

# Bid Bond



# AIA Document A310™ - 201

**CONTRACTOR:**

*(Name, legal status and address)*

DEBRINO CAULKING ASSOCIATES,  
INC.  
1304 Route 9  
Castleton, NY 12033

Bond # DEBR4-7-15-1

**SURETY:**

*(Name, legal status and principal  
place of business)*

WESTERN SURETY COMPANY  
333 S. Wabash Avenue  
41st Floor  
Chicago, IL 60604

**OWNER:**

*(Name, legal status and address)*

Commissioner Of Finance, City  
Of Saratoga Springs  
City Hall, 474 Broadway  
Saratoga Springs, NY 12866

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

**BOND AMOUNT:** Ten Percent (10.00%) of the Amount Bid

**PROJECT:** Parking Deck Stair Replacements, Bid No. 2015-01  
*(Name, location or address, and Project number, if any)*

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

*Signed and sealed this 7th day of April, 2015*

*(Witness)*

*(Witness)*

DEBRINO CAULKING ASSOCIATES, INC.  
(Principal)

Lewis P. Houghtaling, III, President  
WESTERN SURETY COMPANY  
(Surety)

Kevin J. Garity, Attorney-in-Fact

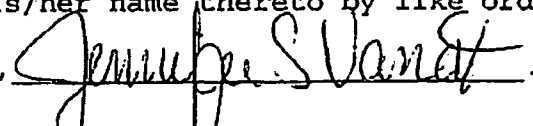
**CAPTION:** You should sign an original AIA Contract Document, on which this text appears in RED. An original assumes that changes will not be obscured

STATE OF NEW YORK )  
COUNTY OF RENSSELAER)

Bond No. DEBR4-7-15-1

: On this 7th day of April, 2015 before me personally came  
: Lewis P. Houghtaling, III to me known, being sworn  
: by me, did depose and say that he/she resides in Columbiaville, NY  
: that he/she is the President of DEBRING CAULKING ASSOCIATES, INC.  
: the corporation described in and which  
: executed the above instrument; that he/she knows the said seal of such  
: corporation; that the seal affixed to said instrument is such corporate  
: seal; and that it was so affixed by the order of the Board of Directors of  
: said corporation, and that he/she signed his/her name thereto by like order.

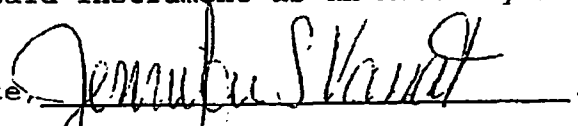
Sworn to and acknowledged on the above date,

  
JENNIFER S. VANAT  
Notary Public, State of New York  
Qualified in Columbia County  
Reg # 01VA6135808  
Commission Expires Oct. 24, 2017

STATE OF NEW YORK )  
COUNTY OF RENSSELAER)

On this 7th day of April, 2015 before me personally came  
Kevin J. Garrity to me known who resides in Albany, NY  
and duly sworn and says that he/she is the Attorney-in-fact of  
the WESTERN SURETY COMPANY  
and knows the corporate seal and that it was affixed thereto by order of the  
Board of Directors by Power of Attorney of said Company; of which a certified  
copy is attached; and that he/she signed said instrument as an Attorney-in-Fact  
of said Company by like authority.

Sworn to and acknowledged on the above date,

  
JENNIFER S. VANAT  
Notary Public, State of New York  
Qualified in Columbia County  
Reg # 01VA6135808  
Commission Expires Oct. 24, 2017

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came  
to me known and known to me to be  
the person described in and who executed the foregoing instrument and  
he thereupon acknowledged to me that he executed the same.

Sworn to and acknowledged on the above date, \_\_\_\_\_.

**POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT**

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

**Arnold E Finaldi Jr, David W Cooper, Charles R Daniels III, John C Tickner, Mark C Nickel, Kevin J Garrity, Paul A Palanzo, Stephen J Donnelly, Christopher Terzian, Audrey J Danielson, Judy Tomlinson, Vikki L LaVean, Renee A Manny, Lori A Francett, Derek P Hannon, John F Murray Jr, Diane M Pelagian, Tanya M Volk, Mary Dixon, Milton H Kotin, Individually**

of East Greenbush, NY, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

**- In Unlimited Amounts -**

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 25th day of November, 2014.



**WESTERN SURETY COMPANY**

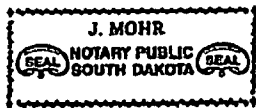
Paul T. Brufat, Vice President

State of South Dakota }  
County of Minnehaha } ss

On this 25th day of November, 2014, before me personally came Paul T. Brufat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires

June 23, 2015



J. Mohr, Notary Public

**CERTIFICATE**

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 7th day of April, 2015.



**WESTERN SURETY COMPANY**

L. Nelson, Assistant Secretary

**Authorizing By-Law**

**ADOPTED BY THE SHAREHOLDERS OF WESTERN SURETY COMPANY**

This Power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the shareholders of the Company.

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, and Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys in Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

WESTERN SURETY COMPANY  
Sioux Falls, South Dakota  
Statement of Net Admitted Assets and Liabilities  
December 31, 2014

ASSETS

Bonds	\$ 1,824,951,414
Stocks	23,975,582
Cash, cash equivalents, and short-term investments	51,536,164
Investment income due and accrued	22,267,675
Premiums and considerations	41,696,249
Amounts recoverable from reinsurers	(11,221,508)
Federal and foreign income taxes recoverable	7,401,709
Net deferred tax asset	20,261,713
Receivable from parent, subsidiaries, and affiliates	17,380,167
Other assets	3,799
Total Assets	\$ 1,998,252,964

LIABILITIES AND SURPLUS

Losses	\$ 302,997,505
Reinsurance payable on paid losses and loss adjustment expenses	(15,267,712)
Loss adjustment expense	64,134,995
Contingent and other commissions payable	6,099,306
Unearned premiums	259,011,845
Advance premiums	5,321,610
Payable to parent, subsidiaries and affiliates	107,843
Other liabilities	7,821,458
Total Liabilities	\$ 630,226,850

Surplus Account:

Capital paid up	\$ 4,000,000
Gross paid in and contributed surplus	280,071,837
Unassigned funds	1,083,954,277
Surplus as regards policyholders	\$ 1,368,026,114
Total Liabilities and Capital	\$ 1,998,252,964

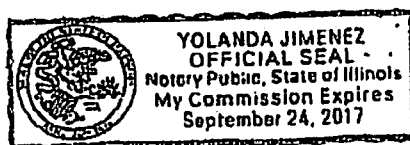
I, Peter Locy, Assistant Vice President of Western Surety Company hereby certify that the above is an accurate representation of the financial statement of the Company dated December 31, 2014, as filed with the various Insurance Departments and is a true and correct statement of the condition of Western Surety Company as of that date.

Western Surety Company

By Peter Locy  
Assistant Vice President

Subscribed and sworn to me this 19th day of March, 2014.

My commission expires:



Yolanda Jimenez  
Notary Public



### STATEMENT OF BIDDER'S QUALIFICATIONS

All questions must be answered and the data given must be clear and comprehensive. If necessary, questions may be answered on separate sheets. The Bidder may submit any additional information he desires.

1. Name of Bidder. DeBrino Caulking Assoc. Inc.
2. Permanent main office address. 1304 Route 9 Castleton NY 12033
3. Year organized. 1977
4. If a Corporation, where incorporated. Renss. NY
5. How many years have you been engaged in the contracting business under your present firm or trade name? 38
6. Provide three (3) references (list amount of each contract and the agency contact person, phone, and email address).

