



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 16, 2021

Mayor Elinor Carbone
Members of the City Council

Re: Extension Bid PST-014-053018 GENERAL PLUMBING AND RELATED REPAIRS

Mr. Francis S. Delaney, President of West State Mechanical, Inc. has requested a one-year extension of the current contract for the above referenced bid. Under the standard terms and conditions of bids, contracts may be extended for a total of five consecutive years. This bid was originally awarded in May 2018.

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 same rates, Journeyman \$90.00/hour and Apprentice, \$60.00/hour as well as the 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 11:14 AM
RECEIVED FOR RECORD
TORRINGTON TOWN CLERK

Pennie Zucco

From: Jamie Sykora
Sent: Tuesday, June 15, 2021 4:27 PM
To: Pennie Zucco
Subject: Plumbing Bid Extension

Hello Pennie,

I would like to extend the Plumbing bid with West State Mechanical 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



June 15, 2021

City of Torrington
Purchasing Department
Attn: Pennie Zucco, Purchasing Agent
144 Main Street
Torrington, CT 06790

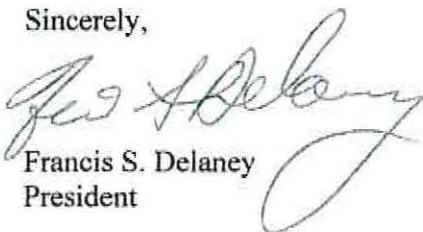
Re: BID-PST-014-053018

Dear Pennie,

In accord with your email, this letter is sent to affirm West State Mechanical, Inc.'s interest in renewal of the above referenced service agreement for the fiscal year 21/22, July 1, 2021- June 30, 2022. As per the terms of the agreement, pricing and all term and conditions will remain in full force and effect.

A current copy of the company insurance certificate naming the City of Torrington as additional insured should be on file. Please advise if an additional copy is desired.

Sincerely,


Francis S. Delaney
President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/04/2021

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 AssuredPartners Northeast, LLC. 1300 Winsted Road Torrington CT 06790	CONTACT NAME: Ashley Ventrone PHONE (A/C, No, Ext): (800) 762-7369 FAX (A/C, No): E-MAIL ADDRESS: Ashley.Ventrone@assuredpartners.com
INSURED West State Mechanical Inc & West State Realty 3000 South Main St PO Box 1045 Torrington CT 06790	INSURER(S) AFFORDING COVERAGE INSURER A: General Casualty Company of Wisconsin NAIC # 24414 INSURER B: General Casualty Insurance Company 18821 INSURER C: Regent Insurance Company 24449 INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL211484480

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 <input checked="" type="checkbox"/> Pollution Liability <input checked="" type="checkbox"/> Professional Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BPK0002049-01	12/31/2020	12/31/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BCA0001200-01	12/31/2020	12/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			BUM0001436-01	12/31/2020	12/31/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	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	BWC0001313-01	12/31/2020	12/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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 is Additional Insured per request via written contract agreement under the General Liability policy.
RE: Sullivan Senior Center

CERTIFICATE HOLDER

CANCELLATION

City of Torrington 140 Main Street, Room 206 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 Den Dine
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.