

State of Rhode Island and Providence Plantations  
Department of Administration  
Division of Purchases

**RIVIP BIDDER CERTIFICATION COVER FORM**

**SECTION 1 - BIDDER INFORMATION**

*Bidder must be registered as a vendor on the RIVIP system at [www.purchasing.ri.gov](http://www.purchasing.ri.gov) to submit a bid proposal.*

**Solicitation Number:** 7550952  
**Solicitation Title:** HVAC MAINTENANCE AND REPAIR - RI COLLEGE (33 PGS)

**Bid Proposal Submission  
Deadline Date & Time:** 10/11/2016 10:00 AM

**RIVIP Vendor ID #:** 29418  
**Bidder Name:** Arden Engineering Constructors, LLC  
**Address:** 505 Narragansett Park Dr

Pawtucket , RI 02861  
USA

**Telephone:** (401) 727-3500  
**Fax:** (401) 727-3540  
**Contact Name:** Jeffery Potter  
**Contact Title:** Director of Sales and Service  
**Contact Email:** jpotter@ardeneng.com

**SECTION 2 - DISCLOSURES**

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

*Indicate "Y" (Yes) or "N" (No) for Disclosures 1-4, and if "Yes," provide details below*

- 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.

Disclosure details (continue on additional sheet if necessary):

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### 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.

Robert M Bolton - President & CEO

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### SECTION 4 - CERTIFICATIONS

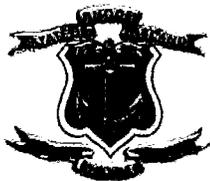
**Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.**

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





# Request for Quote

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

**CREATION DATE :** 15-SEP-16  
**BID NUMBER:** 7550952  
**TITLE:** HVAC MAINTENANCE AND REPAIR - RHODE ISLAND COLLEGE

**BLANKET START :** 01-NOV-16  
**BLANKET END :** 31-OCT-19  
**BID CLOSING DATE AND TIME:** 11-OCT-2016 10:00:00

**BUYER:** Mosca, Gary  
**PHONE #:** 401-574-8124

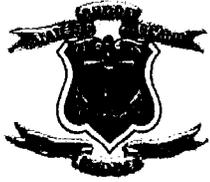
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**RIC-PURCHASING**  
**600 MOUNT PLEASANT AVENUE**  
**PROVIDENCE, RI 02908**  
**US**

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**RIC SPECIAL INSTRUCTIONS**  
**SEE BELOW**  
**SEE BELOW, RI N/A**  
**US**

Requestion Number: 1479658

| Line | Description   | Quantity | Unit | Unit Price | Total        |
|------|---|----------|------|------------|--------------|
| 1    | MAINTENANCE SERVICES - RATE PER HOUR ON SITE - TIER 1 - 11/1/16 - 6/30/17   | 1,000.00 | Hour | \$105      | \$105,000.00 |
| 2    | MAINTENANCE SERVICES - RATE PER HOUR ON SITE - TIER 1 - 7/1/17 - 6/30/18  | 1,000.00 | Hour | \$108      | \$108,000.00 |
| 3    | MAINTENANCE SERVICES - RATE PER HOUR ON SITE - TIER 1 - 7/1/18 - 10/31/19   | 1,200.00 | Hour | \$111      | \$133,200.00 |
| 4    | MAINTENANCE SERVICES - RATE PER HOUR ON SITE - TIER 2 - 11/1/16 - 6/30/17   | 500.00   | Hour | \$115      | \$57,500.00  |
| 5    | MAINTENANCE SERVICES - RATE PER HOUR ON SITE - TIER 2 - 11/1/17 - 6/30/18   | 500.00   | Hour | \$118      | \$59,000.00  |
| 6    | MAINTENANCE SERVICES - RATE PER HOUR ON SITE - TIER 2 - 7/1/18 - 10/31/19   | 500.00   | Hour | \$121      | \$60,500.00  |
| 7    | MAINTENANCE SERVICES - RATE PER HOUR ON SITE - TIER 3 - 11/1/16 - 6/30/17<br>NOTE: CORRECTION TO "UNIT OF MEASURE". UNIT OF MEASURE SHOULD BE "HOUR", NOT "EACH". | 300.00   | Each | \$135      | \$40,500.00  |
| 8    | MAINTENANCE SERVICES - RATE PER HOUR ON SITE - TIER 3 - 7/1/17 - 6/30/18  | 300.00   | Hour | \$139      | \$41,700.00  |
| 9    | MAINTENANCE SERVICES - RATE PER HOUR ON SITE - TIER 3 - 7/1/18 - 10/31/19   | 400.00   | Hour | \$143      | \$57,200.00  |
| 10   | MAINTENANCE SERVICES - OVERTIME RATE PER HOUR ON SITE - TIER 1 - 11/1/16 - 6/30/17  | 100.00   | Hour | \$132      | \$13,200.00  |
| 11   | MAINTENANCE SERVICES - OVERTIME RATE PER HOUR ON SITE - TIER 1 - 7/1/17 - 6/30/18   | 100.00   | Hour | \$136      | \$13,600.00  |
| 12   | MAINTENANCE SERVICES - OVERTIME RATE PER HOUR ON SITE - TIER 1 - 7/1/18 - 10/31/19  | 100.00   | Hour | \$140      | \$14,000.00  |
| 13   | MAINTENANCE SERVICES - OVERTIME RATE PER  | 100.00   | Hour | \$150      | \$15,000.00  |

