

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

RVIP BIDDER CERTIFICATION COVER FORM
SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RVIP system at www.purchasing.ri.gov to submit a bid proposal.

Solicitation Number: 7550961

Solicitation Title: FIRE ALARM, SPRINKLER & BACKFLOW PREVENTER INSPECTIONS, TESTING & REPAIRS-DOT FACILITIES(30 PGS)

Bid Proposal Submission Deadline Date & Time: 10/12/2016 10:00 AM

RVIP Vendor ID #: 78963

Bidder Name: Encore Holdings, LLC

Address: 70 Bacon Street

Pawtucket, RI 02860
USA

Telephone: 800-966-0000

Fax: 401-365-1131

Contact Name: Kristen Nolan

Contact Title: Sales

Contact Email: knolan@encorefireprotection.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



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex
1511 Pontiac Avenue
Cranston, RI 02920-4407

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

Lincoln D. Chafee
Governor
Charles J. Fogarty
Director

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

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

CERTIFICATION

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

By: *Justin Weard*
Title: *Sales Executive*

Subscribed and sworn before me this *11th* day of *October* 20*16*

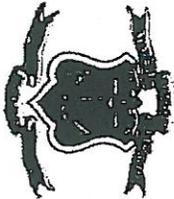
Andrea L Fram
Notary Public, State of Rhode Island
My Commission Expires 10/19/2017

Andrea L Fram
Notary Public
My commission expires: *10/19/17*

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

TTY via RI Relay 711

All repair or emergency service performed during normal working hours billed and paid to CONTRACTOR by SUBSCRIBER based on a three hour minimum regardless of actual time incurred on such service call by CONTRACTOR., after 4:00 pm on weekdays, on Saturdays, on Sundays or on Holidays are billed and paid to CONTRACTOR by SUBSCRIBER based on a four hour minimum regardless of actual time incurred on such service call by CONTRACTOR.



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

Request for Quote

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

CREATION DATE : 22-SEP-16
 BID NUMBER: 7550961
 TITLE: FIRE ALARM/SPRINKLER MAINTENANCE
 BLANKET START : 01-DEC-16
 BLANKET END : 30-NOV-17
 BID CLOSING DATE AND TIME: 12-OCT-2016 10:00:00

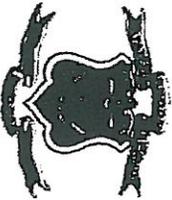
B I L L I N G
 DOT MAINTENANCE BUSINESS OFFICE
 360 LINCOLN AVE
 WARWICK, RI 02888
 US

S H I P M E N T
 DOT MAINTENANCE BUSINESS OFFICE
 360 LINCOLN AVE
 WARWICK, RI 02888
 US

Requestion Number: 1479505
 Amendment Description: .

Line	Description	Quantity	Unit	Unit Price	Total
1	<p>BLANKET PERIOD: 12/01/2016 - 11/30/2017 (WITH OPTION TO RENEW FOR ONE (1) ADDITIONAL YEAR)</p> <p>CONTACT INFORMATION:</p> <p>PROSPECTIVE VENDORS WHO WISH TO VIEW ANY OF THE THIRTEEN (13) SITES MAY MAKE ARRANGEMENTS BY CONTACTING TIM CARROLL AT (401) 641-5768</p> <p>AN APA IS REQUESTED FOR FIRE ALARM, SPRINKLER, AND BACKFLOW PREVENTER INSPECTIONS, TESTING AND REPAIRS AT VARIOUS DOT FACILITIES AS REQUIRED BY STATE FIRE MARSHALL REGULATIONS</p> <p>ANY APPLICABLE MISCELLANEOUS CHARGES (E.G. TRAVEL TIME, VEHICLE SURCHARGES, FUEL CHARGES, ETC.) MUST BE INCLUDED IN THE BID PRICE AS NO SEPARATE CHARGES WILL BE ACCEPTED</p> <p>SELECTED VENDOR SHALL PROVIDE TO DOT A SCHEDULE OF THE PROPOSED INSPECTION DATES AND A FOLLOW-UP REPORT OR E-MAIL DETAILING THE RESULTS OF EACH TEST/INSPECTION</p> <p>12/01/2016 - 11/30/2017: SERVICES TO PERFORM FIRE ALARM INSPECTIONS AND TESTING AT DOT BELLEVILLE FACILITY: QUARTERLY INSPECTIONS</p> <p>12/01/2016 - 11/30/2017: SERVICES TO PERFORM FIRE ALARM INSPECTIONS AND TESTING AT DOT CHERRY HILL FACILITY: QUARTERLY INSPECTIONS</p> <p>12/01/2016 - 11/30/2017: SERVICES TO PERFORM FIRE ALARM INSPECTIONS AND TESTING AT DOT HOPE VALLEY FACILITY: QUARTERLY INSPECTIONS</p> <p>12/01/2016 - 11/30/2017: SERVICES TO PERFORM FIRE ALARM INSPECTIONS AND TESTING AT DOT SCITUATE FACILITY: QUARTERLY INSPECTIONS</p> <p>12/01/2016 - 11/30/2017: SERVICES TO PERFORM FIRE ALARM INSPECTIONS AND TESTING AT DOT SMITHFIELD FACILITY: QUARTERLY INSPECTIONS</p>	4.00	Quarter	94.00	\$ 376.00
2	<p>12/01/2016 - 11/30/2017: SERVICES TO PERFORM FIRE ALARM INSPECTIONS AND TESTING AT DOT CHERRY HILL FACILITY: QUARTERLY INSPECTIONS</p>	4.00	Quarter	94.00	\$ 376.00
3	<p>12/01/2016 - 11/30/2017: SERVICES TO PERFORM FIRE ALARM INSPECTIONS AND TESTING AT DOT HOPE VALLEY FACILITY: QUARTERLY INSPECTIONS</p>	4.00	Quarter	94.00	\$ 376.00
4	<p>12/01/2016 - 11/30/2017: SERVICES TO PERFORM FIRE ALARM INSPECTIONS AND TESTING AT DOT SCITUATE FACILITY: QUARTERLY INSPECTIONS</p>	4.00	Quarter	94.00	\$ 376.00
5	<p>12/01/2016 - 11/30/2017: SERVICES TO PERFORM FIRE ALARM INSPECTIONS AND TESTING AT DOT SMITHFIELD FACILITY: QUARTERLY INSPECTIONS</p>	4.00	Quarter	94.00	\$ 376.00

