



Renewal No. 1 for Contract # 20200461

City of Springfield Blanket Contract Tracer Log

INSTRUCTIONS: Upon receipt, please initial and write in the date of receipt on this Tracer form. 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			KV	12/22/2020
Housing	KB	12/23/2020	KB	12/23/2020
City Comptroller	PSB	12-23-2020	PSB	12-24-2020
Law	PF	12-23-20	PF	12-23-20
CAFO	tmm	1-5-21	tmm	1-6-21
Mayor	mm	1-6-21	mm	1-6-21
Office of Procurement	KV	1/7/2021		
		1/19/21		

Vendor No.: 11914 Contract No. 20200461 Blanket Contract Date: 11/04/19

Renewal Amount: \$100,000.00

Blanket Renewal Date: 08/01/2020

Blanket Contract Expiration Date: 11/03/2022

Req No.:

Act No.:

Bid No.: 20-054

Vendor Name: FUSS & O'NEILL INC

Blanket Contract Purpose: Renewal of On-Call Service Agreement for Lead Abatement Environmental Services

Requesting Dept.: HOUSING

TYPE OF DOCUMENT (Please select at least one):

- New
 Amendment
 Extension
 Renewal

NOTICE OF EXERCISE OF RENEWAL OPTION NO. 1; CITY CONTRACT NO. 20200461

ON-CALL SERVICE CONTRACT FOR LEAD ABATEMENT ENVIRONMENTAL SERVICES

WHEREAS, on or about November 4, 2020, the **CITY OF SPRINGFIELD**, a municipal corporation within the County of Hampden, Commonwealth of Massachusetts, with its principal offices at 36 Court Street, Springfield, Massachusetts 01103, acting by and through the Director of Housing and Neighborhood Services and Disaster Recovery and Compliance, (hereafter referred to as "HOUSING"), with the approval of the Mayor (collectively referred to herein as the "City"), and **Fuss & O'Neill Inc.**, a Massachusetts Company, with a mailing address located at 1550 Main Street, Suite 400, Springfield, MA, 01103 (hereinafter the "Contractor"), entered into a contract for On-Call Lead Abatement Environmental Services, referred to as City Contract No. 20200461, (hereinafter the "Agreement"); and

WHEREAS, The City has ratified and executed Contract No. 20200461, a one year agreement, referring to Bid No. 20-054, which expires on November 3, 2020, and which contained Two (2) one-year in length renewal options, to be exercised at the sole discretion of the City of Springfield; and

WHEREAS, The Springfield HOUSING now seeks to exercise Renewal Option No. 1 to continue the services covered in the agreement, for the amount specified in the original agreement and unchanged by this renewal notice; and

NOW THEREFORE, the City and the Contractor agree to renew the Agreement under the following terms and conditions:

1. **Exercising of Renewal Option No.1**. The Springfield HOUSING hereby exercises Renewal Option No.1, a one-year in length renewal period, available under the underlying agreement. In doing so, the agreement now has an updated expiration date of **November 3, 2021**. Both parties accept that this is the first of two Renewal Options, available to the City, under the Agreement.
2. **Section (VII) Compensation**. The amount of the services for the first renewal period (One Year) is estimated not to exceed **One Hundred Thousand Dollars and 00/100 (\$100,000.00)** including all reimbursable fees and expenses.
3. Except as specifically stated by the provisions of this Renewal, all other terms, provisions, scope, requirements, and specifications contained in the Agreement shall remain the same and in full force and effect for the duration of the Renewal Period.

SIGNATURE PAGE TO FOLLOW

IN WITNESS WHEREOF, the CITY OF SPRINGFIELD, and **Fuss & O'Neill Inc.** has caused this Renewal Option No. 1 to be executed in duplicate under seal as of the date the document is executed by all parties listed on the signature page, or their lawful successors in office.

**FOR THE CONTRACTOR,
Fuss & O'Neill Inc.**

By: EM Bernardin
Name: Eric M. Bernardin
Title: Vice President
Date: 12/15/20

FOR THE CITY OF SPRINGFIELD:

Approved:
[Signature]
Disaster & Recovery Compliance
Date signed: 12/23/20

Approved:
[Signature]
Executive Director of Housing
Date signed: 1/13/2021

Approved:
[Signature]
Office of Procurement
Date Signed 12/22/20

^{psb} Approved as to Appropriation: N/A
[Signature]
City Comptroller
Date Signed 12-23-2020

Approved as to Form:
[Signature]
City Solicitor
Date Signed 12/30

Approved:
[Signature]
CAFO
Date Signed 1/6/21

Approved:
[Signature]
DOMENIC J. SARNO
MAYOR
Date Signed 1/6/21

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.

