



CITY OF TORRINGTON

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

Pennie Zucco, Purchasing Agent
Phone: (860)-489-2225
Fax (860)-489-2547
Email: pennie_zucco@torringtonct.org

May 9, 2023

Mayor Elinor Carbone
Members of the City Council

RE: Bid #EST-014-121521 MISCELLANEOUS ELECTRICAL SERVICES AND REPAIRS EXTENSION

Mr. William Sullo Jr. of First Line Services submitted his request extension regarding Electrical Services to the City of Torrington for FY 23/24. The City has the option to extend these services up to a maximum of 5 years before going out for re-bid as long as the same terms and conditions as well as the same rates. The rates in place are Journeyman, \$80.00/hr; Apprentice - \$50.00/hr.

It is the recommendation of both Jamie Sykora, Facilities Manager and Pennie Zucco, Purchasing Agent for the City to extend the Miscellaneous Electrical Service contract for FY 23-24 with First Line Services, LLC, Cromwell, CT.

Thank you for your consideration on this matter.


Pennie Zucco
Purchasing Agent

CC: J. Sykora

First Line Services

May 8, 2023

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

RE: BID # **EST-014-121521 MISCELLANEOUS ELECTRICAL SERVICES AND REPAIRS**

Dear Ms. Zucco,

Please accept this letter as interest from First Line Services, LLC for the extension of BID # **EST-014-121521 MISCELLANEOUS ELECTRICAL SERVICES AND REPAIRS** for the City of Torrington for **fiscal year 23/24, July 1, 2023 – June 30, 2024.**

Please do not hesitate to contact me should you have any questions pertaining to the above matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "William Sullo Jr.", with a stylized flourish at the end.

William Sullo Jr.

135 Sebeche Dr. Suite 10
Cromwell, CT 06416
E-mail: bill.sullo@firstlineservices.net
Phone (860) 632-1650 Fax (860) 632-0065



CITY OF TORRINGTON
REQUEST FOR BID

BID #EST-014-121521 MISCELLANEOUS ELECTRICAL SERVICES AND REPAIRS

Date of Opening: **December 15, 2021** Time: **11:30 AM** Location: **City Hall, 140 Main St., Room 206, Torrington**

Bid Bond or Certified Check required with bid: **\$500.00**

SUBMIT ONE (1) ORIGINAL AND ONE (1) EXACT COPY

The City of Torrington reserves the right to accept or reject any or all bids or any portion thereof, to waive technicalities, and to award the contract as will best serve the public interest.

Omit State and Federal Taxes.

All prices must be F.O.B.: Destination (Torrington) unless otherwise requested.

Dated in Torrington: **11/24/2021**

Purchasing Agent _____
Pennie Zucco

ITEM	PRICE
ELECTRICAL SERVICES: INSTALLATION, MAINTENANCE AND REPAIR SERVICES AS NEEDED IN VARIOUS CITY DEPARTMENTS FROM JANUARY 2022 TO JUNE 30, 2023	WAGE SHEET: SEE PAGE 12

The Purchasing Agent is authorized to offer City based bidders that exceed the lowest bid by up to 6%, the opportunity to match the lowest bid. A City based bidder within the 6% differential who agrees to accept the amount of the lowest bid will be awarded the bid. When multiple City based bidders agree to accept the amount of the low bid then the City based bidders will be invited to submit a new bid, not to exceed the low bid. The bid will then be awarded to the lowest responsive, responsible bidder.

Bidder: **First Line Services, LLC**

Address: **135 Sebethe Dr Suite 10, Cromwell, CT 06416**

(Signed By) _____ Title: **Owner**

Name (please print) **William J Sullo Jr.** Date: **12/13/2021**

Phone: **860-632-1650** Fax: **860-632-0065** E-Mail: **bill.sullo@firstlineservices.net**

Federal Tax Identification Number: (FEIN) **87-2913800**

Comments: _____

APPENDIX A
CITY OF TORRINGTON
BID #EST-014-121521
MISCELLANEOUS ELECTRICAL SERVICES AND REPAIRS
PROPOSAL FORM

The undersigned, in compliance with this bid affirms, that it has examined the specifications and related documents contained herein and proposes to provide this service in accordance with this bid and any contract documents within the time frames set forth herein and at the prices agreed to:

The undersigned certifies that this proposal meets all the specifications, requirements and conditions requested herein. Any substitutions to the specifications requested are clearly and completely noted and attached. It is understood that the City reserves the right to reject any or all proposals.

Addenda # _____

In accordance with the specifications, the undersigned submits the following bid for miscellaneous electrical services and repairs for the City of Torrington buildings:

Base Bid, January 2022 – June 30, 2023

Regular Hourly Labor Rate: \$ 80.00

Apprentice Hourly Labor Rate: \$ 50.00

Discount on parts and material _____ Catalog: _____

The completed forms identifying the Bidder's experience and licensed technicians are enclosed with this Bid Form. The undersigned is submitting this bid without collusion with any other individual or corporation.

Bidder: First Line Services, LLC

Address: 135 Sebethe Dr Suite 10, Cromwell, CT 06416

(Signed By) _____ Title: Owner

Name (please print) William J Sullo Jr. Date: 12/13/2021

Phone: 860-632-1650 Fax: 860-632-0065 Cell: 203-627-3394

E-Mail: bill.sullo@firstlineservices.net

Federal Tax Identification Number: (FEIN) 87-2913800



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/23/2023

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).

PRODUCER Michelson Insurance Agency 282 State Street North Haven CT 06473	CONTACT NAME: Glenn Michelson	
	PHONE (A/C, No, Ext): (203) 288-5322 FAX (A/C, No): (203) 288-7193 E-MAIL ADDRESS: glennm@michelsonins.com	
INSURED First Line Services LLC 135 Sebethe Drive, Unit 10 Cromwell CT 06416	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Ohio Security Insurance Company	
	INSURER B:	
	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	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
		x	X	BKO64004775	10/22/2022	10/22/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY						
	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Each accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR						
X	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	X	X	USO64004775	10/22/2022	10/22/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					PER STATUTE <input checked="" type="checkbox"/> OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	XWO64004775	10/22/2022	10/22/2023	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

City of Torrington, 140 Main St., Torrington, CT, its subsidiaries, employees, volunteers, directors & officers are named as additional insured per written contract.

Electrical Contractor

CERTIFICATE HOLDER**CANCELLATION**

City of Torrington
140 Main Street
City Hall, 2nd Floor
Torrington, CT 06790

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

Laura L. Benoit