

DEPARTMENT

Community
Development
City Comptroller

Office of Procurement

Renewal No. 1 for Contract # 20170616

Initials

EH

DATE FORWARDED TO NEXT DEPT.

Date

01/11/2019

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.

Date

DATE RECEIVED

Initials

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CAFO	CF	1.18.19	Sman	1.2515					
Mayor	1 Con	1/25/19	COST	1125/19					
Office of Procurement	0	11	QX	1128119					
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		2							
Vendor No.: 237	Contract No	o. 20170616	Blanket Contract	Date: 03/01/2017					
Renewal Amount: \$500	,000.00	d.							
Blanket Renewal Date:	12/01/18	*							
Blanket Contract Expiration Date: 02/29/2020									
Req No.: Act No.:									
Bid No.: 17-086									
Vendor Name: ATC Group Services, LLC									
Blanket Contract Purpose: Renewal for On-Call Environmental Assessment Services									
Requesting Dept.: Community Development									
TYPE OF DOCUMENT (Please select at least one):									
□ New □ Amen	dment [Extension	⊠ Renewal						

NOTICE OF EXERCISE OF RENEWAL OPTION NO. 2; CITY CONTRACT NO. 20170616

PRICE AGREEMENT FOR ON-CALL ENVIRONMENTAL ASSESSMENT SERVICES

WHEREAS, on or about March 1, 2017, 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 its Department of Community Development/Disaster Recovery, with the approval of the Mayor (collectively referred to herein as the "City"), and ATC Group Services, LLC, a Massachusetts limited liability company, with a usual place of business at 73 William Franks Drive, West Springfield, Massachusetts 01089 (hereinafter the "Vendor"), entered into a contract for the Price Agreement for On-Call Environmental Assessment Services, referred to as City Contract No. 20170616, (hereinafter the "Agreement"); and

WHEREAS, The City has ratified and executed Contract No. 20170616, a one year agreement which expired on February 29, 2018 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 DPW had elected to exercise Renewal Term No. 1 to continue the services covered in the agreement, and that Renewal Term No. 1 will expire on February 29, 2019; and

WHEREAS, The Springfield DPW now seeks to exercise Renewal Option No. 2 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:

- Section 2 (B) Date and Term. The Springfield DPW hereby exercises Renewal Option No.2, a one-year in length renewal period available under the underlying agreement. In doing so, the agreement now has an updated expiration date of February 29, 2020. Both parties accept that this is the final Renewal Option under the Agreement.
- Section 3 (A) Compensation and Maximum Liability. The amount of the services for the second and final Renewal Period (One Year) is estimated not to exceed Five Hundred Thousand Dollars and 00/100 (\$500,000.00) including all reimbursable fees and expenses.
- 3. Except as specifically stated by the provisions of this Renewal, all other terms, provisions, requirements and specifications contained in the Agreement shall remain the same and in full force and effect.

SIGNATURE PAGE TO FOLLOW

IN WITNESS WHEREOF, the CITY OF SPRINGFIELD, and ATC Group Services, LLC, has caused this Renewal Option No. 2 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, ATC Group Services, LLC	
By: 15	
Name: Brian Williams	1500000 C
Title: Branch Manager	
Date: 12/31/18	HINDOMODIPANIONNI
FOR THE CITY OF SPRINGFIELD:	
Approved: Dept. of Community Development Date signed:	
Approved: Office of Procurement Date Signed ////	City Comptroller Date Signed
Approved as to Form: City Solicitor Date Signed	Approved: CAFO Date Signed 1/24/4
DOMENIC J. SARNO MAYOR	

Date Signed

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 Num	mber State Identification Number Federal Identification	n Number
Company:	ATC Group Services LLC	and the second s
P.O. Box (if any):	Street Address Only: 73 William Franks Dr.	CONTRACTOR OF THE SECOND PROPERTY.
City/State/Zip Code:	West Springfield, MA 01089	e-Automorphisms
Telephone Number:	413-781-0070 Fax Number: 413-781-3734	
List address(cs) of all other prop Please Identify if the bidder/propos Corporation	perty owned by company in Springfield; NA ser is a:	
Individual	Name of Individual:	
Partnership	Names of all Partners:	
Limited Liability Company	X Names of all Managers: George Bevan, Jeff Jenkins, Mark S	pender, Robert Toups
Limited Liability Partnership _	Names of Partners:	Account of the second of the s
Limited Partnership	Names of all General Partners:	AND THE RESIDENCE OF THE PARTY.
(authorized agent) belief, has/have complied with ATC Group Services LLC Bidder/Proposer/Contracting E I, Brian Williams (authorized agent)	certify under the pains and penalties of perjury that C	owledge and
	COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION	TC Group Services LLC
Pursuant to M.G.L. c. 62C §49	9A, I, certify under the pains and penalties of perjury that	(Bidder/Proposer)
to my best knowledge and believed and withholding and remitting	ief, has/have complied with all laws of the Commonwealth relating to taxes, reporting of e	
ATC Group Services LLC		
Bidder/Proposer/Contracting E	Motary Public	
STATE OF MA	December 31 , 2018	
County of Hampden	,ss.	
name] ATC Group Service contents thereof; and that the fa free act and deed of [company name].	F MASSACHUSETTS On Expires On May 11, 2023	er free act and deed and the

YOU MUST FILE THIS FORM WITH YOUR BID/CONTRACT.