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number

State Identification Number

Federal Identification Number

Pursuant to M.G.L. Ch. 62C § 49A:

Company: Fuss & O'Neill, Inc.
P.O. Box (if any): _____ Street Address Only: 1550 Main Street, Suite 400
City/State/Zip Code: Springfield, MA 01103
Telephone Number: _____ Fax Number: _____

List address(es) of all other property owned by company in Springfield: _____

Please identify if the bidder/proposer/contractor is a:

- Corporation _____ Name of Individual: _____
- Individual _____ Names of all Partners: _____
- Partnership _____ Names of all Managers: _____
- Limited Liability Company _____ Names of Partners: _____
- Limited Liability Partnership _____ Names of all General Partners: _____
- Limited Partnership _____

You must complete the following certification and have the signature(s) notarized on the lines below.

TAX CERTIFICATION

I, Eric M. Bernardin certify under the pains and penalties of perjury that Fuss & O'Neill, Inc., to my best
(Authorized Agent) (Bidder/Proposer/Contractor)
knowledge and belief, has/have complied with all United States Federal, Commonwealth of Massachusetts, and
City of Springfield taxes required by law, as applicable.

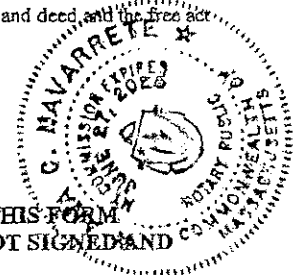
Notary Public

STATE OF Massachusetts December 16, 2020
County of Hampden, ss.

Then personally appeared before me (name) Eric M. Bernardin (title) vice president of (company name) Fuss & O'Neill, 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) Fuss & O'Neill, Inc.

Eric C. Navarrete
Notary Public

My commission expires: 6/27/2025



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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/30/2020

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 have ADDITIONAL INSURED provisions or 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 Willis Towers Watson Northeast, Inc. fka Willis of Connecticut, LLC c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: Willis Towers Watson Certificate Center PHONE (A/C No. Ext): [REDACTED] FAX (A/C No.): [REDACTED] E-MAIL ADDRESS: [REDACTED]	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Fuss & O'Neill, Inc. 1550 Main Street Suite 400 Springfield, MA 01103	INSURER A: Hartford Casualty Insurance Company	[REDACTED]
	INSURER B: Twin City Fire Insurance Company	[REDACTED]
	INSURER C: Hartford Fire Insurance Company	[REDACTED]
	INSURER D: Lexington Insurance Company	[REDACTED]
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** W15960918 **REVISION NUMBER:**

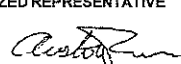
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		X	02 UUN BA0858	04/01/2020	04/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			02UENBA0813	04/01/2020	04/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
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 No	02WEE19372	04/01/2020	04/01/2021	<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
B	Auto Liability - MA Scheduled Autos			02UENBA0809	04/01/2020	04/01/2021	Combined Single Limit \$1,000,000

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

Named Insureds:
Fuss & O'Neill, Inc.
Fuss & O'Neill Manufacturing Solutions, LLC
Fuss & O'Neill Consulting Engineers, P.C. dba Fuss & O'Neill of New York
SEE ATTACHED

CERTIFICATE HOLDER **CANCELLATION**

City of Springfield 36 Court Street Springfield, MA 01103	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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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Northeast, Inc. fka Willis of Connecticut, LLC		NAMED INSURED Fuss & O'Neill, Inc. 1550 Main Street Suite 400 Springfield, MA 01103	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

ADDITIONAL REMARKS

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

PROJECT NUMBER: [REDACTED] PROJECT NAME: On-Call Lead Environmental Services
 PROJECT MANAGER: Carlos Texidor PROJECT ADDRESS/LOCATION: Sprignfield, MA

The City of Springfield is included as an Additional Insured with respects to General Liability.

INSURER AFFORDING COVERAGE: Hartford Fire Insurance Company [REDACTED]
 POLICY NUMBER: [REDACTED] EFF DATE: 04/01/2020 EXP DATE: 04/01/2021

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Blanket Building & BPP	Limit:	\$8,214,421
	Deductible	\$2,500

INSURER AFFORDING COVERAGE: Lexington Insurance Company [REDACTED]
 POLICY NUMBER: [REDACTED] EFF DATE: 04/01/2020 EXP DATE: 04/01/2021

TYPE OF INSURANCE:	LIMIT DESCRIPTION:	LIMIT AMOUNT:
Professional Liability	Ea Claim:	\$5,000,000
No Retro Date Applies	Aggregate:	\$5,000,000
	Retention	\$300,000