



RUSH

20130238  
**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	1-3-14
Public Works, Dept.	AC	1/7/2014	AC	1/7/2014
City Comptroller	LM	1/8/14	PSB	1/8/14
Law	JH	1.8.14	JH	1/8.14
CAFO	J	1/8	J	1/8
Mayor	J	1.8.14	J	1.8.14
Office of Procurement				

Vendor No.: 10318    Blanket Contract No.: 20130238    Blanket Contract Date: 1/9/13

Blanket Contract Amt.: \$500,000.00    Issue Date: 1/25/2013    Renewal Date: 10/1/2014

Appropriation Code1:

Appropriation Code2:

Appropriation Code3:

Appropriation Code4:

Description of Funding Source:

Bid No.: 13-056

Requisition No.:

PO No.:

Vendor Name: ALFRED BENESCH & COMPANY

Blanket Contract Type: RENEWAL

Blanket Contract Purpose: ON-CALL ENGINEERING SERVICES

Originating Dept.: DPW

Expiration Date: 1/9/2015

Amendment Date:

Extension Date:

TYPE OF DOCUMENT (Please select at least one):

New

Renewal

Amendment

Extension

NOV 27 2013



November 25, 2013

Alfred Benesch & Company  
90 National Drive  
Glastonbury, CT 06033

ATTN: Walter Ivers, Jr.:

SUBJECT: Renewal of BC# 20130238-Services: Professional On-Call Engineering Services for the City of Springfield- DPW - \$500,000.00.

The City of Springfield – Office of Procurement, on behalf of the DPW is hereby exercising its option to renew the second year of a three year agreement for the above referenced contract for the period of January 9, 2014- January 8, 2015.

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

James J. Zuda  
ALFRED BENESCH & COMPANY  
SIGNED THIS 30<sup>th</sup> DAY OF December 2013

Kevin J. Slays  
LAW DEPARTMENT  
SIGNED THIS 8<sup>th</sup> DAY OF JANUARY 2014

PSB APPROVED AS TO APPROPRIATION: N/A

Thomas P. Pura  
OFFICE OF THE COMPTROLLER  
SIGNED THIS 8<sup>th</sup> DAY OF Jan 2014

APPROVED BY:

Allan Chum  
DPW- DIRECTOR  
SIGNED THIS 7 DAY OF Jan 2014

APPROVED BY:

Domenic J. Sarno  
DOMENIC J. SARNO, MAYOR  
SIGNED THIS 8<sup>th</sup> DAY OF Jan ~~2013~~ 2014

REVIEWED BY:

Taty M. A.  
CAFO  
SIGNED THIS 8 DAY OF Jan 2014

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

36-2407363

Individual Social Security Number

State Identification Number

Federal Identification Number

Company: Alfred Benesch & Company

P.O. Box (if any): Street Address Only: 90 National Drive

City/State/Zip Code: Glastonbury, CT 06033

Telephone Number: 860-633-8341 Fax Number: 860-633-1068

List address(es) of all other property owned by company in Springfield: None

Please Identify if the bidder/proposer is a:

Corporation X

Individual Name of Individual:

Partnership Names of all Partners:

Limited Liability Company Names of all Managers:

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, James L. Fuda, P.E. certify under the pains and penalties of perjury that Alfred Benesch & Company (authorized agent) to my best knowledge and belief, has/have complied with all United States Federal taxes required by law. (Bidder/Proposer)

Alfred Benesch & Company Date: December 30, 2013 Bidder/Proposer/Contracting Entity Authorized Person's Signature

CITY OF SPRINGFIELD TAX CERTIFICATION

I, James L. Fuda, P.E. certify under the pains and penalties of perjury that Alfred Benesch & Company (authorized agent) 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). (Bidder/Proposer)

Alfred Benesch & Company Date: December 30, 2013 Bidder/Proposer/Contracting Entity Authorized Person's Signature

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C §49A, I, James L. Fuda, P.E. certify under the pains and penalties of perjury that Alfred Benesch & Company (authorized agent) 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. (Bidder/Proposer)

Alfred Benesch & Company Date: December 30, 2013 Bidder/Proposer/Contracting Entity Authorized Person's Signature

Notary Public

STATE OF Connecticut

County of Hartford, ss.

