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: 7550681A1
Solicitation Title: CHILLER COMPRESSOR REPLACEMENT AT URI PROVIDENCE CAMPUS - URI (2 PGS)

Bid Proposal Submission Deadline Date & Time: 7/1/2016 1:30 PM
RIVIP Vendor ID #: 42121
Bidder Name: Trane US, Inc.
Address: 10 Hemingway Drive, 1st FL
East Providence, RI 02915 USA
Telephone: (401) 431-5521
Fax: (401) 434-8537
Contact Name: Gerber Santos
Contact Title: Account Manager
Contact Email: gsantos2@trane.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.

Y 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.

Y 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.

Disclosure details (continue on additional sheet if necessary):


SECTION 3 - OWNERSHIP DISCLOSURE

Bidders must provide all relevant information. Bid proposals submitted without a complete response may be deemed nonresponsive.

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; otherwise, complete ownership disclosure is required.

List each officer, director, manager, stockholder, member, partner, or other owner or principle 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.

Publicly traded company and a subsidiary of Ingersoll Rand.


SECTION 4 - 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: 7/1/16

Name of Bidder: TRANE INC.

Signature in ink: Gerber Santos/Account Manager

Printed name and title of person signing on behalf of Bidder

2013-4  Page 3 of 3  3/18/2016
Request for Quote

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

CREATION DATE: 03-JUN-16
BID NUMBER: 7550681
TITLE: Chiller Compressor Replacement at URI Providence Campus, URI
BID CLOSING DATE AND TIME: 01-JUL-2016 01:30:00

Bill

URI ACCOUNTS PAYABLE
CARLOTTI ADMINISTRATION BLDG
75 LOWER COLLEGE ROAD, SUITE 1
KINGSTON, RI 02881
US

SH
URI-GE-PROVIDENCE CENTER
SHEPARD BUILDING
80 WASHINGTON STREET
PROVIDENCE, RI 02903
US

Regulation Number: 1442641

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<tr>
<th>Line</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>There will be a Pre-Bid Conference held. Please visit our website: <a href="http://www.purchasing.ri.gov">www.purchasing.ri.gov</a> for the Date, Time and Location. Or see page one (1) of this Invitation to Bid. The Total Cost for the Chiller Compressor Replacement per the attached specifications.</td>
<td>1.00</td>
<td>Each</td>
<td>See below.</td>
<td>See below.</td>
</tr>
<tr>
<td>2</td>
<td>Alternate #1: Refurbished Chiller Compressor Replacement per the attached specifications.</td>
<td>1.00</td>
<td>Each</td>
<td>See below.</td>
<td>See below.</td>
</tr>
<tr>
<td>3</td>
<td>Alternate #2: Chiller Compressor Replacement on a Saturday per the attached specifications.</td>
<td>1.00</td>
<td>Each</td>
<td>See below.</td>
<td>See below.</td>
</tr>
</tbody>
</table>

1. NEW OEM compressor no longer available.
2. $32,320.00 (Thirty two thousand, three hundred and twenty dollars)
   a. Includes 2 year compressor warranty from factory - see attached R'n'ewal literature.
3. $38,000.00 (Thirty eight thousand dollars)

Currently 4 week lead time but varies due to demand and factory availability.

Delivery: ____________________________

Terms of Payment: Net 30

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer.
Series R™ chiller
R’nerval™ service program
A better option for failed compressors

The same performance you expect from a new unit
The Trane R’nerval™ service program for failed Series R™ compressors is designed to restore performance by replacing worn parts and materials. The result – your compressor is installed with the latest upgrades and modifications to ensure optimal operation and reliability.

Lower costs today and over time
Trane R’nerval is a cost-effective alternative to replacing your chiller – yet the savings continue to add up over time. The R’nerval process extends the life of your chiller, which reduces overall life cycle costs. Since the process restores performance levels, you’ll see increased energy efficiency and reduced energy bills for the chiller operation.

Support over the long term
As with a new unit, Trane always stands behind you. Standard with every R’nerval, is a two-year OEM compressor parts and labor warranty with the purchase of a two-year Trane service agreement. With assurance like this, you can focus on your core business instead of worrying about replacement parts and extended lead times during peak cooling seasons.

Good for your budget – and the environment
The R’nerval process not only saves you money, it helps save the environment. By keeping the working components and replacing only those that no longer function, you virtually “recycle” your compressor. The process also helps to reduce the likelihood of accidental refrigerant leaks, as all refrigerant seals and gaskets on the renewed compressor are replaced.