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



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

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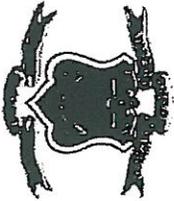
DOT MAINTENANCE BUSINESS OFFICE
 360 LINCOLN AVE
 WARWICK, RI 02888
 US

DOT MAINTENANCE BUSINESS OFFICE
 360 LINCOLN AVE
 WARWICK, RI 02888
 US

Requisition Number: 1479505
 Amendment Description:

Line	Description	Quantity	Unit	Unit Price	Total
6	12/01/2016 - 11/30/2017: SERVICES TO PERFORM SPRINKLER/FIRE ALARM INSPECTIONS AND TESTING AT DOT HEADQUARTERS BLDG: QUARTERLY INSPECTIONS	4.00	Quarter	\$210	\$840.00
7	12/01/2016 - 11/30/2017: SERVICES TO PERFORM SPRINKLER/FIRE ALARM INSPECTIONS AND TESTING AT DOT EAST PROVIDENCE FACILITY: QUARTERLY INSPECTIONS	4.00	Quarter	\$210	\$840.00
8	12/01/2016 - 11/30/2017: SERVICES TO PERFORM SPRINKLER/FIRE ALARM INSPECTIONS AND TESTING AT DOT MIDSTATE FACILITY: QUARTERLY INSPECTIONS	4.00	Quarter	\$210	\$840.00
9	12/01/2016 - 11/30/2017: SERVICES TO PERFORM FIRE ALARM INSPECTIONS AND TESTING AT DOT CHARLESTOWN FACILITY: BI-ANNUAL INSPECTIONS	2.00	Each	\$94	\$188.00
10	12/01/2016 - 11/30/2017: SERVICES TO PERFORM FIRE ALARM INSPECTIONS AND TESTING AT DOT GLOCESTER FACILITY: BI-ANNUAL INSPECTIONS	2.00	Each	\$94	\$188.00
11	12/01/2016 - 11/30/2017: SERVICES TO PERFORM FIRE ALARM INSPECTIONS AND TESTING AT DOT MIDDLETOWN FACILITY: BI-ANNUAL INSPECTIONS	2.00	Each	\$94	\$188.00
12	12/01/2016 - 11/30/2017: SERVICES TO PERFORM FIRE ALARM INSPECTIONS AND TESTING AT DOT MIDSTATE STORAGE BLDG FACILITY: BI-ANNUAL INSPECTIONS	2.00	Each	\$94	\$188.00
13	12/01/2016 - 11/30/2017: SERVICES TO PERFORM FIRE ALARM INSPECTIONS AND TESTING AT DOT HOPE VALLEY (COLD STORAGE BLDG) FACILITY: BI-ANNUAL INSPECTIONS	2.00	Each	\$94	\$188.00
14	12/01/2016 - 11/30/2017: SERVICES TO PERFORM BACKFLOW PREVENTER INSPECTIONS AND TESTING AT DOT HEADQUARTERS BLDG FACILITY: ANNUAL INSPECTIONS	1.00	Each	\$85	\$85.00
15	12/01/2016 - 11/30/2017: SERVICES TO PERFORM BACKFLOW PREVENTER INSPECTIONS AND TESTING AT DOT EAST PROVIDENCE FACILITY: ANNUAL INSPECTIONS	1.00	Each	\$85	\$85.00
16	12/01/2016 - 11/30/2017: SERVICES TO PERFORM BACKFLOW PREVENTER INSPECTIONS AND TESTING AT DOT MIDSTATE FACILITY: ANNUAL INSPECTIONS	1.00	Each	\$85	\$85.00
17	12/01/2016 - 11/30/2017: HOURLY LABOR RATE FOR FIRE ALARM TECHNICIAN	1.00	Each	\$99	\$99.00

