

6/11/2020 9:03 AM  
RECEIVED FOR RECORD  
TORRINGTON TOWN CLERK



**CITY OF TORRINGTON**

**PURCHASING DEPARTMENT**  
140 Main Street Room 206  
Torrington, CT 06790

**Pennie Zucco**  
Purchasing Agent  
tel. (860) 489-2225  
fax: (860) 489-2547  
e-mail: pennie\_zucco@torringtonct.org

June 10, 2020


Mayor Elinor Carbone  
Members of the City Council

**Re: Extension BID CLN-014-051719 CLEANING OF ARMORY & TEEN CENTER**

Building One Facility Services, LLC has requested to extend the above bid contract to clean the Armory Building and Teen Center for FY 20/21 at the same prices and terms as the current contract. The cost to clean the Rec Hall facility, \$650.00/mo.; Armory facility \$1,975.00/mo.

It is the recommendation of both Brett Simmons, Superintendent of Parks and Recreation and the Purchasing Agent that the City of Torrington extend the current bid contract to Building One Facility Services, LLC to supply cleaning services for the Armory and Teen Center for the upcoming F/Y 20/21.

Thank you for your consideration on this matter.

  
Pennie Zucco  
Purchasing Agent

cc: B. Simmons



June 10, 2020

Pennie Zucco  
Purchasing Agent  
City of Torrington  
140 Main Street  
Torrington, CT 06790

Re: Contract extension CST-014-092519 Cleaning Services for Armory & Teen Center

Good afternoon Ms. Zucco,

Pursuant to your request, please accept this letter as Building One Facility Service's interest in extending the above referenced contract for the fiscal year 20/21, July 1, 2020 – June 30, 2021. It is our agreement the fees, terms and conditions, "will extend at the same price and approximately the same amount." As requested, a copy of our current certificate of insurance is attached. Building One looks forward to continuing our relationship with the City of Torrington. Please feel free to contact me should you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Kurtis M. Peterson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kurtis M. Peterson  
Chief Financial Officer

CC: David Preste – VP, Building One Facility Services



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/10/2020

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 have ADDITIONAL INSURED provisions or 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> YERKES-STEPHENS INSURANCE 48 STATE STREET GUILFORD CT 06437		<b>CONTACT NAME:</b> <b>PHONE (A/C No. Ext):</b> 203-453-0816 <b>FAX (A/C No.):</b> <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> BUILDING ONE FACILITY SERVICES LLC AND 57 OZICK 57 OZICK DR STE A DURHAM CT 06422-1022		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> SELECTIVE INS CO OF AMERICA <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 12572	

**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 SUBR INSD 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	S 2398357	4/1/2020	4/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input checked="" type="checkbox"/> AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	S 2398357	4/1/2020	4/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ ZERO		S 2398357	4/1/2020	4/1/2021	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000 \$
	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				PER STATUTE <input type="checkbox"/> OTH. ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

This Certificate of Liability Insurance was created by Selective on behalf of the agent.

City of Torrington, CT is included as additional insured with respect to Automobile, General Liability as required by written contract or agreement.

## CERTIFICATE HOLDER

City of Torrington, CT  
140 Main Street  
Torrington CT 06790

## 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

*Roll C*

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY YERKES-STEPHENS INSURANCE		NAMED INSURED BUILDING ONE FACILITY SERVICES LLC AND 57 OZICK 57 OZICK DR STE A	
POLICY NUMBER S 2398357			
CARRIER SELECTIVE INS CO OF AMERICA	NAIC CODE 12572	DURHAM	CT 06422-1022
		EFFECTIVE DATE: 4/1/2020	

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

JOB #

JOB LOCATION