



2040910  
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	2/11/16
Housing			GM	2/3/16
City Comptroller	LU	2/8/16	HF	2/8/16
Law	PT	2-9-16	HF	2-9-16
CAFO	H2P	2/10/16	H2P	2/12/16
Mayor	BS	2/12/16	BS	2/12/16
Office of Procurement				

Vendor No.: 237      Blanket Contract No.: 20140910      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: ATC GROUP SERVICES, INC. D/B/A CARNDO ATC

Blanket Contract Type: RENEWAL

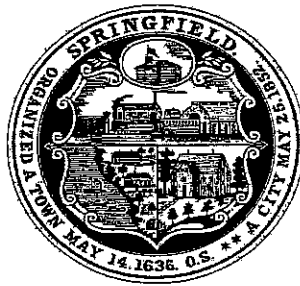
Blanket Contract Purpose: ON-CALL & ENVIRONMENTAL SERVICES

Originating Dept.: DEPT. OF HOUSING

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

TYPE OF DOCUMENT (Please select at least one):

New       Renewal       Amendment       Extension



January 1, 2016

ATC Group Services, Inc.

73 Williams Drive  
West Springfield, MA 01089

ATTENTION: Brian 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 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

*B*

ATC GROUP SERVICES, INC. ~~DBA CARDNO ATC~~ *EW*

REVIEWED BY:

*Reto P. Fort...*

LAW DEPARTMENT

*W*

APPROVED AS TO APPROPRIATION:

*N/A*

*2/8/16*

*[Signature]*

OFFICE OF THE COMPTROLLER

APPROVED BY:

*[Signature]*

OFFICE OF HOUSING-DIRECTOR

APPROVED BY:

*Domenic J. Sarno*

DOMENIC J. SARNO, MAYOR

SIGNED THIS

*17th* DAY OF

*FEB*

2016

*2016*

REVIEWED BY:

*[Signature]*

CAFO

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

46-0399408  
Federal Identification Number

Individual Social Security Number

State Identification Number

Company:

ATC Group Services, LLC

P.O. Box (if any):

Street Address Only:

73 William Franks 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

Individual

Name of Individual:

Partnership

Names of all Partners:

Limited Liability Company

X

Names of all Managers: George Bevan, Jeff Jenkins, Mark Spender and Robert Tapp

Limited Liability Partnership

Names of Partners:

Limited Partnership

Names of all General Partners:

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, LLC to my best knowledge and belief, has/have complied with all United States Federal taxes required by law.

ATC Group Services, LLC Bidder/Proposer/Contracting Entity  
Authorized Person's Signature  
Date: 11/7/16

CITY OF SPRINGFIELD TAX CERTIFICATION

I, Brian Williams certify under the pains and penalties of perjury that ATC Group Services, LLC 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).

ATC Group Services, LLC Bidder/Proposer/Contracting Entity  
Authorized Person's Signature  
Date: 11/7/16

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, LLC 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.

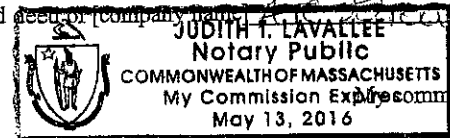
ATC Group Services, LLC Bidder/Proposer/Contracting Entity  
Authorized Person's Signature  
Date: 11/7/16

Notary Public

STATE OF MA, 2016

County of Hampden, ss.

Then personally appeared before me [name] Brian Williams, [title] Branch Mgr of [company] ATC Group Services, LLC 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] ATC Group Services, LLC



Notary Public Judith T. Lavalley  
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)  
01/18/2016

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).

<b>PRODUCER</b> Aon Risk Services Southwest, Inc. Houston TX Office 5555 San Felipe Suite 1500 Houston TX 77056 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> ATC Group Services LLC 221 Rue De Jean Suite 200 Lafayette LA 705083283 USA	INSURER A: Steadfast Insurance Company	26387
	INSURER B: Zurich American Ins Co	16535
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Holder Identifier :

COVERAGES      CERTIFICATE NUMBER: 570060995714      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
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:			GPL021708500	11/13/2015	11/13/2016	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	AUTOMOBILE LIABILITY <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			BAP 0217109-00	11/13/2015	11/13/2016	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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			SX5021707700	11/13/2015	11/13/2016	EACH OCCURRENCE \$20,000,000 AGGREGATE \$20,000,000
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	WC021711100	11/13/2015	11/13/2016	<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
A	Contractor Pol			GPL021708500	11/13/2015	11/13/2016	Policy Aggregate \$6,000,000 Each Incident \$2,000,000

Certificate No : 570060995714

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

## CERTIFICATE HOLDER

## CANCELLATION

City of Springfield Attn: Office of Procurement 36 Court Street Springfield MA 01103 USA	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>
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AGENCY CUSTOMER ID: 570000067092

LOC #:



# ADDITIONAL REMARKS SCHEDULE

Page \_ of \_

AGENCY Aon Risk Services Southwest, Inc.		NAMED INSURED ATC Group Services LLC	
POLICY NUMBER See Certificate Number: 570060995714		EFFECTIVE DATE:	
CARRIER See Certificate Number: 570060995714	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	
	OTHER							
A	E&O-PL-Primary			GPL021708500	11/13/2015	11/13/2016	Policy Aggregate	\$6,000,000
							Each Incident	\$2,000,000