



20140910
Blanket Contract

City of Springfield Blanket Contract Tracer Document

The purpose of this document is to provide continuous responsibility for the custody of **BLANKET CONTRACTS** during the processing period.

INSTRUCTIONS: Upon receipt, please initial and write in the date of receipt. When your department has approved and signed the blanket contract, please initial and date in the forwarding section and deliver to the next department.

DEPARTMENT	DATE RECEIVED		DATE FORWARDED TO NEXT DEPT.	
	Initials	Date	Initials	Date
Office of Procurement			JMM	1-12-15
Housing			JMM	1/14/15
City Comptroller	LW	1/14/15	JMM	1/14/15
Law	PK	1-15-15	PK	1-15-15
CAFO	J	1/16/15	J	1/22/15
Mayor	CG	1/22/15	CG	1/22/15
Office of Procurement				

KAB 1/14/15

Vendor No.: 237 Blanket Contract No.: 20140910 Blanket Contract Date: 2/28/2014

Blanket Contract Amt.: \$250,000.00 Issue Date: 3/17/2014 Renewal Date: 12/1/2015

Appropriation Code1:
Appropriation Code2:
Appropriation Code3:
Appropriation Code4:

Description of Funding Source:

Bid No.: 14-132 Requisition No.: PO No.:

Vendor Name: ATC GROUP SERVICES, INC/ DBA CARDNO ATC

Blanket Contract Type: RENEWAL

Blanket Contract Purpose: ON-CALL ENVIRONMENTAL SERVICES

Originating Dept.: HOUSING SERVICES DEPT.

Expiration Date: 3/16/2016 Amendment Date: Extension Date:

TYPE OF DOCUMENT (Please select at least one):

New Renewal Amendment Extension



January 1, 2015

ATC Group Services, Inc.
d/b/a Cardno ATC
73 Williams Drive
West Springfield, MA 01089


ATTENTION: Brain Williams:

SUBJECT: Renewal of BC# 20140910- On-Call Environmental Services for the City of Springfield- Office of Housing- \$250,000.00.

The City of Springfield – Office of Procurement, on behalf of the Housing Dept. is hereby exercising its option to renew the second year of a three year agreement for the above referenced contract for the period of March 17, 2015- March 16, 2016.

Please sign all copies of this renewal letter and return to the Office of Procurement along with the enclosed Tax Affidavit Certificate and a **current Certificate of Liability Insurance**. Copies of all documents will be forwarded to you after securing all the required signatures.

Sincerely,


Lauren Stabilo
Chief Procurement Officer

BL
ATC GROUP SERVICES, IN. D/B/A CARDNO ATC
SIGNED THIS 8th DAY OF January 2015

Peter Kente
LAW DEPARTMENT
SIGNED THIS 15 DAY OF Jan 2015

W APPROVED AS TO APPROPRIATION: ^{N/A}

Jim Raliff
OFFICE OF THE COMPTROLLER
SIGNED THIS 14 DAY OF Jan 2015

APPROVED BY:

Paul Affitt
OFFICE OF HOUSING-DIRECTOR
SIGNED THIS 14th DAY OF January 2015

APPROVED BY:

Domenic J. Sarno
DOMENIC J. SARNO, MAYOR
SIGNED THIS 22nd DAY OF Jan 2015 ²⁰¹⁵

REVIEWED BY:

SH
CAFO
SIGNED THIS _____ DAY OF _____ 2016

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

46-0399408

Individual Social Security Number, State Identification Number, Federal Identification Number, Company: ATC Group Services Inc, dba Cardno ATC, P.O. Box (if any): Street Address Only: 73 William Frankis Drive, City/State/Zip Code: West Springfield MA 01089, Telephone Number: 413-781-0070, Fax Number: 413-781-3734, List address(es) of all other property owned by company in Springfield: N/A, Please Identify if the bidder/proposer is a: Corporation [X]

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

FEDERAL TAX CERTIFICATION

I, Brian Williams certify under the pains and penalties of perjury that ATC Group Services Inc to my best knowledge and belief, has/have complied with all United States Federal taxes required by law. Date: 11/8/15

