

Quasi-Public
University of Rhode Island

SECTION 1 – RIVIP VENDOR INFORMATION

Bid/RFP Number: 100555
Bid/RFP Title: REFRIGERATION EQUIPMENT; REPAIR
Bid Contact Person: PURCHASING
Bid Contact Phone: 401-874-2171
Opening Date & Time: 7/9/2018 2:00 PM
RIVIP Vendor ID #: 34964
Vendor Name: Arden Engineering Constructors, LLC
Address: 505 Narragansett Park Dr.
Telephone: 401-727-3500
Fax: 401-312-0092
E-Mail: jpotter@ardeneng.com
Contact Person: Jeff Potter
Title: Director Service Operations

NOTE: AWARD OF CONTRACTS AND PURCHASE ORDERS SHALL BE SUBJECT, AT THE DISCRETION OF THE PURCHASING AGENT, TO THE OFFEROR COMPLETING AN ON-LINE RIVIP REGISTRATION at www.purchasing.state.ri.us. It is THE RESPONSIBILITY OF THE VENDOR to make on-line corrections/updates using the Vendor maintenance program on the RI Division of Purchases Web Site.

Submission Information

Submit offers as required within the Bid/RFP document. This contract is NOT a state bid.

Signature below commits vendor to the attached offer and certifies (1) that the offer has taken into account all solicitation amendments, (2) that the above statements and information are accurate, (3) that vendor understands and has complied with the requirements set forth.

Vendor's Signature _____ /we certify that the above vendor information is correct and complete.

Date July 9, 2018 _____

Jeffrey Potter, Vice President Sales and Service
Print Name and Title of company official signing offer



BID/PROPOSAL

COMMODITY: REFRIGERATION EQUIPMENT; REPAIR DATE: 6/14/2018

FORMAL BID NO. --- PUBLIC BID NO. 100555 RFP NO. ---

BIDS ARE TO BE RECEIVED IN URI PURCHASING DEPARTMENT BY: DATE: 7/9/2018 TIME: 2:00 PM
Eastern Time

BUYER: RYANPINCINCE/kb@ SURETY REQUIRED: YES: --- NO: ---

PRE-BID PROPOSAL CONFERENCE: DATE: --- TIME: ---

MANDATORY: YES: --- NO: ---

LOCATION: -----

Questions concerning this solicitation must be received by the URI Purchasing Department at URIPurchasing@uri.edu no later than DATE: 6/29/2018 TIME: 12:00 PM Please reference the Bid/RFP No. on all correspondence. Questions received, if any, will be posted on the internet as an addendum to this solicitation at the conclusion of the question period. It is the responsibility of all interested parties to download this information.

For Bid Solicitation Information visit: <http://web.uri.edu/purchasing/bid-information/>

BE SURE ALL INFORMATION SHOWN BELOW IS CORRECT.
FEDERAL EMPLOYER IDENTIFICATION NUMBER MUST BE INCLUDED.

COMPANY NAME: Arden Engineering Constructors LLC FEIN: 01-0775457
STREET AND NUMBER: 505 Narragansett Park Drive
CITY, STATE & ZIP CODE: Pawtucket, RI 02961

No offer will be considered that is not accompanied by the attached University of Rhode Island Bidder Certification Form/Contract Offer completed and signed by the offeror.

Jeffrey Potter, Vice President Sales and Service
Prmt Name and Title

401-727-3500 / 401-727-3540
Telephone Number/Facsimile Number

[Handwritten Signature]
Signature

7/6/18
Date

spotter@ardeneng.com
E-mail address

THIS BID WILL NOT BE HONORED UNLESS SIGNED

The University of Rhode Island is an equal opportunity employer committed to the principles of affirmative action.

ALL CONTRACT AWARDS ARE SUBJECT TO THE FOLLOWING DISCLOSURES & CERTIFICATIONS

Offerers must respond to every disclosure statement. A person authorized to enter into contracts must sign the offer and attest to the accuracy of all statements.

Indicate Yes (Y) or No (N):

N 1 State whether your company, or any owner, stockholder, officer, director, member, partner, or principal thereof, or any subsidiary or affiliated company, has been subject to suspension or debarment by any federal, state, or municipal government agency, or the subject of criminal prosecution, or convicted of a criminal offense with the previous five (5) years. If so, then provide details below.

N 2 State whether your company, or any owner, stockholder, officer, director, member, partner, or principal thereof, or any subsidiary or affiliated company, has had any contracts with a federal, state or municipal government agency terminated for any reason within the previous five (5) years. If so, then provide details below.

N 3 State whether your company or any owner, stockholder, officer, director, member, partner, or principal thereof, or any subsidiary or affiliated company, has been fined more than \$5000 for violation(s) of Rhode Island environmental laws by the Rhode Island Department of Environmental Management within the previous five (5) years. If so, then provide details below.

Y 4 I/we certify that I/we will immediately disclose, in writing, to the University Purchasing Agent any potential conflict of interest which may occur during the course of the engagement authorized pursuant to this contract.

Y 5 I/we acknowledge that, in accordance with (1) Chapter §37-2-54(c) of the Rhode Island General Laws "no purchase or contract shall be binding on the state or any agency thereof unless approved by the Department [of Administration] or made under general regulations which the Chief Purchasing Officer may prescribe," and (2) RIGL section §37-2-7(16) which identifies the Board of Governors for Higher Education as a public agency and gives binding contractual authority to the University Purchasing Agent, including change orders and other types of contracts and under State Purchasing Regulation 8 2.1.1.2 any alleged oral agreement or arrangements made by a bidder or contractor with any agency or an employee of the University of Rhode Island may be disregarded and shall not be binding on the University of Rhode Island.