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



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 RIC SPECIAL INSTRUCTIONS  
 SEE BELOW  
 SEE BELOW, RI N/A  
 US

Requisition Number: 1479658

| Line | Description   | Quantity | Unit | Unit Price | Total       |
|------|---|----------|------|------------|-------------|
|      | HOUR ON SITE - TIER 2 - 11/1/16 - 6/30/17   |          |      |            |             |
| 14   | MAINTENANCE SERVICES - OVERTIME RATE PER HOUR ON SITE - TIER 2 - 11/1/17 - 6/30/18  | 100.00   | Hour | \$154      | \$15,400.00 |
| 15   | MAINTENANCE SERVICES - OVERTIME RATE PER HOUR ON SITE - TIER 2 - 7/1/18 - 10/31/19  | 100.00   | Hour | \$158      | \$15,800.00 |
| 16   | MAINTENANCE SERVICES - OVERTIME RATE PER HOUR ON SITE - TIER 3 - 11/1/16 - 6/30/17<br>NOTE: CORRECTION TO "UNIT OF MEASURE". UNIT OF MEASURE SHOULD BE "HOUR", NOT "EACH".        | 100.00   | Each | \$180      | \$18,000.00 |
| 17   | MAINTENANCE SERVICES - OVERTIME RATE PER HOUR ON SITE - TIER 3 - 7/1/17 - 6/30/18   | 100.00   | Hour | \$185      | \$18,500.00 |
| 18   | MAINTENANCE SERVICES - OVERTIME RATE PER HOUR ON SITE - TIER 3 - 7/1/18 - 10/31/19<br>PROVIDE PERCENTAGE DISCOUNT OFF MANUFACTURER'S LIST PRICE FOR PARTS & MATERIALS <u>10</u> % | 100.00   | Hour | \$190      | \$19,000.00 |
|      |   |          |      |            | 10%         |

Delivery: upon receipt of PO

Terms of Payment: Net 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

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



REFRIG/JOURNEY I RJ1

JASON M ZINA  
99 SAND HILL  
NORTH KINGSTOWN RI 02852

JOHN SHAW  
Administrator

04/30/2016  
Expiration Date

MASSACHUSETTS  
DRIVERS LICENSE

REGISTRATION NUMBER: 02-18-2013 NONE  
EXPIRES: 02-17-2020  
ISSUES: 02-17-2020  
SEX: M HEIGHT: 5-11 WEIGHT: 160 HAIR: BRN EYES: BRN  
CLASSIFICATION: NONE  
VEHICLE CLASSIFICATION: NONE  
PLATE: 1R200  
ADDRESS: 737 GARDENERS NECK RD SWANSEA, MA 02777-3022

*Handwritten: 1R200*

Commonwealth of Massachusetts  
Department of Public Safety  
Refrigeration Technician  
License: RT-147252  
JOSHUA D VELOZO  
737 GARDENERS NECK RD  
SWANSEA MA 02777

