



**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

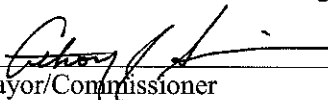
**Project or Item Being Awarded:** Parking Deck Stairs Replacement

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

**Vendor Who Won the Bid:** Debrino Caulking Assoc., Inc.

**Budget Line Item:** H3416952-52000-1226

**Mayor/Commissioner:** Please add to the May 5, 2015 City Council Agenda, the award of bid for "Parking Deck Stairs Replacement" to "Debrino Caulking Assoc., Inc." (lowest bidder).

  
Mayor/Commissioner

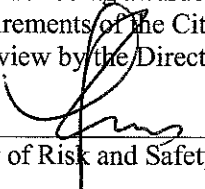
5/1/15  
Date

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

  
Assistant Purchasing Agent

5/1/15  
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.

  
Director of Risk and Safety

5/1/15  
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.**

## Parking Deck Stairs Replacement

### **Bubonia Holding Corp.**

Stephen Bubonia  
18 West Albany Dr., Albany, NY 12205  
Phone 518-438-8900  
[steve@bubonia.com](mailto:steve@bubonia.com)

**Total Bid \$378,777.00**

Base Bid \$349,577.00  
Bid Alternate \$19,200.00

### **Mid-State Industries**

Michael Lucey  
1105 Catalyn St., Schenectady, NY 12303  
Phone 518-374-1461  
[peggie@midstateltd.com](mailto:peggie@midstateltd.com)

**Total Bid \$482,963.00**

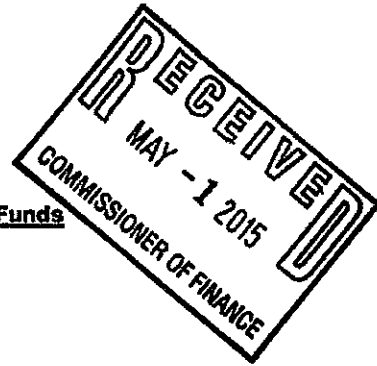
Base Bid \$427,313.00  
Bid Alternate \$45,650

### **DeBrino Caulking Assoc. Inc.**

Lewis Houghtaling 3rd  
1304 Rt. 9, Castleton, NY 12033  
Phone 518-732-7234  
[1phoughtaling@debrino.com](mailto:1phoughtaling@debrino.com)

**Total Bid \$265,567.00**

Base Bid \$227,742.00  
Bid Alternate \$27,825.00



Request for Certification of Sufficient Funds

Submittal Date: 4/30/2015

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:** Debrino Caulking Assoc Inc  
**Project:** Woodlawn and Putnam Deck Repairs  
Woodlawn and Putnam Deck Stairs  
Parking Deck Stairs Replacement - 2015-01

Appropriation - Current Budget Expense Org/Object/Proj(s): H3416952 52000 1226

Amount Requested for Approval \$265,567.00

Current Amount Available: \$125,000.00

Transfer/Amendment Pending: \$140,567.00

Transfer/Amendment Date May 5, 2015

  
Department Head Signature

April 30, 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

5/1/15  
Approval Date

In order to guard against premature opening of the bid documents, bids shall be enclosed in a sealed and clearly labeled envelope with the words:

IFB #: 2015-01 PARKING DECK STAIR REPLACEMENTS

Name of Bidder: DeBrino Caulking Assoc. Inc.

Bid Opening: Thursday, APRIL 16, 2015 at 2:00 p.m.

AND RETURN TO:

City of Saratoga Springs  
City Clerk - Department of Accounts  
474 Broadway  
Saratoga Springs, NY 12866

✓ Risk & Safety  
✓ Insurance Limits  
✓ COI Addressing P&NC  
Approved  
4/17/15

As a fair basis of award, the City of Saratoga Springs will award the Contract to the lowest qualified responsible bidder determined by the total sum of the base bid and selected bid alternates, if any. The final cost of the contract work will be based on the actual work performed in the field.

5. BID FORMS

Each Bidder submitting a bid must execute the following forms, provided herein, and include with the IFB response submission. **Failure to submit the executed forms at the time of bid submission will disqualify the bid submission:**

- Acknowledgements
- Waiver Of Immunity And Non-Collusive Bidding Certification
- Vendor/Supplier Code of Conduct
- Risk & Safety Agreement
- Certificates of Insurance

Before executing any Subcontract, the successful Bidder shall submit the name of any proposed Subcontractor for prior approval and an affidavit in the form provided herein.

6. CERTIFICATE OF INSURANCE

Contractor must provide Certificates of Insurance covering the work in the Contract Documents, including all subcontractors, and include them with the IFB response submission. Certificate shall name the City of Saratoga Springs as additional insured in accordance with the requirements of the Risk & Safety Agreement. **Failure to provide the Insurance Certificates at the time of bid submission will disqualify the bid submission.**

7. BID BOND

Each bid must be accompanied by Bid Bond made payable to COMMISSIONER OF FINANCE in an amount of ten (10) percent of bidder's maximum bid price and in the form of a certified or bank check or a Bid Bond (on form attached, if a form is prescribed) issued by a surety meeting the requirements of the General Conditions.

