



20140969
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	1/22/16
Capital Assets			RJA	1/20/16
City Comptroller		1/29/16		1/29/16
Law	AF	2-3-16	AF	2-3-16
CAFO	H.P.	2/5/16	H.P.	2/9/16
Mayor	CG	2/9/16	CG	2/9/16
Office of Procurement				

Vendor No.: 6824 Blanket Contract No.: 20140969 Blanket Contract Date: 4/10/14

Blanket Contract Amt.: \$500,000.00 Issue Date: 4/10/14 Renewal Date:

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

Description of Funding Source:

Bid No.: 14-134 Requisition No.: PO No.:

Vendor Name: GZA GEOENVIRONMENTAL, INC.

Blanket Contract Type: RENEWAL

Blanket Contract Purpose: ON-CALL ENGINEERING SERVICES

Originating Dept.: DCAC

Expiration Date: 4/9/2017 Amendment Date: Extension Date:

TYPE OF DOCUMENT (Please select at least one):

New Renewal Amendment Extension



January 15, 2016

GZA GeoEnvironmental, Inc.
1350 Main Street, Suite 1400
Springfield, MA 01103

ATTENTION: Thomas Jenkins:

SUBJECT: Renewal of BC # 20140969- On-Call Professional Engineering Services for the City of Springfield-DCAC - \$500,000.00.

The City of Springfield – Office of Procurement, on behalf of the DCAC 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 April 10, 2016- April 9, 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 Stabile
Chief Procurement Officer

Paul Jenkins

GZA GEOENVIRONMENTAL, INC.

REVIEWED BY:

Pat Fontana

LAW DEPARTMENT

N/A APPROVED AS TO APPROPRIATION:

James J. Pina 2/1/16
OFFICE OF THE COMPTROLLER

APPROVED BY:

[Signature]
DCAC-DIRECTOR

APPROVED BY:

Domenic J. Sarno
DOMENIC J. SARNO, MAYOR
SIGNED THIS 6th DAY OF FEB. 2016

REVIEWED BY:

[Signature]
CAFO

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

04-2393951

Individual Social Security Number, State Identification Number, Federal Identification Number, Company: GZA GeoEnvironmental Inc., P.O. Box (if any): Street Address Only: 1350 Main Street, Suite 1400, City/State/Zip Code: Springfield, MA 01103, Telephone Number: 413.726.2100, Fax Number: 413.732.1249

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, Stephan T. Roy certify under the pains and penalties of perjury that GZA GeoEnvironmental Inc. to my best knowledge and belief, has/have complied with all United States Federal taxes required by law. GZA GeoEnvironmental Inc. Bidder/Proposer/Contracting Entity, Authorized Person's Signature, Date: 1/19/16

CITY OF SPRINGFIELD TAX CERTIFICATION

I, Stephan T. Roy certify under the pains and penalties of perjury that GZA GeoEnvironmental Inc. 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). GZA GeoEnvironmental Inc. Bidder/Proposer/Contracting Entity, Authorized Person's Signature, Date: 1/19/16

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

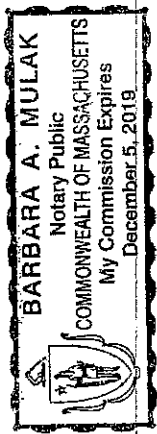
Pursuant to M.G.L. c. 62C §49A, I, Stephan T. Roy certify under the pains and penalties of perjury that GZA GeoEnvironmental Inc. to my best knowledge and belief, has/have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support. GZA GeoEnvironmental Inc. Bidder/Proposer/Contracting Entity, Authorized Person's Signature, Date: 1/19/16

Notary Public

STATE OF Massachusetts, January 19, 2016, County of Hampden, ss.

Then personally appeared before me [name] Stephan T. Roy [title] Vice President of [company] GZA GeoEnvironmental 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] GZA GeoEnvironmental Inc.

Barbara A. Mulak, Notary Public, My commission expires: December 5, 2019



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)

3/5/2015

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 Risk Strategies Company 160 Federal St. 2nd Floor Boston, MA 02110	CONTACT NAME:		FAX (A/C No.):	617-439-3752
	PHONE (A/C No. Ext.):	617-330-5700	(A/C No.):	
E-MAIL ADDRESS:				
INSURER(S) AFFORDING COVERAGE				NAIC #
INSURER A: Great Divide Insurance Company/ Nautilus Ins Group				25224
INSURER B: The First Liberty Insurance Corp				33588
INSURER C:				
INSURER D: Hartford Casualty Insurance				29424
INSURER E: AIG Specialty Ins Co				26883
INSURER F:				

INSURED
GZA GeoEnvironmental, Inc.
1350 Main Street, Suite 1400
Springfield MA 01103

COVERAGES

CERTIFICATE NUMBER: 23721003

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 WVO	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GLP20079571-12	2/28/2015	2/28/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/PROP AGG \$ 1,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DEB: RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	AS6-Z11-261208-015	2/28/2015	2/28/2016	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
D	<input type="checkbox"/> 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 <input type="checkbox"/> N/A			08WBRI5941	2/28/2015	2/28/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Professional Liability			COPS3778297	2/28/2015	2/28/2016	Each Claim/ \$2,000,000 Aggregate \$2,000,000

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

Re: Job #15.0166405.00, City of Springfield On Call Engineering #20140969, Engineering Services, Springfield, MA. City of Springfield is included as an additional insured with respects to General Liability and Auto Liability per policy provisions and upon receipt of signed contract. Waiver of Subrogation applies in favor of City of Springfield with respect to General Liability and Auto Liability per policy provisions and upon receipt of signed contract.

CERTIFICATE HOLDER

15.0166405.00

City of Springfield
Office of Procurement
Attn: Brian Kenney
36 Court Street
Room 307
Springfield MA 01103

CANCELLATION

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

Michael Christian

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ACORD 25 (2014/01)

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