*Handwritten: J.D. Velozo*

Commissioner  
Expiration: 02/17/2017

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

REFRIG/JOURNEY 1  
SHEETMETAL JOURNEY 3  
RJI  
SMJ1

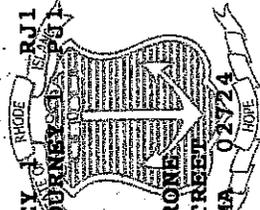
JOSHUA D VELOZO  
737 GARDENERS NECK RD  
SWANSEA MA 02777

JOHN SHAW  
Administrator  
Expiration Date: 02/28/2017

*Handwritten: 5-11-15*

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

REFRIG/JOURNEY  
PIPEFITTER/JOURNEY  
RJI



AARON J IAMARONE  
230 OSEORN STREET  
FALL RIVER MA 02724

JOHN SHAW  
Administrator

07/31/2017  
Expiration Date

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

REFRIG/MASTER 1 OF RHODE ISLAND 00007644  
SHEETMETAL JOURNEYMAN



NELSON A FREITAS  
36 OPHELIA STREET  
PROVIDENCE RI 02909

JOHN SHAW  
Administrator

03/31/2017  
Expiration Date

Rhode Island

DRIVER  
Class 10 License No. 2312655  
Birth: 01-28-1987 Exp: 01-28-2020



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

REFRIG/JOURNEY 1 RJ1  
PIPEFITTER/JOURNEY 1 PJ1



TYLER J STEINER  
28 WOODSON DRIVE  
SCITUATE RI 02857

JOHN SHAW  
Administrator 01/31/2017  
Expiration Date



Commonwealth of Massachusetts  
Department of Public Safety  
Refrigeration Technician  
License: RT-172191

TYLER J STEINER  
28 WOODSON DR  
Scituate RI 02857



*Thomas D. Blane*  
Commissioner

Expiration:  
01/28/2016

OSHA 001561592

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

**Tyler Steiner**

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

Construction Safety & Health

(Trainer)

(Date)

*Michael P. Hagan*

7/7/07

Certificate of Completion  
Aerial Work Platforms  
**TYLER STEINER**

Has completed training in the safety and operations of scissors and booms and has demonstrated an understanding of the proper usage and safety procedures

Date: 01/22/08

Expires: 01/22/11

Instructor

*[Signature]*



**United Association**

EPA Section 608  
Technician Certification  
[EPA-Approved 9-30-93]

**TYLER STEINER**

ID#: 1499334369 LU#: 51

Has been certified as required by 40 CFR, Part 82, Subpart F

Type I: 04/15/2009

Type II: 04/15/2009

Type III: 06/09/2009

Universal: 06/09/2009



Commonwealth of Massachusetts  
Division of Apprentices Training



**TYLER STEINER**

PIPEFITTER / 9270

PLUMBERS & PIPEFITTERS L.U. NO. 51-JAC (RI)

11 HEMINGWAY DRIVE

E. PROVIDENCE, RI 02915

REG# B-012-681

Credits: None

Appr. Start Date: Proj. Com. Date Card Expires  
12/17/07 12/17/12 12/17/13



Rhode Island Department of Labor and Training  
Division of Workforce Regulation and Safety

**PIPEFITTER/REFRIG  
APPRENTICE**

19568

**T STEINER**

11 HEMINGWAY DRIVE

EAST PROVIDENCE RI 02915

**PLUMBERS & STEAMFITTERS LU#51**

*Ronald R. Ambrose*

Administrator

12/31/2011  
Expiration Date



**United Association  
CRANE Certification**



**TYLER STEINER**

UA #: 001643233 LU# 51

Issue Date: 04/02/2011

Expiration Date: 04/02/2016

CRANE Signalperson



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

**CONTRACT MASTER/PIPE 00007544**



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

**JOHN SHAW**  
Administrator

**11/30/2017**  
Expiration Date

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

**ARDEN ENGINEERING CONSTRUCTOR  
CONTRACTOR MASTER CMP02272**



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

**JOHN SHAW**  
Administrator

**11/30/2017**  
Expiration Date

## References

| Company                         | Contact Person                        | Telephone Number and Address        | Services Provided   |
|---------------------------------|---------------------------------------|-------------------------------------|---|
| City of Pawtucket               | Chris Crawley<br>Maintenance Manager  | (401) 728-0500<br>Pawtucket, RI     | HVAC, electrical, plumbing, service and maintenance, installations and upgrades.                                    |
| Central Falls School Department | Sue Eannarino<br>Facilities Director  | (401) 727-7700<br>Central Falls, RI | HVAC, electrical, plumbing, service and maintenance, installations and upgrades.                                    |
| Roger Williams University       | Bill McCarthy<br>Facilities Director  | (401) 254 – 3323<br>Bristol, RI     | HVAC, electrical, plumbing, service and maintenance, installations and upgrades.                                    |
| UMass Dartmouth                 | Eric Lyonnaise<br>Facilities Director | (508) 999 – 8084<br>New Bedford, MA | HVAC, electrical, plumbing, service and maintenance, installations and upgrades.                                    |
| Town of Bristol                 | Richard Pimenta<br>Town Manager       | (401) 253-7000<br>Bristol, RI       | HVAC, electrical, plumbing, sprinkler, controls and electrical service and maintenance, installations and upgrades. |

