



**City of Saratoga Springs**  
**OFFICE OF COMMISSIONER OF ACCOUNTS**

474 Broadway - City Hall  
Saratoga Springs, New York 12866

Telephone 518-587-3550  
Fax 518-587-6512

JOHN P. FRANCK  
COMMISSIONER

MAIRE MASTERSON  
DEPUTY COMMISSIONER

## Award/Extension of Bid Sign-Off Form

**Department That Owns Award/Extension of Bid:** Department of Public Works

**Project or Item Being Awarded:** Professional Conservation Services

**Item Being Extended:** \_\_\_\_\_

**Vendor Who Won the Bid:** Daedalus, Inc

**Budget Line Item:** H3036952 52000 1039

**Mayor/Commissioner:** Please add to the April 21, 2015 City Council Agenda, the award of bid for Professional Conservation Services to Daedalus, Inc. (lowest bidder).

*Anthony J. Scorsone*  
Mayor/Commissioner

04/17/15  
Date

**Assistant Purchasing Agent:** Purchasing policy has  / has not \_\_\_\_\_ been followed in the selection of the winner of the bid or bid extension.

*Stephanie Richards*  
Assistant Purchasing Agent

4/17/15  
Date

**Director of Risk and Safety:** Vendor being awarded the bid or the bid being extended has  / has not \_\_\_\_\_ met all insurance requirements of the City of Saratoga Springs and has provided a copy of their certificate of insurance for review by the Director of Risk and Safety.

*[Signature]*  
Director of Risk and Safety

4/17/15  
Date

**\*\*An award/extension of bid will not be placed on the Commissioner's agenda if any of the above is missing. The request to place the item on the agenda will be returned to the appropriate department.**

Professional Conservation Services Spirit of Life by Daniel Chester French 2015-6

Bidder	Bid Amount	Purchasing	Risk and Safety
Terra Mare Conservation, LLC 14 Marbel Lane Charleston, SC 29403 terramareconservation.com	\$27,164.00	Approved	Disapprove
Daedalus 205-3 Arlington Street Watertown, MA 02472 <a href="mailto:conservation@daedalusart.com">conservation@daedalusart.com</a>	\$36,500.00	Approve	Conditionally- Need 1, 2 in Professional Liab.
Williamstown Art Conservation Center 227 South Street Williamstown, MA 01267 <a href="mailto:hgilletteward@williamstownart.org">hgilletteward@williamstownart.org</a>	\$24,781.00	Approve	Disapprove

**Request for Certification of Sufficient Funds**

Submittal Date: 4/16/2015

The Department of Public Works requests certification that sufficient funds are or will be available to cover the claim to meet the following obligation when it becomes due and payable.

---

Obligation to be incurred, detailing vendor name, project description, Council Approval, etc. (attach supporting documentation):

**Vendor:** Daedalus, Inc.  
**Project:** Spirit of Life Restoration  
Spirit of Life Restoration  
Statute Conservation

Appropriation - Current Budget Expense Org/Object/Proj(s): H3036952 52000 1039

Amount Requested for Approval \$36,500.00  
Current Amount Available: \$78,196.00

Transfer/Amendment Pending:

Transfer/Amendment Date \_\_\_\_\_

  
\_\_\_\_\_  
Department Head Signature

April 16, 2015  
\_\_\_\_\_  
Date

---

**Certification of Sufficient Funds**

The Commissioner of Finance hereby certifies that funds are or will be available to cover the claim to meet the above described obligation when it becomes due and payable.

\_\_\_\_\_  
Commissioner of Finance

\_\_\_\_\_  
Approval Date



DAEDINC-01 JANETS

**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
4/15/2015

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 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> Charles F. Murphy Inc. 14 Storrs Ave Braintree, MA 02184	<b>CONTACT NAME:</b> PHONE (A/C, No., Ext): (781) 380-0599	<b>FAX (A/C, No.):</b> (781) 380-0686
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b>  Daedalus, Inc. Joshua Craine 205-3 Arlington Street Watertown, MA 02472	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Travelers Insurance Co.	
	<b>INSURER B:</b> The Hartford	
	<b>INSURER C:</b> Lloyds Of London	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</b>		<b>NAIC #</b> 19682

**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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		I660207L6098TCT14	10/08/2014	10/08/2015	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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BA7825C66814SEL	10/08/2014	10/08/2015	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 <input checked="" type="checkbox"/> RETENTION \$ 5,000		CUP207L60981442	10/08/2014	10/08/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	08WECPD9884	10/08/2014	10/08/2015	PER STATUTE 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	Prof Liab		PSD00094145	09/08/2014	09/08/2015	Each Claim 1,000,000
C	Professional Liabll		PSD00094145	09/08/2014	09/08/2015	Aggregate 2,000,000

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

City of Saratoga Springs, NY is named as an additional insured on a primary and non-contributory basis as it relates to the General Liability policy as required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

City of Saratoga Springs, NY  
 474 Broadway  
 Saratoga Springs, NY 12866

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

Charles F. Murphy III

© 1988-2014 ACORD CORPORATION. All rights reserved.