



20140920
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	1.15.16
Housing	KB	1/21/16	GM	1/21/16
City Comptroller	PF	1-26-16	ab	1-26-16
Law	PF	1-27-16	PF	1-27-16
CAFO	PSB	1-26-16	PSB	1-26-16
Mayor	eg	1/29/16	eg	1/29/16
Office of Procurement				

Vendor No.: 30763 Blanket Contract No.: 20140920 Blanket Contract Date: 2/28/14

Blanket Contract Amt.: \$250,000.00 Issue Date: 3/17/14 Renewal Date:

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

Description of Funding Source:

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

Vendor Name: ENVIRONMENTAL COMPLIANCE SERVICES, INC.

Blanket Contract Type: RENEWAL

Blanket Contract Purpose: ON-CALL & ENVIRONMENTAL SERVICES

Originating Dept.: DEPT. OF HOUSING

Expiration Date: 3/16/17 Amendment Date: Extension Date: *CB*

TYPE OF DOCUMENT (Please select at least one):
 New Renewal Amendment Extension



January 5, 2016

Environmental Compliance Services, Inc.
588 Silver Street
Agawam, MA 01001

ATTENTION: Douglas McVey:

SUBJECT: Renewal of BC # 20140920- On-Call Environmental Services for the City of Springfield-Office of Housing - \$250,000.00.

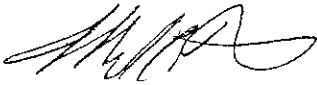
The City of Springfield – Office of Procurement, on behalf of the Office of Housing is hereby exercising its option to renew the third and final year of a three year agreement for the above referenced contract for the period of March 17, 2016- March 16, 2017.

Please sign all copies of this renewal letter and return to the Office of Procurement along with the enclosed Tax Affidavit Certificate and an **updated 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



ENVIRONMENTAL COMPLIANCE SERVICES, INC.
Mark C. Hollstein, President

REVIEWED BY:



LAW DEPARTMENT

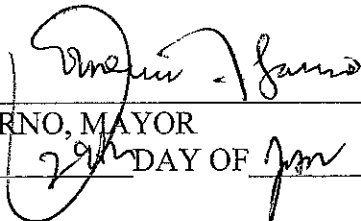
^{AB} APPROVED AS TO APPROPRIATION: ^{N/A}

 1/26/16
OFFICE OF THE COMPTROLLER

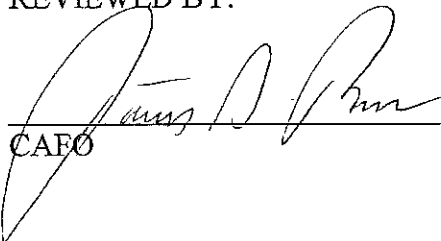
APPROVED BY:


OFFICE OF HOUSING-DIRECTOR

APPROVED BY:


DOMENIC J. SARNO, MAYOR
SIGNED THIS 29th DAY OF Jan 2016

REVIEWED BY:

ACTING  1/26/16
CAFO

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

04-3050515

Individual Social Security Number State Identification Number Federal Identification Number
Company: Environmental Compliance Services, Inc
P.O. Box (if any): Street Address Only: 588 Silver street
City/State/Zip Code: Agawam, MA 01001
Telephone Number: 413 789 3530 Fax Number: 413 789 2776

List address(es) of all other property owned by company in Springfield:
Please Identify if the bidder/proposer is a:
Corporation [X]
Individual
Partnership
Limited Liability Company
Limited Liability Partnership
Limited Partnership

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, Mark C Hellstein certify under the pains and penalties of perjury that Environmental Compliance Services Inc, to my best knowledge and belief, has/have complied with all United States Federal taxes required by law.
Date: 1/14/16

CITY OF SPRINGFIELD TAX CERTIFICATION

I, Mark C Hellstein certify under the pains and penalties of perjury that Services Inc, to my best knowledge and belief, has/have complied with all City of Springfield taxes required by law.
Date: 1/14/16

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C §49A, I, Mark C Hellstein certify under the pains and penalties of perjury that Environmental Compliance 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: 1/14/16

Notary Public

STATE OF Massachusetts January 14, 2016
County of Hampden, ss.

Then personally appeared before me [name] Mark C. Hellstein, [title] President of [company] Environmental Compliance Services Inc, 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] Environmental Compliance Services Inc.

Notary Public Barbara M. Hallack
My commission expires: 3-11-2016
BARBARA M. HALLOCK Notary Public Commonwealth of Massachusetts

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.



ENVICOM-01

KBRITT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/31/2015

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 HUB International NE LLC formerly FieldEddy 96 Shaker Road East Longmeadow, MA 01028	CONTACT NAME: Karen Britt PHONE (A/C, No, Ext): (413) 733-3131 FAX (A/C, No): (413) 733-3191 E-MAIL ADDRESS: kbritt@fieldeddy.com
INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A: Marketing
Environmental Compliance Services, Inc. 588 Silver Street Agawam, MA 01001	INSURER B: Great Divide Insurance Co 25224
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GLPO1524594-15	12/31/2015	12/31/2016	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 - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAP1524595-15	12/31/2015	12/31/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			FFX1524599-15	12/31/2015	12/31/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ Aggregate \$ 5,000,000
B	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	WCA1529752-14	03/28/2015	03/28/2016	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liabil			CCP01524597-15	12/31/2015	12/31/2016	5,000,000 8,000,000
A	Pollution			CCP01524597-15	12/31/2015	12/31/2016	5,000,000 8,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Proof of Insurance

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

AUTHORIZED REPRESENTATIVE

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