505 Narragansett Park Drive, Pawtucket, Rhode Island 02861 Tel (401) 727-3500 Fax (401) 727-3540 [www.ardeneng.com](http://www.ardeneng.com)

*An Equal Opportunity Employer*

**Rhode Island**

Master Mechanical #105 & #1409  
 Fire Sprinkler Contractor #327  
 Master Plumber #1094  
 Refrigeration & Pipefitter Journey #RJ1 & #PJ1  
 NEBB #2807  
 Master Electrician #A-003439 & #B-007513

**Massachusetts**

Master Pipefitter #8590  
 Master Plumber, Plumbing Contractor #6780  
 Sprinkler Contractor #002774  
 Refrigeration Contractor #689

**Connecticut**

Heating/Cooling Unlimited Contractor #302950 & #302953  
 Plumber Unlimited Contractor P-1 #202296



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/12/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|  |  |        |
|--|--|--------|
| PRODUCER<br>Capacity Coverage Company<br>One International Blvd.<br>3rd Floor<br>Mahwah NJ 07495   | CONTACT NAME: Paula Moscetti   |        |
|  | PHONE (A/C, No, Ext): 201-661-2397 FAX (A/C, No): 201-661-7360<br>E-MAIL ADDRESS: mleschhorn@capcoverage.com |        |
| INSURED<br>Arden Engineering Constructors LLC<br>505 Narragansett Park Drive<br>Pawtucket RI 02861 | INSURER(S) AFFORDING COVERAGE  | NAIC # |
|  | INSURER A: Phoenix Insurance Co  | 25623  |
|  | INSURER B: Travelers Indemnity Co of America   | 25666  |
|  | INSURER C: Travelers Property Casualty Co of A   | 25674  |
|  | INSURER D:   |        |
|  | INSURER E:   |        |
| INSURER F:   |  |        |

COVERAGES CERTIFICATE NUMBER: 639146880 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        | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> contractual<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | Y         | Y        | VTNCO2400A489PHX16 | 4/18/2016               | 4/18/2017               | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COM/OP AGG \$2,000,000<br>\$ |
| B        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input checked="" type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS   | Y         | Y        | VTOCAP2399A43716   | 4/18/2016               | 4/18/2017               | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| C        | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$10,000   | Y         | Y        | VTSMJCUP8211A37616 | 4/18/2016               | 4/18/2017               | EACH OCCURRENCE \$11,000,000<br>AGGREGATE \$11,000,000<br>\$   |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/><br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      | VTJUB2400A47716    | 4/18/2016               | 4/18/2017               | <input checked="" type="checkbox"/> WC STATU-TORY LIMITS<br><input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000                         |

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

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



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

**Department of Labor and Training**

Center General Complex  
1511 Pontine 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](http://www.dlt.ri.gov/pw/Posters.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](http://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

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TTY via RI Relay 711



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

**CERTIFICATION**

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

By: Kate Zuber  
Title: Account manager

Subscribed and sworn before me this 7 day of 10, 2016

Danielle M. Barnard  
Notary Public  
My commission expires: 6/24/20

**DANIELLE M. BARNARD**  
Notary Public, State of Rhode Island  
My Commission Expires June 24, 2020

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TTY via RI Relay 711

## Request for Taxpayer Identification Number and Certification

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

|   |   |  |   |
|---|---|--|---|
| Print or type<br>See Specific instructions on page 2. | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br><b>Arden Building Companies LLC</b>  |  |   |
|   | 2 Business name/disregarded entity name, if different from above<br><b>Arden Engineering Constructors, LLC</b>  |  |   |
|   | 3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>P</b><br><small>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.</small><br><input type="checkbox"/> Other (see instructions) ▶ |  | <input type="checkbox"/> C Corporation<br><input type="checkbox"/> S Corporation<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Trust/estate |
|   | 5 Address (number, street, and apt. or suite no.)<br><b>505 Narragansett Park Drive</b>   |  | Requester's name and address (optional)   |
|   | 6 City, state, and ZIP code<br><b>Pawtucket, RI 02861</b>   |  |   |
|   | 7 List account number(s) here (optional)  |  |   |
|   | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><small>(Applies to accounts maintained outside the U.S.)</small>   |  |   |

**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.

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

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

|                  |   |                       |
|------------------|---|-----------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ <i>Jacqueline Benoit, Controller</i> | Date ▶ <i>5/24/16</i> |
|------------------|---|-----------------------|

**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](http://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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- 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.