Your Trane Series R™ chiller has provided many years of reliable operation. Traditionally, when a Series R compressor came to the end of its useful life, your choices were either to fix only the compressor with new parts or replace the entire unit. Today, you have a better choice.

The Series R chiller R’nerval service program renews your failed compressor to current OEM specifications backed by a factory warranty.
Because downtime is costly, the R’newal process is quick and seamless for a failed compressor. During the process, your existing compressor is exchanged for a compressor that has already gone through the R’newal process. Rest assured, each renewed compressor is inspected and tested before leaving our R’newal facility in Charlotte, North Carolina.

Your failed compressor is removed by a Trane service technician and replaced with a renewed Trane compressor. Gaskets and O-rings are replaced during installation. If component designs have been enhance, the old ones are replaced with ones that meet current OEM specifications.

Oil and refrigerant samples are sent to Trane Analytical Services to verify that the unit is operating under the best conditions. A new compressor unit serial number, nameplate and two-year warranty are issued. Finally, your failed compressor is returned to the factory to be renewed.

Program benefits
Renewed chiller
Helps minimize down time, extends life of the equipment, reduces operational costs and increase environmental protection.

OEM expertise
The R’newal service program requires a high level of technical expertise, coupled with special tooling and fixtures necessary for compressor removal, disassembly, repair and reassembly. This kind of expertise can be best provided by the R’newal service program offered only through Trane service locations.

Extended warranties
Includes a two-year parts and labor warranty with a signed, two-year Trane service agreement.

An optional third- through fifth-year parts and labor warranty is available with a five-year, signed Trane service agreement.

The R’newal service program for failed compressors on Series R™ chillers. Contact your local Trane sales office for more information.
Chiller Compressor Replacement Specification

Chiller Manufacturer: Trane
Description: Rotary Air-Cooled Chiller
Chiller Model Number: RTAA2704XG01A1DOBGQ
Chiller Serial Number: U95F27891
Compressor Model Number: CHHB100TKA0R119AHNN
Compressor Serial Number: N11G02967

The vendor providing a quote must have all the necessary State of RI licensing, and also be Trane factory certified for chiller work.

The vendor's quote is to entail the cost to provide and replace defective compressor on chiller 2. We are looking for a quote for a brand new Trane replacement compressor. The quote is to reflect the cost to perform the work during normal working hours Monday to Friday, 7 - 5:00 PM.

Vendor quote to include the following:

1. All of the appropriate permits, applications, etc.
2. Hiring of crane and rigging company
3. Police detail
4. Properly protecting the roofing rubber membrane from damage, including, but not limited to, refrigeration oil, falling objects, etc. Any damage to the roof, or the building proper, is the financial responsibility of the vendor awarded the bid to repair/restore.
5. Isolation and removal of the defective compressor
6. Installation of a new or refurbished compressor (depending on the agency's decision to go with the pricing of a new Trane compressor, or the alternate pricing of a refurbished compressor)
7. Provide and install Trane equipment filter drier
8. Recharging the chiller to the proper refrigerant levels
9. Verification that the newly installed compressor works as designed

The vendor is also to provide two alternate prices:

Alternate price #1 for a Trane, factory warranted, refurbished compressor. The agency will then decide upon which pricing best meets its needs, the new or refurbished compressor.

Alternate price #2 to perform all of the work in these specifications on a Saturday.
June 20, 2016
ADDITION NUMBER ONE
RFQ #7550681
TITLE: Chiller Replacement at URI Providence Campus

Closing Date and Time: 7/1/16 at 1:30 PM

Per the issuance of this ADDENDUM #1 (2 pages) the following is noted:

This addendum posts sign in sheet from non-mandatory pre bid conference held 6/20/16 at 10am.

This addendum posts notes/clarifications from pre bid conference.

As noted by buyer:

This is a NON-mandatory pre bid conference

There may be other vendors who submit bids not on this sheet.

Questions are being accepted online until 6/22/16 at 5pm. The email address and instructions how to submit questions is on the bid proposal. Make sure you send to the right email. If sent to the wrong address may not get answered.

Bid bond is NOT required
Performance bond is NOT required

This is a public works project and as such requires a CD be submitted along with the paper copy of your bid. Instructions on how to do that are included in the bid package.

Please note the clauses that pertain to public works projects.

This is a prevailing wage project. There is a certification within the bid package that acknowledges you are aware of your obligations as they pertain to prevailing wage.

Included is a bid preparation check list to help you. It is not a substitute for a thorough review of the instructions to bidders.

We are also asking that you submit a new state w-9. The state form is different from the federal form.

Notes from pre bid conference:

Present unit is in electrical failure (burnout).