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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DOT MAINTENANCE BUSINESS OFFICE
 360 LINCOLN AVE
 WARWICK, RI 02888
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 360 LINCOLN AVE
 WARWICK, RI 02888
 US

Requisition Number: 1479505
 Amendment Description:

Line	Description	Quantity	Unit	Unit Price	Total
18	12/01/2016 - 11/30/2017: HOURLY LABOR RATE FOR FIRE SPRINKLER TECHNICIAN	1.00	Each	99	\$ 99.00
19	12/01/2016 - 11/30/2017: HOURLY LABOR RATE FOR BACKFLOW PREVENTER REPAIR	1.00	Each	99	\$ 99.00
20	12/01/2016 - 11/30/2017: OVERTIME HOURLY LABOR RATE FOR FIRE ALARM TECHNICIAN	1.00	Each	144	\$ 144.00
21	12/01/2016 - 11/30/2017: OVERTIME HOURLY LABOR RATE FOR FIRE SPRINKLER TECHNICIAN	1.00	Each	144	\$ 144.00
22	12/01/2016 - 11/30/2017: % DISCOUNT ON PARTS	1.00	Each	10%	

Delivery: within 1 week
 Terms of Payment: Net 30 days

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

ELECTRICAL CORP AC004699
A-004699 B-013122
ENCORE/DBA FIRE SUPPRESSION SY

DAVID CANUEL
70 BACON STREET
PAWTUCKET RI 02860



JOHN SKAM 11/30/2016
Administrator Expiration Date

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

FIRE PROT MASTER 00000418



MICHAEL J THORNTON
129 UPLAND AVENUE
NEWTON MA 02461

JOHN SHAW
Administrator

03/31/2018
Expiration Date

W-9

Request for Taxpayer Identification Number and Certification

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

Print or type
 See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Encore Holdings, LLC

2 Business name/disregarded entity name, if different from above
Encore Fire Protection

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

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

5 Address (number, street, and apt. or suite no.)
70 Bacon Street

6 City, state, and ZIP code
Pawtucket, RI 02860

7 List account number(s) here (optional)

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 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.

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.

Sign Here Signature of U.S. person ▶  Date ▶ **1/8/16**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted. Future developments, information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

Social security number		-		-			
2	7	-	0	8	6	7	7
Employer identification number							

- Form 1098 (from 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.

- 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.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Client#: 736597

ENCORHOL

DATE (MM/DD/YYYY)
10/01/2016

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
USI Insurance Services LLC
475 Kilvert Street
Building B, Suite 205
Warwick, RI 02886

CONTACT NAME:
PHONE (A/C, No. Ext): 855 874-0123 **FAX (A/C, No):** 877 484-4772
E-MAIL ADDRESS:

INSURED
Encore Holdings, LLC
dba Encore Fire Protection
70 Bacon Street
Pawtucket, RI 02860

INSURER(S) AFFORDING COVERAGE

INSURER A: Admiral Insurance Co.	NAIC # 24856
INSURER B: Starr Indemnity & Liability Com	38318
INSURER C: Beacon Mutual Insurance Company	24017
INSURER D: Selective Ins Co of SC	19259
INSURER E: Harleysville Insurance Company	23582
INSURER F: Argonaut Insurance Company	19801