PROJECT NAME / AMOUNT	CONTACT NAME	PHONE	EMAIL
See Attached			

7. General character of work performed by your company.  
Masonry Restoration, waterproofing, caulking, dampproofing
8. Have you ever defaulted on a contract? If so, where and why?  
NO
9. Have you ever failed to complete any work awarded to you? NO
10. List the more important projects recently completed by your company, stating the approximate cost for each and the month and year completed.  
See Attached

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE**

**ATTACHMENT B – UNCOMPLETED CONSTRUCTION CONTRACTS**

EIN: 141588127

Section 3.1: List all current uncompleted construction contracts:

Agency/Owner NYS - OGS -Masonry (3) Year Repairs				Award Date 4/30/2012		Completion Date 12/31/2015	
Contact Person Mickey Levernols		Telephone No. (518) 474-0200		Designer Architect and /or Design Engineer NYS OGS			
Contract No. 44349C		Prime or Sub Prime		Joint Venture (JV) Name, if applicable N/A			EIN of JV, if applicable
				Total Contract Amount \$5,138,139.00		Amount Sublet to others \$0.00	
				Uncompleted Amount \$686,200.00			
Agency/Owner I-90 Bridge Over the Hudson River				Award Date 9/7/2013		Completion Date 3/1/2015	
Contact Person John Nolan		Telephone No. (518) 365-4839		Designer Architect and /or Design Engineer H.D.R., NYC			
Contract No. D-262091		Prime or Sub Sub		Joint Venture (JV) Name, if applicable N/A			EIN of JV, if applicable
				Total Contract Amount \$264,604.00		Amount Sublet to others \$0.00	
				Uncompleted Amount \$134,475.00			
Agency/Owner Ayer-Shirley High School				Award Date 10/11/2013		Completion Date 2/1/2015	
Contact Person		Telephone No. (508) 473-2580		Designer Architect and /or Design Engineer			
Contract No. 1135-005		Prime or Sub Sub		Joint Venture (JV) Name, if applicable N/A			EIN of JV, if applicable
				Total Contract Amount \$166,592.00		Amount Sublet to others \$0.00	
				Uncompleted Amount \$88,074.00			
Agency/Owner Hurley Library - Mass Maritime				Award Date 12/11/2013		Completion Date 12/31/2014	
Contact Person Mike Barlow		Telephone No. (617) 423-0100		Designer Architect and /or Design Engineer Perry Dean Rogers Partners			
Contract No. MMA1201-HC		Prime or Sub Sub		Joint Venture (JV) Name, if applicable N/A			EIN of JV, if applicable
				Total Contract Amount \$48,275.00		Amount Sublet to others \$0.00	
				Uncompleted Amount \$19,310.00			

**NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE**

**ATTACHMENT B – UNCOMPLETED CONSTRUCTION CONTRACTS**

EIN: 141588127

Question 3.1: List all current uncompleted construction contracts:

5. Agency/Owner NYS OGS - Plaza Level Repairs										
Contact Person					Telephone No. (518) 474-0200		Designer Architect and /or Design Engineer NYS OGS & Design		Award Date 4/2/2014	Completion Date 8/15/2015
Contract No. 44860-C		Prime or Sub Prime		Joint Venture (JV) Name, if applicable N/A					EIN of JV, if applicable	
					Total Contract Amount \$622,589.00		Amount Sublet to others \$0.00		Uncompleted Amount \$551,247.00	
6. Agency/Owner Martin Luther King School										
Contact Person					Telephone No. (617) 467-6010		Designer Architect and /or Design Engineer Perkins Eastman		Award Date 3/10/2014	Completion Date 7/1/2015
Contract No. 47931		Prime or Sub Sub		Joint Venture (JV) Name, if applicable N/A					EIN of JV, if applicable	
					Total Contract Amount \$1,482,480.00		Amount Sublet to others \$0.00		Uncompleted Amount \$1,099,080.00	
7. Agency/Owner Saint James Place										
Contact Person Ailsa Henderson					Telephone No. (508) 274-3631		Designer Architect and /or Design Engineer Duncan & Cnhill		Award Date 8/21/2014	Completion Date 12/31/2014
Contract No. 0		Prime or Sub Sub		Joint Venture (JV) Name, if applicable N/A					EIN of JV, if applicable	
					Total Contract Amount \$645,447.00		Amount Sublet to others \$0.00		Uncompleted Amount \$428,475.00	
Agency/Owner Watchtower Building C Residence										
Contact Person Robert May					Telephone No. (845) 744-9878		Designer Architect and /or Design Engineer FMD Architects		Award Date 9/2/2014	Completion Date 3/31/2015
Contract No. 13-1000		Prime or Sub Sub		Joint Venture (JV) Name, if applicable N/A					EIN of JV, if applicable	
					Total Contract Amount \$337,726.00		Amount Sublet to others \$0.00		Uncompleted Amount \$135,081.00	



