

6/10/2020 10:49 AM
RECEIVED FOR RECORD
TORRINGTON TOWN CLERK



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

June 10, 2020

Mayor Elinor Carbone
Members of the City Council

RE: Bid #HVAC-014-053018 HVAC Services Bid Extension Request

Mr. Peter Loukopoulos of Air Temp Mechanical Services, Inc. submitted his request extension regarding HVAC Services to the City of Torrington for FY 20/21. 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 are in agreement. The rates in place are Journeyman, \$83.00/hr./Apprentice - \$75.00/hr.

I also had requested feedback from the various City Departments regarding the HVAC services with agreement to extend the contract.

It is the Purchasing Agent's recommendation for the City to extend the HVAC Service contract for FY 20/21 with Air Temp Mechanical Services, Inc., Southington, CT.

Thank you for your consideration on this matter.

Pennie Zucco
Purchasing Agent



*360 Captain Lewis Drive
Southington, CT 06489
(P) 860-953-8888 / (F) 860-953-5877
CT S1-390692 / CT SMI-2010*

June 9, 2020

City of Torrington
140 Main Street
Torrington, CT 06790

Att: Pennie Zucco
Re: City of Torrington Service Contract

Dear Pennie,

Thank you for the opportunity to continue the HVAC Service Contract (HVS-014-053018) with The City of Torrington. After careful review of the contract and the service history since taking over these duties, Air Temp Mechanical Services Inc. (ATMS) WOULD LIKE to execute the option to renew. ATMS will continue to honor the pricing and procedures set forth by The City of Torrington.

Best regards,

A handwritten signature in blue ink, appearing to read "Peter Loukopoulos", is written over a light blue horizontal line.

Peter Loukopoulos
Director of Service



AIRTE-2

OP ID: JJ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/09/2020

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).

PRODUCER Sinclair Insurance Group, Inc. Suite 200 35 Thorpe Avenue Wallingford, CT 06492 Martin Shea	203-265-0996	CONTACT NAME: Martin Shea	
		PHONE (A/C, No, Ext): 203-265-0996	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Hanover Insurance Co	22292
		INSURER B: Allmerica Financial Benefits	41840
		INSURER C: Nautilus Insurance Co	17370
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
Air Temp Mechanical Services, Inc.
360 Captain Lewis Drive
Southington, CT 06489

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		ZBED666415	08/09/2019	08/08/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AWED660997	08/08/2019	08/08/2020	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 type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		UHED661013	08/08/2019	08/08/2020	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000
B	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 checked="" type="checkbox"/> N	N/A	W2ED661035	08/08/2019	08/08/2020	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Polltion			CCP202690410	08/08/2019	08/08/2020	Limit \$1MOcc\$2MAG
C	Professional			CCP203690410	08/08/2019	08/08/2020	Limit \$1MOcc\$2MAG

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

The City of Torrington is included as an additional insured as required by written contract

CERTIFICATE HOLDER

CANCELLATION

TORRINGTON

City of Torrington
140 Main St
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