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

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 Aon Risk Services Southwest, Inc. Houston TX Office 5555 San Felipe Suite 1500	CONTACT NAME: PHONE (A/C, No. Ext): (866) 283-7122 FAX (A/C, No.): (800) 363-0105 E-MAIL ADDRESS:					
Houston TX 77056 USA	INSURER(S) AFFORDING COVERAGE	NAIC#				
INSURED	INSURER A: Steadfast Insurance Company	26387				
ATC Group Services LLC	INSURER B: Zurich American Ins Co	16535				
5750 Johnston Street, Suite 400 Lafayette LA 70503 USA	INSURER C:					
	INSURER D:					
	INSURER E:					
	INSURER F:					

CERTIFICATE NUMBER: 570074757034 **REVISION NUMBER: COVERAGES**

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 POLICIÉS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Limite chown are as requested

ISR TR	TYPE OF INSURANCE	ADDL SUBI	POLICY NUME	BER POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMITS	ni dio do roqueotou
Ā	X COMMERCIAL GENERAL LIABILITY	1100 1112	GPL021708503	11/13/2018	11/13/2019	EACH OCCURRENCE	\$2,000,000
f	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
-						MED EXP (Any one person)	\$5,000
Ì						PERSONAL & ADV INJURY	\$2,000,000
ł	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$6,000,000
ŀ	POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AGG	\$4,000,000
+	AUTOMOBILE LIABILITY		BAP-0217109-03	11/13/2018	11/13/2019	COMBINED SINGLE LIMIT (Ea accident)	\$2,000,000
ŀ	X ANY AUTO					BODILY INJURY (Per person)	
ŀ	OWNED					BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS ONLY ONLY AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
1	UMBRELLA LIAB X OCCUR		SXS021707703	11/13/2018	11/13/2019	EACH OCCURRENCE	\$1,000,000
ŀ	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$1,000,000
ŀ	DED RETENTION						
+	WORKERS COMPENSATION AND		WC021711103	11/13/2018	11/13/2019	X PER STATUTE OTH-	***************************************
	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE N	1 1				E.L. EACH ACCIDENT	\$1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E.L. DISEASE-EA EMPLOYEE	\$1,000,000
-	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE-POLICY LIMIT	\$1,000,000
	Env Contr Poll		GPL021708503	11/13/2018	11/13/2019	Policy Aggregate Each Incident	\$6,000,000 \$2,000,000
sc	 CRIPTION OF OPERATIONS / LOCATIONS / VEHICE	ES (ACORD	 101, Additional Remarks So	chedule, may be attached if more	space is require	4)	
ER	RTIFICATE HOLDER			CANCELLATION			D BEFORE THE ANCE WITH THE
						IBED POLICIES BE CANCELLES ILL BE DELIVERED IN ACCORD.	
City of Springfield, MA Authorized Representative 36 Court Street							
	Springfield MA 01103 USA			Aon Ri	rk Serv	ices Southwest S	Ina.

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CERI	IFICALE	HOLDER

CANCELLATION

Aon Rish Services Southwest, Inc.

AGENCY CUSTOMER ID: 570000067092

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENO	Υ				NAMED	INSURED			
Aon Risk Services Southwest, Inc.				ATC Group Services LLC					
POLICY NUMBER									
See Certificate Number: 570074757034							•		
CARRIER NAIC CODE					EFFECTIVE DATE:				
See Cercificate Number: 370074737034									
ADDITIONAL REMARKS									
THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,									
FOR	MINUMBER: ACORD 25 FO	RM TI	TLE:	Certificate of Liability Insu	ırance	9			
INSURER(S) AFFORDING COVERAGE NAIC #									
INSU	INSURER								
INSU	INSURER								
INSU	RER								
INSU	RER								
AD				w does not include limit ir for policy limits.	nform	ation, refer to	the correspond	ing policy on th	e ACORD
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LI	MITS
L						(MM/DD/YYYY)	(MM/DD/YYYY)		
	OTHER								
	E&O-PL-Primary	+		GPL021708503		13 /13 /2018	11/13/2019	Policy	\$6,000,000
A	EQO-FL-F1 fillal y			CLAIMS MADE		11/13/2018	11/13/2015	Aggregate	\$5,000,000
								Each Incident	\$2,000,000
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