December 30, 2012

Then personally appeared before me [name] James L. Fuda, P.E. [title] Division Manager of [company] name Alfred Benesch & Company, 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] Alfred Benesch & Company

Maria A. Maloney MARIA A. MALONEY NOTARY PUBLIC MY COMMISSION EXPIRES MAY 31, 2014

My commission expires: May 31, 2014

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)  
**5/31/2013**

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> <b>Ames &amp; Gough</b> 859 Willard Street Suite 320 Quincy, MA 02169	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(617) 328-6555 320</b> FAX (A/C, No): <b>(617) 328-6888</b> E-MAIL ADDRESS:														
<b>INSURED</b>  <b>Alfred Benesch &amp; Company, Inc.</b> 90 National Drive Glastonbury, CT 06033	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A : Travelers Casualty &amp; Surety Company of America</b></td> <td style="text-align: center;"><b>31194</b></td> </tr> <tr> <td><b>INSURER B : Phoenix Insurance Company</b></td> <td style="text-align: center;"><b>25623</b></td> </tr> <tr> <td><b>INSURER C : Travelers Insurance Company</b></td> <td></td> </tr> <tr> <td><b>INSURER D : Zurich American Insurance Co of Illinois</b></td> <td style="text-align: center;"><b>16535*</b></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Travelers Casualty &amp; Surety Company of America</b>	<b>31194</b>	<b>INSURER B : Phoenix Insurance Company</b>	<b>25623</b>	<b>INSURER C : Travelers Insurance Company</b>		<b>INSURER D : Zurich American Insurance Co of Illinois</b>	<b>16535*</b>	<b>INSURER E :</b>		<b>INSURER F :</b>	
INSURER(S) AFFORDING COVERAGE	NAIC #														
<b>INSURER A : Travelers Casualty &amp; Surety Company of America</b>	<b>31194</b>														
<b>INSURER B : Phoenix Insurance Company</b>	<b>25623</b>														
<b>INSURER C : Travelers Insurance Company</b>															
<b>INSURER D : Zurich American Insurance Co of Illinois</b>	<b>16535*</b>														
<b>INSURER E :</b>															
<b>INSURER F :</b>															

**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/INSR	SUBR/WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> GENERAL LIABILITY	<b>X</b>	<b>X</b>	<b>630-0D870755</b>	<b>5/31/2013</b>	<b>5/31/2014</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>10,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
<b>B</b>	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	<b>X</b>	<b>X</b>	<b>810-2D558685</b>	<b>5/31/2013</b>	<b>5/31/2014</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
<b>C</b>	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	<b>X</b>	<b>X</b>	<b>ZUP-15P01416</b>	<b>5/31/2013</b>	<b>5/31/2014</b>	EACH OCCURRENCE \$ <b>5,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ <b>5,000,000</b>
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$						
<b>C</b>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<b>Y/N</b>	<b>N/A</b>	<b>UB-0D896722</b>	<b>5/31/2013</b>	<b>5/31/2014</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ <b>1,000,000</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
<b>D</b>	<b>Prof. Liability</b>			<b>EOC 5574267 00</b>	<b>5/31/2013</b>	<b>5/31/2014</b>	Per Claim <b>2,000,000</b>
							<b>EOC 5574267 00</b>

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

Job Contract: #20130238 - On-Call Engineering Services.

City of Springfield is an Additional Insured pertaining to General Liability, with respect to liability arising out of the Named Insured's operations on the referenced project.

**CERTIFICATE HOLDER****CANCELLATION**
 City of Springfield  
 Office of Procurement  
 36 Court Street, Room 307  
 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