NEW YORK STATE  
VENDOR RESPONSIBILITY QUESTIONNAIRE

ATTACHMENT B – UNCOMPLETED CONSTRUCTION CONTRACTS

EIN: 141588127

Question 3.1: List all current uncompleted construction contracts:

Agency/Owner Algonquin Dam Repairs				Award Date 9/9/2014		Completion Date 12/31/2014	
Contact Person Casey Dickenson		Telephone No. (315) 782-8130		Designer Architect and /or Design Engineer Town of Wells			
Contract No. 2012-144		Prime or Sub Prime		Joint Venture (JV) Name, if applicable N/A			EIN of JV, if applicable
				Total Contract Amount \$136,063.00		Amount Sublet to others \$0.00	
				Uncompleted Amount \$136,063.00			
Agency/Owner Pace University – Residence Halls				Award Date 9/23/2014		Completion Date 8/31/2015	
Contact Person		Telephone No. (845) 635-1800		Designer Architect and /or Design Engineer			
Contract No.		Prime or Sub Sub		Joint Venture (JV) Name, if applicable N/A			EIN of JV, if applicable
				Total Contract Amount \$1,151,085.00		Amount Sublet to others \$0.00	
				Uncompleted Amount \$1,021,653.00			
<b>Grand Total All Uncompleted Contracts</b>						<b>\$4,299,658.00</b>	

# DeBrino Caulking Associates, Inc.

## PART 1- COMPLETED PROJECTS - REFERENCES

PROJECT TITLE	COMPANY NAME	CONTACT PERSON	TELEPHONE
Vassar College Rockefeller Hall	OWNER: Vassar College DESIGNER: CVM Engineers GC: Kirchhoff-Consili Construction Management	Christopher Roellke Jon Morrison Ronald Stein	(845) 437-5600 (610) 889-3800 (845) 635-1800
Glendale Nursing Home	OWNER: County of Schenectady DESIGNER: Angerame Architects PC GC: August Bohl Contracting	Edmond Marchi  Donald Quay	(518) 384-3622 (518) 454-9300 (518) 463-6696
NYS OGS Masonry Repairs	OWNER: NYS OGS DESIGNER: NYS OGS Design & Construction GC: DeBrino Caulking Associates, Inc.	Mickey Levernois Frank Peris Allan Ingram	(518) 474-7544 (518) 474-0203 (518) 732-7234
Chelmsford DPW	OWNER: Town of Chelmsford DESIGNER: Weston & Sampson GC: M. O'Connor Contracting, Inc.	Paul Cohen Richard McAllister Michael O'Connor	(978) 250-5201 (978) 977-0110 x 7406 (617) 327-3070
Claire T. Carney Library Renovations & Addition	OWNER: Division of Capital Asset Management DESIGNER: designLAB Architects GC: Consigli Construction Co., Inc.	James G. Ward Ben Youtz Matthew Lagowski	(617) 727-4003 (617) 350-3005 (508) 686-0670

