEL NO 401-232-7230

BUSINESS DESIGNATION:

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

LLC Tax Classification: Single Member (Individual) ______ Partnership ______ Corporation ______

TIPS:
NAME: Be sure to enter your full and correct legal name as shown on your income tax return for the SSN or EIN provided.
ADDRESS, CITY, STATE AND ZIP CODE: If you operate a business at more than one location, adhere to the following:
1) Same EIN with more than one location — attach a list of locations addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
2) Different EIN for each different location — submit a completed W-9 form for each EIN and location. (One year-end tax information return will be reported for each EIN and remittance address.)

Mail Completed Form To:
Supplier Coordinator
Purchasing Department
One Capitol Hill, 2nd Floor
Providence RI 02906

Or Email To: doa.pursuppliercoordinator@purchasing.ri.gov

For State Use Only:
IRS_____ RI SOS_____ FED_____ Other________
RI Supplier #_________ Approved_________
Date Entered_________ Entered By_________

RIPANS Supplier Registration Package Page 6 of 13 09/15/2015
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: Catherine S. Andrade, Secretary

Title: Secretary

Subscribed and sworn before me this 4TH day of MAY, 2016

Notary Public AMEDEO A. PETRONIO, NOTARY PUBLIC
My commission expires: 6/19/17

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

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
Rogers & Gray Insurance Agency, Inc.
434 Rte 134
South Dennis, MA 02660

INSURED
Cam HVAC & Construction Inc
116 Lydia Ann Rd
Smithfield, RI 02917

CONTACT
Kelly Estano, AAI, CISR
4205
(877) 816-2156
kestano@rogersgray.com

ININSURER(S) AFFORDING COVERAGE
INSURER A: HDI-Gerling America Insurance Company
INSURER B: Travelers Insurance Companies
INSURER C: Arrow Mutual
INSURER D: Inter-Hannover
INSURER E: 
INSURER F: 

COVERAGE
CERTIFICATE 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.

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<td>BODILY INJURY (Per person) $</td>
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<tr>
<td>C WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?</td>
<td>Y/N</td>
<td></td>
<td></td>
<td></td>
<td>E.L. EACH ACCIDENT $ 1,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Mandatory in NH)</td>
<td></td>
<td></td>
<td></td>
<td>E.L. DISEASE - EA EMPLOYEE $ 1,000,000</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>If yes, describe under</td>
<td></td>
<td></td>
<td></td>
<td>E.L. DISEASE - POLICY LIMIT $ 1,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DESCRIPTION OF OPERATIONS below</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D Leased Rented</td>
<td></td>
<td>CPR15E1370-00</td>
<td>08/02/2015</td>
<td>01/01/2017</td>
<td>100,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
State of Rhode Island is included as Additional Insured for General Liability and Excess (Umbrella) Liability, for ongoing and completed operations on a primary and non-contributory basis as required by a signed written contract or agreement with the Named Insured.

The General Liability, Excess (Umbrella) Liability, Automobile Liability, and Workers Compensation/Employers Liability Policies include a Waiver of Subrogation in favor of State of Rhode Island on whose behalf the Insured is required to obtain this Waiver under a written contract or agreement executed prior to a loss.

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER
State of Rhode Island
Division of Purchases
One Capitol Hill, Second Floor
Providence, RI 02908

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

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<table>
<thead>
<tr>
<th>ORGANIZATION NAME</th>
<th>ADDRESS</th>
<th>CONTACT NAME</th>
<th>TELEPHONE NUMBER</th>
<th>E-MAIL ADDRESS</th>
<th>CONTRACT PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>BROCKTON PUBLIC SCHOOLS</td>
<td>43 CRESCENT STREET, BROCKTON, MA 02301</td>
<td>ALEX SUAREZ</td>
<td>508-580-7010</td>
<td><a href="mailto:alexander.suarez@busma.org">alexander.suarez@busma.org</a></td>
<td>ONGOING CONTRACT</td>
</tr>
<tr>
<td>OLD ROCHESTER REGIONAL SCHOOL DISTRICT</td>
<td>135 MARION ROAD, MATTAPOOSE, MA 02739</td>
<td>GENE JONES</td>
<td>508-758-2772 X 1554</td>
<td><a href="mailto:ejones@orr.mec.edu">ejones@orr.mec.edu</a></td>
<td>ONGOING CONTRACT</td>
</tr>
<tr>
<td>URI FACILITIES SERVICES</td>
<td>523 PLAINS ROAD, KINGSTON, RI 02881</td>
<td>SHAWN DIERLER</td>
<td>401-874-2558</td>
<td><a href="mailto:sdieler@uri.edu">sdieler@uri.edu</a></td>
<td>ONGOING CONTRACT</td>
</tr>
<tr>
<td>MYSTIC VALLEY REGIONAL CHARTER SCHOOL</td>
<td>770 SALEM STREET, MALDEN, MA 02148</td>
<td>KENNETH ANTONUCCI</td>
<td>781-324-1824</td>
<td><a href="mailto:kantonucci@wivcs.org">kantonucci@wivcs.org</a></td>
<td>ONGOING CONTRACT</td>
</tr>
<tr>
<td>BOSTON RENAISSANCE CHARTER SCHOOL</td>
<td>1415 HYDE PARK AVE., HYDE PARK, MA 02136</td>
<td>CRAIG ENGELMANN</td>
<td>617-357-0900</td>
<td><a href="mailto:cengelmann@bostonrenaissance.org">cengelmann@bostonrenaissance.org</a></td>
<td>ONGOING CONTRACT</td>
</tr>
<tr>
<td>TOWN OF MANSFIELD SCHOOL</td>
<td>250 EAST STREET, MANSFIELD, MA 02048</td>
<td>WALTER PARKER</td>
<td>508-261-7412</td>
<td><a href="mailto:walter.parker@mansfieldschools.com">walter.parker@mansfieldschools.com</a></td>
<td>ONGOING CONTRACT</td>
</tr>
</tbody>
</table>
State of Rhode Island and Providence Plantations
Rhode Island Department of Labor and Training