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).

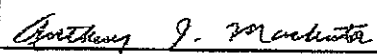
<b>PRODUCER</b> Cool Insuring Agency Inc CL 784 Troy Schenectady Road Latham, NY 12110 518 783-2665		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 518 783-2665      FAX (A/C, No): 5187838754 E-MAIL ADDRESS:	
<b>INSURED</b> DeBrino Caulking Associates, Inc. 1304 Route 9 Castleton, NY 12033		INSURER(S) AFFORDING COVERAGE      NAIC #	
		INSURER A : Allied World Assurance Company      19489	
		INSURER B : Merchants Mutual Insurance Co      23329	
		INSURER C : Navigators Insurance Company      42307	
		INSURER D : Hartford Fire Insurance Company      19682	
		INSURER E : Harleysville Worcester Insuranc      26182	
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 SUBR INSR INVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PP Ded \$10,000 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJ <input type="checkbox"/> LOC		03080451	01/01/2015	01/01/2016	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COM/OP AGG	\$2,000,000
							\$
E	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BA00000041520M	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
B	<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 \$10,000		CUP0000045	01/01/2015	01/01/2016	EACH OCCURRENCE	\$5,000,000
						AGGREGATE	\$5,000,000
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	TO BE ISSUED SEPARATELY			WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
C	Excess Umbrella		NY15EXC745165IV	01/01/2015	01/01/2016	\$5,000,000	
D	Lease/Rent Equip		01UUMKP5507	01/01/2015	01/01/2016	\$300,000	
D	Installation Cov.		01UUMKP5507	01/01/2015	01/01/2016	\$200,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Project:IFB# 2015-01 Parking Deck Stair Replacements  
 Certificate Holder is added to the General Liability and Umbrella Coverage as Additional Insured on a Primary and Non-Contributory basis if required by written contract. Certificate Holder is also added to the Auto Liability as Additional Insured if required by written contract.  
 Waiver of Subrogation applies if required by written contract subject to the policy terms & conditions.

<b>CERTIFICATE HOLDER</b> City of Saratoga Springs city clerk-Department of Accounts 474 Broadway Saratoga Springs, NY 12866	<b>CANCELLATION</b> 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 
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STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

**PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier**

<p>1a. Legal Name and Address of Insured (Use street address only)  <b>DEBRINO CAULKING ASSOCIATES INC</b>                  1304 RTE 9                  CASTLETON ON HUDSON, NY 12033</p>	<p>1b. Business Telephone Number of Insured                  (518) 732-7234</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured                  5631216</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number                  141-58-8127</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)                  City of Saratoga Springs city clerk-                  Dept of Accounts                  474 Broadway                  Saratoga Springs, NY 12866</p>	<p>3a. Name of Insurance Carrier  <b>NEW YORK STATE INSURANCE FUND</b></p> <p>3b. Policy Number of entity listed in box "1a":                  DBL 5477 06 - 3</p> <p>3c. Policy effective period:                  01/01/2015 to 01/01/2016</p>

4. Policy covers:

a.  All of the employer's employees eligible under the New York Disability Benefits Law

b.  Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.

Date Signed 03/30/2015 By *Joseph J. Masi* Joseph J. Masi  
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (866) 697-4332 Title **Director of Disability Benefits Insurance**

**IMPORTANT:** If box "1a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  
 If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.

**PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)**

State Of New York  
Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Title \_\_\_\_\_

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



# New York State Insurance Fund

Workers' Compensation & Disability Benefits Specialists Since 1914

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100  
Phone: (888) 997-3863

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

\*\*\*\*\* 141588127  
LOVELL SAFETY MGMT CO., LLC  
110 WILLIAM STREET 12TH FLR  
NEW YORK NY 10038

<b>POLICYHOLDER</b> DEBRINO CAULKING ASSOCIATES INC. 1304 ROUTE 9 CASTLETON NY 12033		<b>CERTIFICATE HOLDER</b> CITY OF SARATOGA SPRINGS RE: CITY CLERK-DEPT OF ACCOUNTS 474 BROADWAY SARATOGA SPRINGS NY 12866	
<b>POLICY NUMBER</b> G1416 267-1	<b>CERTIFICATE NUMBER</b> 690600	<b>PERIOD COVERED BY THIS CERTIFICATE</b> 03/17/2015 TO 01/01/2017	<b>DATE</b> 3/30/2015

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1416 267-1 UNTIL 01/01/2017, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 01/01/2017 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 30 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE DOES NOT APPLY TO THOSE JOB SITES WHICH ARE COVERED BY OTHER INSURANCE AND ARE SPECIFICALLY EXCLUDED BY ENDORSEMENT.

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5790  
VALIDATION NUMBER: 805643838