CITY OF SPRINGFIELD TAX CERTIFICATION

I, Brian Williams certify under the pains and penalties of perjury that ATC Group Services Inc to my best knowledge and belief, has/have complied with all City of Springfield taxes required by law (has/have entered into a Payment Agreement with the City). Date: 11/8/15

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

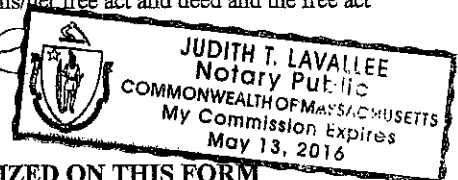
Pursuant to M.G.L. c. 62C §49A, I, Brian Williams certify under the pains and penalties of perjury that ATC Group Services Inc to my best knowledge and belief, has/have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support. Date: 11/8/15

Notary Public

STATE OF MA, 2015, County of Hampden, ss.

Then personally appeared before me [name] Brian Williams, [title] Branch mgr. of [company] name] Cardno ATC, being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof, and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name] Cardno ATC.

Judith T. Lavallee, Notary Public, My commission expires: 5/13/16



YOU MUST FILL THIS FORM OUT COMPLETELY AND, SIGNATURES MUST BE NOTARIZED ON THIS FORM AND YOU MUST FILE THIS FORM WITH YOUR BID/CONTRACT. TAX AFFIDAVITS THAT ARE NOT SIGNED AND NOTARIZED WILL BE REJECTED.

TO BE INCLUDED IN ALL SPECIFICATIONS

COMPLIANCE WITH FEDERAL, COMMONWEALTH OF MASSACHUSETTS, AND CITY OF SPRINGFIELD TAX LAWS.

A. COMPLIANCE WITH TAX LAWS

The contractor must be in compliance at the time it submits its bid and afterwards if selected as the contractor, with all Federal, Commonwealth of Massachusetts and City of Springfield tax laws, the contractor will be disqualified from the bidding procedure.

B. TAX CERTIFICATION AFFIDAVIT.

The contractor **must** complete and return the Tax Certification Affidavit with the contractor's bid/proposal. Failure to complete and return the Tax Certification Affidavit will disqualify the contractor from the bidding procedure.

C. VERIFICATION OF COMPLIANCE WITH FEDERAL AND MASSACHUSETTS TAX LAWS.

If the City of Springfield discovers that the contractor is not in compliance with Federal or Massachusetts tax laws, the contractor shall be excluded from the bidding procedure.

D. COMPLIANCE WITH THE CITY OF SPRINGFIELD TAXES.

If the City of Springfield discovers that the contractor owes the City of Springfield any assessments, excise, property or other taxes, including any penalties and interest thereon, the contractor shall be excluded from the bidding procedure.

The contractor at all times during the term of an awarded contract shall observe and abide by all Federal, Commonwealth of Massachusetts and City of Springfield tax laws and remain in compliance with such laws, all as amended.

FAILURE TO SUBMIT THE FOLLOWING FORM IS CAUSE FOR IMMEDIATE REJECTION.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
01/08/2015

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

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

PRODUCER Aon Risk Services Southwest, Inc. Houston TX Office 5555 San Felipe Suite 1300 Houston TX 77056 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		
INSURED ATC Group Services, Inc. Cardno ATC ATC Associates, Inc. 221 Rue De Jean Suite 200 Lafayette LA 70508 USA	INSURER A:	Commerce & Industry Ins Co	19410
	INSURER B:	Lexington Insurance Company	19437
	INSURER C:	The Insurance Co of the State of PA	19429
	INSURER D:	New Hampshire Ins Co	23841
	INSURER E:	Granite State Insurance Company	23809
	INSURER F:	National Union Fire Ins Co of Pittsburgh	19445

