



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 16, 2021

Mayor Elinor Carbone
Members of the City Council

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

Mr. Rick Brayall of Air Temp Mechanical Services, Inc. submitted his request extension regarding HVAC Services to the City of Torrington for FY 21/22. 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.

It is the recommendation of Jamie Sykora, Facilities Manager and the Purchasing Agent that City Council authorize the Mayor to extend the current bid contract for Fiscal Year 21/22 for the above mentioned bid. The rates in place are Journeyman, \$83.00/hr./Apprentice - \$75.00/hr. as well as the same terms and conditions will be in effect for this period.

Thank you for your consideration on this matter.


Pennie Zucco
Purchasing Agent

cc: J. Sykora; R. Drew

6/16/2021 4:17 PM
RECEIVED FOR RECORD
TORRINGTON TOWN CLERK

Pennie Zucco

From: Jamie Sykora
Sent: Tuesday, June 15, 2021 4:26 PM
To: Pennie Zucco
Subject: HVAC Bid Extension

Hello Pennie,

I would like to extend the bid with Air Temp for the 21-22 Fiscal Year if the existing pricing and terms remain the same.

Best Regards,

Jamie Sykora
Facilities Manager
City of Torrington
140 Main Street
Torrington, CT 06790
860-489-5943
860-489-2547 (fax)
jamie_sykora@torringtonct.org



360 Captain Lewis Drive
Southington CT 06489
(P) 860-953-8888 / (F) 860-953-5877
CT SI-390692 / CT SM1-2010
AA/EOE

6.16.2021
City of Torrington
140 Main St.
Torrington, CT 06790
Attn: Pennie Zucco

RE: Contract Extension

Good afternoon Pennie,
Air Temp Mechanical Services Inc. (ATMS) would like to start by thanking you for the opportunity to extend the contract for Maintenance and Repair of HVAC Equipment for the City of Torrington. The contract HVS-014-053018, Maintenance and Repair of HVAC Equipment for **fiscal year 21/22, July 1, 2021 – June 30, 2022.** The fees and terms and conditions would be extended at the same price.

Best Regards,

A handwritten signature in black ink, appearing to read "Rick Brayall", is written over a horizontal line.

Rick Brayall
Service and Account Manager
Air Temp Mechanical Services Inc
360 Captain Lewis Drive
Southington, CT 06489



AIRTEMP-01

KGWILLIM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/16/2021

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 License # 2328358 Sinclair Insurance Group, Inc. 35 Thorpe Avenue Suite 200 Wallingford, CT 06492	CONTACT NAME:	
	PHONE (A/C, No, Ext): (203) 265-0996	FAX (A/C, No): (203) 265-5863
INSURED Air Temp Mechanical Services, Inc. 360 Captain Lewis Drive Southington, CT 06489	E-MAIL ADDRESS: info@srfm.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Hanover Insurance Co	NAIC # 22292
	INSURER B: Allmerica Financial Benefits Ins Co	41840
	INSURER C: Nautilus Insurance Co	17370
	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		ZBED666415	8/8/2020	8/8/2021	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
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AWED660997-03	8/8/2020	8/8/2021	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 type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			UHED661013	8/8/2020	8/8/2021	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000
A	<input checked="" type="checkbox"/> 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	N/A	W2ED661035-03	8/8/2020	8/8/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<input checked="" type="checkbox"/> Pollution			CCP202690412	8/8/2020	8/8/2021	Limit

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 for referenced policies as required by written contract

CERTIFICATE HOLDER

CANCELLATION

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