Vendors should check with the City so see if street can be closed down during the week.
<table>
<thead>
<tr>
<th>COMPANY NAME</th>
<th>COMPANY REPRESENTATIVE</th>
<th>ADDRESS</th>
<th>CONTACT EMAIL</th>
<th>CONTACT PHONE NUMBER</th>
<th>CONTACT FAX NUMBER</th>
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<tbody>
<tr>
<td>STATE PURCHASING</td>
<td>David A. Greco</td>
<td>1 CAPITOL HILL, PROVIDENCE, RI 02908</td>
<td><a href="mailto:gsantos2e@ri.gov">gsantos2e@ri.gov</a></td>
<td>781-592-6591</td>
<td>401-343-8537</td>
</tr>
<tr>
<td>TRANS</td>
<td>Gerson Santos</td>
<td>406 HOLLINS ST, PROVIDENCE, RI 02908</td>
<td><a href="mailto:jsantos2e@ri.gov">jsantos2e@ri.gov</a></td>
<td>401-230-3964</td>
<td>401-230-3212</td>
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<tr>
<td>NECGEN</td>
<td>Jim Ambros</td>
<td>80 WASHINGTON ST, PROVIDENCE, RI 02908</td>
<td><a href="mailto:acoppola@uri.edu">acoppola@uri.edu</a></td>
<td>401-277-5179</td>
<td>—</td>
</tr>
<tr>
<td>U.R.I.</td>
<td>Ed Coppola</td>
<td>80 WASHINGTON ST, PROVIDENCE, RI 02908</td>
<td><a href="mailto:acoppola@uri.edu">acoppola@uri.edu</a></td>
<td>401-277-5179</td>
<td>—</td>
</tr>
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</table>
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: Gerber Santos
Title: Account Manager

Subscribed and sworn before me this 1 day of July, 2016

Notary Public
My commission expires: 1/9/16

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
MARSH & McLERNAN COMPANIES
1186 Avenues of the Americas
New York NY 10036
ATTN: 212-345-6000

CONTACT NAME:

PHONE:

PHONE (Alt. No. Ext.):

FAX:

FAX (Alt. No. Ext.):

E-MAIL:

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

COMPANY A: National Union Fire Insurance Company of Pittsburgh, PA

19445

COMPANY B: Travelers Indemnity Co of America

25665

COMPANY C: Travelers Property Casualty Co of Amer

25674

INSURER D:

INSURER E:

COVERAGES
CERTIFICATE NUMBER: 385021

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.

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<th>POLICY EXP (MM/DD/YYYY)</th>
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<td>X OCCUR</td>
<td>GL 3796571</td>
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<td>DAMAGE TO RENTED PREMISES (Ex occurrence) $1,000,000.00</td>
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<td>MED EXP (Any one person) $5,000.00</td>
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<td>PERSONAL &amp; ADV INJURY $1,000,000.00</td>
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<td>GENERAL AGGREGATE $7,500,000.00</td>
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<td>PRODUCTS - COMP/PROG AGG $7,500,000.00</td>
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<td>CA3434124 (MA)</td>
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<td>PROPERTY DAMAGE (Per incident) $5,000.00</td>
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<td></td>
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<td>4/17/2016</td>
<td>4/17/2017</td>
<td>X PER STATUTE</td>
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<td>TC2HUB-7434L14A-16 (MN)</td>
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<td>E.L. EACH ACCIDENT $3,000,000.00</td>
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<td>E.L. DISEASE - EA EMPLOYEE $3,000,000.00</td>
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<td>TWJUB-7434L40A-16 (Ohio Excuse)</td>
<td>4/17/2016</td>
<td>4/17/2017</td>
<td>E.L. DISEASE - POLICY LIMIT $3,000,000.00</td>
</tr>
</tbody>
</table>

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

Please see page 2 for additional information.

CERTIFICATE HOLDER
State of Rhode Island and Providence Plantations
Capitol Hill
Providence, RI 02908
United States

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
Marsh USA, Inc.
By: Kevin G. Tatjjen

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

Requested By: Shirley Girard
ADDITIONAL REMARKS SCHEDULE

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>NAMED INSURED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trane U.S. Inc. dba Trane</td>
</tr>
<tr>
<td></td>
<td>10 Hemingway Drive, 1st Floor</td>
</tr>
<tr>
<td></td>
<td>East Providence, RI 02915</td>
</tr>
<tr>
<td></td>
<td>United States</td>
</tr>
</tbody>
</table>

EFFECTIVE DATE:

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

FORM NUMBER: ________ FORM TITLE: ________

State of Rhode Island and Providence Plantations is included as Additional insured where required by contract with respect to General Liability pursuant to applicable endorsement.