COVERAGES **CERTIFICATE NUMBER: 570056561058** **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability is included <input checked="" type="checkbox"/> General Agg. apply per Project GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL1721859 General Liability	09/30/2014	09/30/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPI/OP AGG \$2,000,000
C	AUTOMOBILE LIABILITY			CA 3582949 Auto (AOS) CA 2714604 Auto (MA)	09/30/2014	09/30/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
F	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			34196652 Umbrella	09/30/2014	09/30/2015	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC039901297 WC - AOS WC039901296 WC - (NJ,PA)	09/30/2014	09/30/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000
G	Poll Legal Liab			002161700 Pollution	09/30/2014	09/30/2015	Occurrence \$5,000,000 Aggregate \$5,000,000

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

CERTIFICATE HOLDER City of Springfield Attn: Office of Housing 36 Court St., Rm. 405 Springfield MA 01103 USA	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 <i>Aon Risk Services Southwest, Inc.</i>

Holder Identifier :

Certificate No : 570056561058



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Southwest, Inc.		NAMED INSURED ATC Group Services, Inc.	
POLICY NUMBER See Certificate Number: 570056561058			
CARRIER See Certificate Number: 570056561058	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER G :Ironshore Specialty Insurance Company	25445
INSURER H :Allied world National Assurance Company	10690
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	EXCESS LIABILITY							
H				03092257 Excess	09/30/2014	09/30/2015	Aggregate	\$15,000,000
							Each Occurrence	\$15,000,000
	WORKERS COMPENSATION							
D		N/A		WC039901295 WC _ (IL,KY,NC,NH,UT,VT)	09/30/2014	09/30/2015		
D		N/A		WC039901294 WC _ (AK,AZ,GA,VA)	09/30/2014	09/30/2015		
E		N/A		WC025842892 WC _ (FL,NE,OR)	09/30/2014	09/30/2015		
D		N/A		WC012055045 WC _ (MA,ND,OH,WA,WI,WY)	09/30/2014	09/30/2015		
C		N/A		WC025842891 WC _ (CA)	09/30/2014	09/30/2015		
	OTHER							
B	Archit&Eng Prof			031710951 Professional SIR applies per policy terms & conditions	09/30/2014	09/30/2015	Each Claim	\$5,000,000
							Aggregate	\$5,000,000



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Southwest, Inc.		NAMED INSURED ATC Group Services, Inc.	
POLICY NUMBER See Certificate Number: 570056561058		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570056561058	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
							SIR	\$250,000

AGENCY CUSTOMER ID: 570000051836

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Southwest, Inc.		NAMED INSURED ATC Group Services, Inc.	
POLICY NUMBER See Certificate Number: 570056561058			
CARRIER See Certificate Number: 570056561058	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

CARDNO NAMED INSURED

ATC Group Services, Inc.
 Cardno EM-Assit, Inc.
 Cardno Emerging Markets USA, Ltd.
 Cardno ENTRIX
 Cardno ERI
 Cardno GS, Inc.
 Cardno Haynes Whaley, Inc.
 Cardno JFNew
 Cardno MMA
 Cardno NC, Inc.
 Cardno TBE (AZ)
 Cardno TBE (FL)
 Cardno TBE; TBE Group, Inc.
 Cardno TEC, Inc.
 Cardno USA, Inc.
 Cardno WRG, Inc.
 Cardno WRG, Inc. dba WRG Designs Inc.
 Cardno, Inc (OR)
 Cardno, Inc. (TX)
 Cardno, Inc. (FL)
 Cardno PPI Engineering & Construction, Services LLC., PPI Technology Services, LLC., PPI Quality & Asset Management, LLC., and its Affiliated Companies
 Entrix Inc. dba Cardno Entrix
 Environmental Resolutions, Inc.
 J.F. New & Associates, Inc.
 JFNew
 Marshall Miller & Associates, Inc.
 TBE Group (Canada) ULC
 TBE Group, Inc. (Adden)
 TBE Group, Inc. dba: Cardno TBE
 TBE Group, Inc., Cardno TBE
 TBE Professional Services, PLLC
 WRG North Carolina PLLC
 XPSoftware