REFRIG/MASTER 1  00006572
PIPEFITTER/MASTER 1  00006572
SHEETMETAL MASTER 1  00006572

CAM HVAC CONSTRUCTION INC
MICHAEL J MONT
116 LYDIA ANN RD
SMITHFIELD RI 02917

JOHN SHAW  03/31/2017
Administrator  Expiration Date

116 LYDIA ANN ROAD • SMITHFIELD, RI 02917 • P: (401) 232-7230 • F: (401) 232-7290
www.camhvac.com
Commonwealth of Massachusetts
Department of Public Safety

License: PMU-000506
Pipefitter Unrestricted Master
FRANK O MONTI
116 LYDIA ANN ROAD
SMITHFIELD RI 02917

Commissioner
Expiration: 12/06/2017

Commonwealth of Massachusetts
Department of Public Safety

License: RT-005589
Refrigeration Technician
FRANK O MONTI
116 LYDIA ANN ROAD
SMITHFIELD RI 02917

Commissioner
Expiration: 12/06/2017

Commonwealth of Massachusetts
Department of Public Safety

License: RC-004525
Refrigeration Contractor
FRANK O MONTI
116 LYDIA ANN ROAD
SMITHFIELD RI 02917

Commissioner
Expiration: 12/06/2017

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

License: MASTER MECHAN CONTRC 00001411
FRANK O MONTI
116 LYDIA ANN ROAD
SMITHFIELD RI 02917

Administrator
Expiration Date: 12/31/2017
Massachusetts - Department of Public Safety
Board of Building Regulations and Standards
Construction Supervisor
License: CS-070137

Michael J Monti
116 Lydia Ann Road
Smithfield RI 02917

Expiration
03/13/2017
Commissioner

OSHA
U.S. Department of Labor
Occupational Safety and Health Administration

Michael Monti
has successfully completed a 10-hour Occupational Safety and Health
Training Course in

Construction Safety & Health

Peter Breuer
(Trainer)
Nov. 10, 01
(Date)
COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE
BOARD OF SHEET METAL WORKERS
ISSUES THE FOLLOWING LICENSE
AS A MASTER UNRESTRICTED
ANTHONY CENTRELLA
82 ROCKMEADOW RD
UXBRIDGE MA 01569-1416
License Number: 1258 Expiration: 04/28/16 Serial Number: 226405

COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE
BOARD OF PLUMBERS AND GASFITTERS
ISSUES THE FOLLOWING LICENSE
REGISTERED AS A PLUMBING CORP
ANTHONY CENTRELLA
CAM H.V.A.C. & CONSTRUCTION INC.
82 ROCKMEADOW RD
UXBRIDGE MA 01569-1416
License Number: 2998 Expiration: 05/01/16 Serial Number: 207497

COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE
BOARD OF PLUMBERS AND GASFITTERS
ISSUES THE FOLLOWING LICENSE
LICENSED AS A MASTER PLUMBER
ANTHONY CENTRELLA
82 ROCKMEADOW RD
UXBRIDGE MA 01569-1416
License Number: 15380 Expiration: 05/01/16 Serial Number: 226404

COMMONWEALTH OF MASSACHUSETTS
Department of Public Safety
Oil Burner Technician Certificate
License: BU-118332
ANTHONY CENTRELLA
82 ROCKMEADOW RD
UXBRIDGE MA 01569
Expiration: 04/28/2015

Commonwealth of Massachusetts
Department of Public Safety
License: PJ-297,190
Pipefitter Specialty Journeyman
ANTHONY CENTRELLA
82 ROCK MEADOW RD
UXBRIDGE MA 01569
Expiration: 04/28/2018

Compliance Training Online™
a division of KRIST INC.
hereby certifies that
Anthony Centrella
has successfully completed
Permit Required Confined Space Entry
OSHA 29 CFR 1910.146 Training
Valid Thru: 11/21/16