Y 6 I/we certify that I or my/our firm possesses all licenses required by Federal and State laws and regulations as they pertain to the requirements of the solicitation and offer made herein and shall maintain such required license(s) during the entire course of the contract resulting from the offer contained herein and, should my/our license lapse or be suspended, I/we shall immediately inform the University of Rhode Island Purchasing Agent in writing of such circumstance.

Y 7 I/we certify that I/we will maintain required insurance during the entire course of the contract resulting from the offer contained herein and, should my/our insurance lapse or be suspended, I/we shall immediately inform the University of Rhode Island Purchasing Agent in writing of such circumstance.

Y 8 I/we certify that I/we understand that falsification of any information herein or failure to notify the University of Rhode Island Purchasing Agent as certified herein may be grounds for suspension, debarment and/or prosecution for fraud.

Y 9 I/we acknowledge that the provisions and procedures set forth in this form apply to any contract arising from this offer.

Y 10 I/we acknowledge that I/we understand the State's Purchasing Laws (§37-2 of the General Laws of Rhode Island) and Purchasing Regulations and General Terms and Conditions available at the Rhode Island Division of Purchases Website (<http://www.purchasing.ri.gov>) and the Board of Governors Website (www.riqhe.org/procurementregs113006.pdf) apply as the governing conditions for any contract or purchase order I/we may receive from the University of Rhode Island, including the offer contained herein.


Y 11 I/we certify that the bidder: (i) is not identified on the General Treasurer's list, created pursuant to R.I. Gen. Laws § 37-2-5-3, as a person or entity engaging in investment activities in Iran described in § 37-2-5-2(b); and (ii) is not engaging in any such investment activities in Iran.

NA 12 If the product is subject to Department of Commerce Export Administration Regulations (EAR) or International Traffic in Arms Regulations (ITAR), please provide the Export Control Classification Number (ECCN) or the US Munitions List (USML) Category: _____

Y 13 I/we certify that the above information is correct and complete.

IF YOU HAVE ANSWERED "YES" TO QUESTIONS #1- 3 OR IF YOU ARE UNABLE TO CERTIFY YES TO QUESTIONS #4-11 and 13 OF THE FOREGOING, PROVIDE DETAILS/EXPLANATION IN AN ATTACHED STATEMENT. INCOMPLETE CERTIFICATION FORMS SHALL BE GROUNDS FOR DISQUALIFICATION OF OFFER.

Signature below commits vendor to the attached offer and certifies (1) that the offer has taken into account all solicitation amendments, (2) that the above statements and information are accurate and that vendor understands and has complied with the requirements set forth herein.

Vendor's Signature  Bid Number 100555 Date 7-9-2018
(Person Authorized to enter into contracts, signature must be in ink) (if applicable)

Print Name and Title of Company official signing offer Telephone Number



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/12/2018

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 Capacity Coverage Company One International Blvd. 3rd Floor Mahwah NJ 07495	CONTACT NAME: Paula Moscetti PHONE (A/C No., Ext): 201-661-2397 E-MAIL ADDRESS: mieschhorn@capcoverage.com	FAX (A/C No.): 201-661-7360
	INSURER(S) AFFORDING COVERAGE	
INSURED Arden Engineering Constructors LLC 505 Narragansett Park Drive Pawtucket RI 02861	INSURER A: Phoenix Insurance Company NAIC # 25623	
	INSURER B: Travelers Property Casualty Company of America 25674	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 468593630 **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. Y/YD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CONTRACTS <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> UMBRELLA LIABILITY <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y Y	V1002450846911X15	4/18/2018	4/18/2019	EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTALS (Per occurrence): \$1,000,000 MED EXP (Any one person): \$10,000 PERSONAL & ADV INJURY: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS-COMPROMISE: \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> UMBRELLA LIABILITY <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y Y	V1002450846911X15	4/18/2018	4/18/2019	BODILY INJURY (Per person): \$1,000,000 BODILY INJURY (Per accident): \$1,000,000 PROPERTY DAMAGE (Per occurrence): \$1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIABILITY <input checked="" type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y Y	V15V1002450846911X15	4/18/2018	4/18/2019	EACH OCCURRENCE: \$15,000,000 AGGREGATE: \$15,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/RETIRED/EMPLOYEE EXCLUDED? (Mandatory in NH) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO YES DESCRIBE UNDER DESCRIPTION OF OPERATIONS BELOW	Y N	V1002450846911X15	4/18/2018	4/18/2019	<input checked="" type="checkbox"/> SICKLEAVE <input type="checkbox"/> DISABILITY EACH ACCIDENT: \$1,000,000 DISABILITY (EMPLOYEE): \$1,000,000 DISABILITY (VOLUNTEER): \$1,000,000

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

CERTIFICATE HOLDER To whom It May Concern	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

Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

ARDEN ENGINEERING CONSTRUCTOR
CONTRACTOR MASTER CMP02272

JOHN A PUNIELLO
23 KING PHILLIP AVENUE
BRISTOL RI 02809


Assistant Director

11/30/2019
Expiration Date

Rhode Island Department of Labor and Training
Division of Workforce Regulation and Safety

CONTRACT MASTER/PIPE 00007544

ARDEN ENGINEERING CONSTRUC
JOHN A PUNIELLO
23 KING PHILLIP AVENUE
BRISTOL RI 02809


Assistant Director

11/30/2019
Expiration Date