Other Requirements: ANY PERSON OR ORGANIZATION TO WHOM NAMED INSURED/POLICYHOLDER BECOMES OBBLIGATED TO INCLUDE AS AN ADDITIONAL INSURED UNDER THIS POLICY, AS A RESULT OF ANY WRITTEN CONTRACT OR AGREEMENT NAMED INSURED/POLICYHOLDER ENTERS INTO WHICH REQUIRES NAMED INSURED/POLICYHOLDER TO FURNISH INSURANCE TO THAT PERSON OR ORGANIZATION OF THE TYPE PROVIDED BY THIS POLICY, BUT ONLY WITH RESPECT TO LIABILITY TO THE EXTENT CAUSED BY NAMED INSURED/POLICYHOLDER AND ARISING OUT OF THE NAMED INSURED/POLICYHOLDER’S OPERATIONS OR PREMISES OWNED BY OR RENTED TO NAMED INSURED/POLICYHOLDER.

Job Description: Solicitation #7549509, Replacement Chiller at the Ace Building-Furnish, Deliver and Start up Only

For questions regarding this certificate of insurance contact: Shirley Girard Email: Shirley.Girard@trane.com Phone: 207-829-1777

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Form W-9
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.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
   Trane U.S. 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
   - [ ] Corporation
   - [ ] S Corporation
   - [ ] Partnership
   - [ ] Trust/estate
   - [ ] Limited liability company
   - [ ] Other (see instructions)

Exemption codes apply only to certain entities, not individuals; see instructions on page 3:
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

4. Address (number, street, and apt. or suite no.)
   3600 Pammel Creek Road
   LaCrosse, WI 54601

5. Requester’s name and address (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 their 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

Part II. Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number or (if 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 an 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 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

Date

1/4/16

General Instructions

Signatures are to the Internal Revenue Code unless otherwise noted.

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-G (canceled debt)
- Form 1098-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 FATCA reporting is correct. See What is FATCA reporting? on page 2 for further information.

Cat. No. 10231X

Form W-9 (Rev. 12-2014)
SERVICE TECHNICIAN CERTIFICATES

JIM AMARAL
- R410A Refrigerant
- Absorption Symposium
- Trane Packages Outdoor Air Units

MARK EDDY
- R410A Refrigerant
- Refrigerant/Sheet Metal License
- Trane Packaged Outdoor Air Unit

GLEN HURRELL
- New England Tech, Refrigeration Air Conditioning Heating Degree
- Tracer Summit Installation Workshop
- Tracer Summit Programming
- Tracer Summit MP580/581 Programmable, Controller Installation & Programming
- Advanced Application Course for Tracer 100 Systems
- R410A Refrigerant
- Centravac Electronic Controls Training Course
- Centravac Mechanical Service Training Course
- Trane HVAC Commercial Service 2
- Tracer Service & Start-Up
- Absorption Technical Service Conference
- Certification of CFC Qualification

BILL KNIFE
- Precedent Training Class
- R410A Refrigerant
- Trane Packaged Outdoor Air Unit
- Absorption Symposium

JIM MILLS
- R410A Refrigerant
- Winter Seminar- Absorption Chillers, VAV Roof Tops, Centravac Chillers, & Tracer BAS
- Centravac Chiller Updates, Rotary Chiller Updates, & Clarksville Intellipak Products
- Pneumatic Controls #321 Studies
- Intellipak and Voyager Rooftop Controls
- RTHC Warranty Service Conference
- Series R Rotary Chiller Service
- Certification of CFC Qualification
- Trane Packaged Outdoor Air Unit

NORM PAIVA
- LaCrosse Business Unit- Technical Service
- Commercial Service 2
- Centravac Electronic Controls Training Course
- Electronic Controls Workshop
- ICS Unit Controllers Installation & Programming
- Centravac Electronic Controls Training Course
- AUTC200 Drives: ATV66 Start-up & Maintenance
- UCP2 Control & Trane Absorption Chillers
- Certification of CFC Qualification

**Bob Souza**
- Trane packaged outdoor air unit
- Factory trained Multi-stack units

**Miscellaneous**
- John Connors - Residential Heat Pump
- John Connors - Centravac Chiller Source Training
- John Connors - Refrigerant / Pipe Fitters License
- John Connors - Refrigerant Usage Certification
- John Connors-MA - Refrigeration License

**Vincent Zabbo**
- Electrical and Arc Flash Safety