





January 1, 2015

Environmental Compliance Services, Inc.  
588 Silver Street  
Agawam, MA 01001

ATTENTION: Douglas McVey:

SUBJECT: Renewal of BC# 20140920- On-Call Environmental Services for the City of Springfield- Office of Housing- \$250,000.00.

The City of Springfield – Office of Procurement, on behalf of the Housing Dept. 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 17, 2015- March 16, 2016.

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

[Signature]  
ENVIRONMENTAL COMPLIANCE SERVICES, INC.  
SIGNED THIS 22<sup>nd</sup> DAY OF JANUARY 2014 2015  
3M

[Signature]  
LAW DEPARTMENT  
SIGNED THIS 23 DAY OF Jan 2015

[Signature] APPROVED AS TO APPROPRIATION: <sup>N/A</sup>

[Signature]  
OFFICE OF THE COMPTROLLER  
SIGNED THIS 22 DAY OF JAN 2015

APPROVED BY:

[Signature]  
OFFICE OF HOUSING-DIRECTOR  
SIGNED THIS 21st DAY OF Jan 2015

APPROVED BY:

[Signature]  
DOMENIC J. SARNO, MAYOR  
SIGNED THIS 29<sup>th</sup> DAY OF Jan 2015 2015

REVIEWED BY:

[Signature]  
CAFO  
SIGNED THIS 27 DAY OF Jan 2015

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number \_\_\_\_\_ State Identification Number \_\_\_\_\_ Federal Identification Number 04-2050515

Company: ENVIRONMENTAL COMPLIANCE SERVICES INC (ECS)

P.O. Box (if any): \_\_\_\_\_ Street Address Only: 588 SILVER ST

City/State/Zip Code: AGAWAM MA 01001

Telephone Number: 413-789-3530 Fax Number: \_\_\_\_\_

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

Please Identify if the bidder/proposer is a: \_\_\_\_\_

Corporation \_\_\_\_\_

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, Douglas McVeey certify under the pains and penalties of perjury that ECS, INC, to my best knowledge and belief, has/have complied with all United States Federal taxes required by law.

ECS, INC Bidder/Proposer/Contracting Entity Douglas McVeey Authorized Person's Signature Date: 4/9/15

CITY OF SPRINGFIELD TAX CERTIFICATION

I, NA certify under the pains and penalties of perjury that NA, 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).

NA Bidder/Proposer/Contracting Entity NA Authorized Person's Signature Date: \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C §49A, I, Douglas McVeey certify under the pains and penalties of perjury that ECS, 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.

ECS, INC Bidder/Proposer/Contracting Entity Douglas McVeey Authorized Person's Signature Date: 4/9/15

Notary Public

STATE OF Massachusetts, 2015

County of Hampden, ss.

Then personally appeared before me [name] Douglas M. McVeey, [title] CFO of [company name] ENVIRONMENTAL COMP. SERVICES 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] ENVIRONMENTAL COMP. SERVICES.

Barbara M. Hallahan  
Notary Public  
3-11-2014

My commission expires:

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)  
1/13/2015

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 FieldEddy Division of HUB International 96 Shaker Road East Longmeadow, MA 01028	CONTACT NAME: Karen Britt
	PHONE (A/C, No, Ext): (413) 733-3131 FAX (A/C, No): (413) 733-3191
	E-MAIL ADDRESS: kbritt@fieldeddy.com
	INSURER(S) AFFORDING COVERAGE
	NAIC #
INSURED  Environmental Compliance Services, Inc. 588 Silver Street Agawam, MA 01001	INSURER A : Great Divide Insurance Co 25224
	INSURER B : Nautilus Insurance Company 17370
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

**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 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 <input checked="" type="checkbox"/> XCU Incl <input checked="" type="checkbox"/> Contr Liab Incl GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: \$5M Aggr. Per Project			GLPO1524594-14	12/31/2014	12/31/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 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"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAP1524595-14	12/31/2014	12/31/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$			FFX1524599-14	12/31/2014	12/31/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	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 N/A	WCA1529752-13	03/28/2014	03/28/2015	<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	Prof. E&O occ./agg.			CCPO1524597-14	12/31/2014	12/31/2015	5,000,000
B	Pollution			CCPO1524597-14	12/31/2014	12/31/2015	8,000,000

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

CERTIFICATE HOLDER  Verification of insurance	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 <i>John J. Feltzberg</i>