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY FEE (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
						EACH OCCURRENCE	PER ANNUAL OCCURRENCE
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR X PD Ded:5,000	X	CA0000254790	09/30/2016	09/30/2017	\$1,000,000	\$100,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					\$5,000	\$1,000,000
E	AUTOMOBILE LIABILITY	X	BA00000064534W	09/30/2016	09/30/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
E	ANY AUTO ALL OWNED	X	BA00000064352W	09/30/2016	09/30/2017	BODILY INJURY (Per person)	\$
E	SCHEDULED AUTOS NON-OWNED	X	BA00000063403W	09/30/2016	09/30/2017	BODILY INJURY (Per accident)	\$
	HIRE D AUTOS	X				PROPERTY DAMAGE (Per accident)	\$
B	X Drive Oth Car UMBRELLA LIAB	X	1000022153	09/30/2016	09/30/2017	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB	X				AGGREGATE	\$10,000,000
	DED						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in NH)	X	70374	10/01/2016	10/01/2017	PER STATUTE	
F	Y/N N/A	X	WC928198383304	10/01/2016	10/01/2017	E.L. EACH ACCIDENT	\$1,000,000
	If Yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
D	Equipment		S2127905	09/30/2016	09/30/2017	E.L. DISEASE - POLICY LIMIT	\$1,000,000
A	Cont. Design Liab		CA0000254790	09/30/2016	09/30/2017	\$50,000 Leased/Rented	\$1,000,000/\$2,000,000

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

CERTIFICATE HOLDER

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

E. Bull

SAMPLE



INVITATION TO BID

SOLICITATION TITLE: FIRE ALARM, SPRINKLER AND BACKFLOW PREVENTER INSPECTIONS, TESTING AND REPAIRS – DOT FACILITIES
SOLICITATION NUMBER: 7550961
BID PROPOSAL SUBMISSION DEADLINE: October 12, 2016 at 10:00 AM

PREBID CONFERENCE

NONMANDATORY

MANDATORY → Bidder must attend the mandatory prebid conference. The bidder's representative must register with the Division of Purchases at the mandatory prebid conference and identify the bidder he or she represents.

Location:

N/A

Date:

Time:

QUESTIONS about this solicitation must be emailed and received by the Division of Purchases at LISA.HILL@PURCHASING.RI.GOV no later than Wednesday, October 05, 2016, 5:00 PM, in a Microsoft Word attachment with the corresponding solicitation number. Questions, if any, and responses will be posted on the Division of Purchases website at www.purchasing.ri.gov as an addendum to this solicitation

BID BOND REQUIRED: NO

YES

PAYMENT AND PERFORMANCE BOND REQUIRED:

NO

YES

SPECIFICATIONS AND PLANS: NO

YES → See Electronic Solicitation Bidding Information.

Click on the online active "D" link in the "Info" column.

Continued onto next page



INVITATION TO BID

SOLICITATION TITLE: FIRE ALARM, SPRINKLER, AND BACKFLOW PREVENTER
INSPECTIONS, TESTING AND REPAIRS - DOT FACILITIES

SOLICITATION NUMBER: 7550961

BID PROPOSAL SUBMISSION DEADLINE: October 12, 2016 at 10:00 AM

RIVIP REGISTRATION: Bidders must be registered vendors through the online Division of Purchases Rhode Island Vendor Information Program at www.purchasing.ri.gov. To register or update information, click on "Vendor Center," then "Vendor Information" from the dropdown menu on the left.

BIDDER CERTIFICATION COVER FORM: Bidders must download (obtainable at www.purchasing.ri.gov), complete, and submit a Bidder Certification Cover Form with each bid proposal.

The State of Rhode Island through its, Department of Administration, Division of Purchases, is soliciting bid proposals to perform the work described in the plans and specifications dated [Click here](#) to enter a date. For the Project in accordance with this solicitation.

Bidders are invited to submit bid proposals to the Division of Purchases by the bid proposal submission deadline.

This solicitation contains, and is subject to the terms and conditions of, the Invitation to Bid, Instructions to Bidders, Bid Preparation Checklist (with applicable forms), Agreement, General Conditions, any Supplemental Conditions, Specifications and Plans, Bidder Certification Cover Form, and Bid Form. The solicitation is available at www.purchasing.ri.gov.

The award of the contract pursuant to this solicitation will be made to the responsive and responsible bidder with the lowest bid price. *The Division of Purchases reserves the right to waive any technicalities in the bid proposals, accept or reject any bid proposal, award a contract in the best interest of the State, or revoke any solicitation.*

Continued onto next page



INVITATION TO BID

Electronic Solicitation Bidding Information

Downloading and Accessing Additional Electronic Solicitation Files

Accessing electronic files on the purchasing website will require Adobe viewer. All bid solicitations that include a "D" in the "Info" column will require WinZip 8.1 software. The WinZip file may contain one or more files. These files may require additional software such as Microsoft Office.

Specifications that have a file for download are marked with a "D" in the "Info" field of the bid search results page located on the Purchasing website. The "D" will indicate an active link to the WinZip file until the bid reaches its opening date. Clicking on the active "D" link will allow you to open or save the WinZip file associated with the bid. Opening the WinZip file will offer you the option of saving to your local computer.

Once saved, you can open the WinZip file and view the files. The individual files can be saved to your computer in a location such as "Desktop" or "My Documents".

Buyer Name: Lisa Hill, Title: Chief Buyer