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20130836
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			YMM	1/14/14
Public Works, Dept.	AC	1/15/2014	AC	1/15/2014
City Comptroller	LM	1/16/14	LM	1/16/14
Law	MS	1/16/14	MS	1/16/14
CAFO				
Mayor	AG	1/21/14	AG	1/21/14
Office of Procurement				

Vendor No.: 7352 Blanket Contract No.: 20130836 Blanket Contract Date: 1/29/13

Blanket Contract Amt.: \$500,000.00 Issue Date: 1/25/2013 Renewal Date: 1/1/2015

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

Description of Funding Source:

Bid No.: 13-056 Requisition No.: PO No.:

Vendor Name: WESTON & SAMPSON ENGINEERS, INC.

Blanket Contract Type: RENEWAL

Blanket Contract Purpose: ON-CALL ENGINEERING SERVICES

Originating Dept.: DPW

Expiration Date: 3/27/2015 Amendment Date: Extension Date:

TYPE OF DOCUMENT (Please select at least one):

- New Renewal Amendment Extension



January 1, 2014

Weston & Sampson Engineers, Inc.
Five Centennial Drive
Peabody, MA 01960-7985

ATTN: Christopher B. Wester:

SUBJECT: Renewal of BC# 20130836-Services: Professional On-Call Engineering Services for the City of Springfield- DPW - \$500,000.00.

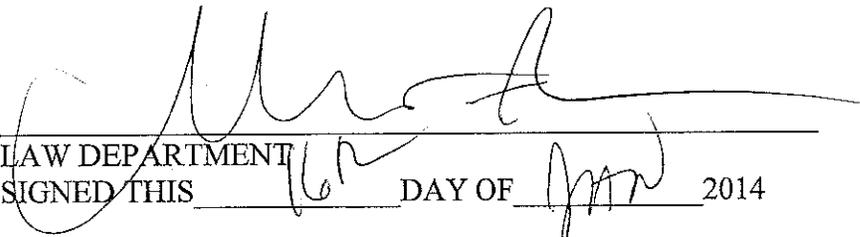
The City of Springfield – Office of Procurement, on behalf of the DPW is hereby exercising its option to renew the second year of a three year agreement for the above referenced contract for the period of March 27, 2014- March 26, 2015.

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.

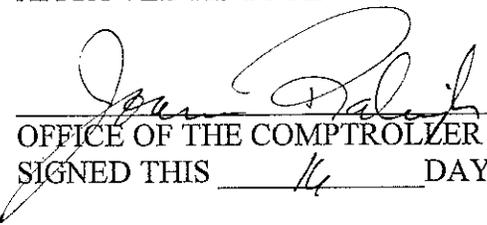
Sincerely,

Lauren Stabilo
Chief Procurement Officer


WESTON & SAMPSON ENGINEERS, INC.
SIGNED THIS 6TH DAY OF JANUARY 2014


LAW DEPARTMENT
SIGNED THIS 16TH DAY OF JAN 2014

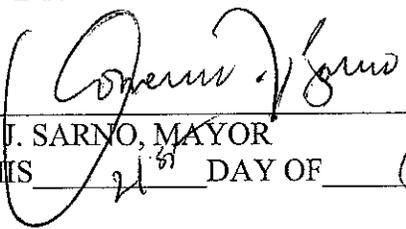
me APPROVED AS TO APPROPRIATION: ^{N/A}


OFFICE OF THE COMPTROLLER
SIGNED THIS 16 DAY OF JAN 2014

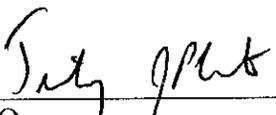
APPROVED BY:


DPW- DIRECTOR
SIGNED THIS 15 DAY OF JAN 2014

APPROVED BY:


DOMENIC J. SARNO, MAYOR
SIGNED THIS 21ST DAY OF JAN 2014

REVIEWED BY:


CAFO
SIGNED THIS 21 DAY OF JAN 2014

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number, State Identification Number, Federal Identification Number, Company: WESTON & SAMPSON ENGINEERS, INC., P.O. Box (if any):, Street Address Only: 5 CENTENNIAL DRIVE, City/State/Zip Code: PEABODY / MA / 01960, Telephone Number: 978-532-1900, Fax Number: 978-977-0100, List address(es) of all other property owned by company in Springfield: N/A, Corporation: X

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, CHRISTOPHER WESTER certify under the pains and penalties of perjury that WESTON & SAMPSON ENGINEERS, INC. to my best knowledge and belief, has/have complied with all United States Federal taxes required by law. Bidder/Proposer/Contracting Entity: WESTON & SAMPSON ENGINEERS, INC. Authorized Person's Signature: [Signature] Date: 1-8-2014

CITY OF SPRINGFIELD TAX CERTIFICATION

I, CHRISTOPHER WESTER certify under the pains and penalties of perjury that WESTON & SAMPSON ENGINEERS, INC. to my best knowledge and belief, has/have complied with all City of Springfield taxes required by law. Bidder/Proposer/Contracting Entity: WESTON & SAMPSON ENGINEERS, INC. Authorized Person's Signature: [Signature] Date: 1-8-2014

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C §49A, I, CHRISTOPHER WESTER certify under the pains and penalties of perjury that WESTON & SAMPSON ENGINEERS, 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. Bidder/Proposer/Contracting Entity: WESTON & SAMPSON ENGINEERS, INC. Authorized Person's Signature: [Signature] Date: 1-8-2014

Notary Public

STATE OF Connecticut, County of Hartford, ss. January 8th, 2014

Then personally appeared before me [name] Christopher B. Wester, [title] Vice President of [company name] Weston & Sampson Engineers, 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] Weston & Sampson Engineers, Inc. Notary Public: Kristen A. Johnson, My commission expires: 8/31/16

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/9/2014

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 Eastern Insurance Group LLC 233 West Central Street Natick MA 01760	CONTACT NAME: Construction	
	PHONE (A/C, No, Ext): (508) 651-7700 FAX (A/C, No):	
INSURED Weston & Sampson Engineers, Inc. Five Centennial Drive Peabody MA 01960	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Great Divide Insurance Co	
	INSURER B: Starr Indemnity & Liability Co.	
	INSURER C: Zurich American Insurance Co.	
	INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: MASTER 2014 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		GLP200736211	1/1/2014	1/1/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 15,000
	<input checked="" type="checkbox"/> Contractual Liability					PERSONAL & ADV INJURY \$ 1,000,000
	coverage per policy form					GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
A	AUTOMOBILE LIABILITY		MAA2007361-11 MA	1/1/2014	1/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO		BAP2007360-10 AOS	1/1/2014	1/1/2015	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					\$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	SISCCCL01974113	1/1/2014	1/1/2015	EACH OCCURRENCE \$ 7,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 7,000,000
	DED	RETENTION \$				\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCA200735911	1/1/2014	1/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Coverage applies in MA, CT, FL, GA, NH, NY, RI, SC			E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	VT and WI			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	PROFESSIONAL/POLLUTION LIABILITY		BOC9671257-04	7/3/2013	7/3/2014	PER CLAIM \$3,000,000
						ANNUAL AGGREGATE \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
RE: RENEWAL OF BC#20130836-SERVICES; PROFESSIONAL ON-CALL ENGINEERING SERVICES FOR THE CITY OF SPRINGFIELD-DPW

CERTIFICATE HOLDER	CANCELLATION
CITY OF SPRINGFIELD CHIEF PROCUREMENT OFFICER ATTN: LAUREN STABILO 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 Rosemary Fulham/PMA