# DeBrino Caulking Associates, Inc.

## COMPLETED PROJECTS

1 PROJECT TITLE & LOCATION	2 WORK CATEGORY	3 CONTRACT PRICE	Jan-00 START DATE	Jan-00 DATE COMPLETED
Vassar College Rockefeller Hall Poughkeepsie, NY	Masonry Caulking	\$1,397,725.59	May-11	Aug-13
Glendale Home Scotia, NY	Waterproofing	\$241,330.33	Jun-12	Oct-13
NYS OGS Masonry Repairs Albany, NY	Masonry	\$4,184,788.00	Jul-07	Jun-11
Chelmsford DPW Chelmsford, MA	Air Barrier Caulking	\$51,630.00	Dec-12	Sep-13
Claire T. Carney Library Renovations & Addition Boston, MA	Waterproofing Dampproofing Caulking	\$305,466.16	Jun-11	Jan-13

11. List your major equipment available for this contract.  
We Rent Our Equipment
12. Background and experience of the principal members of your organization, including the officers.  
See attached
13. Credit available: \$ 6 million
14. Give bank reference: T.D. Banknorth- Michael Moss-786-2526
15. Will you, upon request, fill out a detailed financial statement and furnish any other information that may be required by the local public agency? yes
16. List the subcontractors you plan to work with on this project. They also need to submit the required levels of insurance outlined in the Risk & Safety Attachment.

THE UNDERSIGNED hereby authorizes and requests any person, firm or corporation to furnish any information requested by the Local Public Agency in verification of Bidder's Qualifications.

Dated this day of: April 8 2015

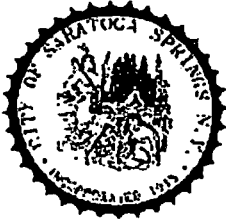
Signature: Lewis P. Houghtaling, P. res.

Printed name: Lewis P. Houghtaling 3rd

Title: President

Company: DeBrino Caulking Assoc. Inc.

Company Address:  
1304 Rte. 9 Castleton NY 12033



**BID PROPOSAL**

**ALL BIDS SHALL BE ENCLOSED IN A SEALED ENVELOPE MARKED:**

**IFB #2015-01 – PARKING DECK STAIR REPLACEMENTS**

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

**AND RETURN TO:  
City of Saratoga Springs  
City Clerk  
474 Broadway  
Saratoga Springs, NY 12866**

**BID PROPOSAL SUBMITTED BY**

**Bidder: DeBrino Caulking Assoc. Inc.**

**.(Contractor)**

**DEAR COMMISSIONER:**

The undersigned has inspected the proposed work site, reviewed the instructions to bidders and specifications and hereby agrees to provide all labor, delivery, removals, accessories, materials, machinery, tools, testing equipment, traffic management and other means of construction necessary to complete work as outlined in these project documents.

The work which the Contractor is required to perform under this contract shall commence at the time stipulated by the City in the Notice to Proceed to Contractor. The Contractor shall have 60 calendar days to substantial completion and 75 calendar days to final completion of the work from the date of Notice to Proceed. This includes lead-time for materials.

LUMP SUM PRICE	
<b>IN WRITING</b>	
BASE BID WRITTEN IN WORDS:	
= \$	<u>Two Hundred twenty Seven Thousand seven hundred forty two</u>
TOTAL BID WRITTEN IN WORDS (BASE BID + BID ALTERNATE 1 + TEN THOUSAND DOLLAR ALLOWANCE):	
= \$	<u>Two Hundred Sixty five thousand five hundred sixty seven</u>
<b>IN NUMERALS</b>	
BASE BID (IN NUMERALS):	\$ <u>227,742.00</u>
BID ADD ALTERNATE 1 (IN NUMERALS):	\$ <u>27,825.00</u>
ALLOWANCE:	\$10,000.00
TOTAL BID IN NUMERALS (BASE BID + BID ADD ALTERNATE 1 + \$10,000.00): =	
	\$ <u>265,567.00</u>

**BASE BID:**

Generally, work includes the services of qualified contractors as follows:

The base bid includes the complete replacement of five (5) sets of stairs generally including stringers, posts, ornamental handrails, landings, treads and risers at the Putnam and Woodlawn Parking Garages. All new steel is to be hot-dip galvanized with a written performance guarantee from the galvanizer. All components except treads, risers and landings are to be shop powder coated by the galvanizer. The new stair system is to be designed under contract with a steel fabricator who shall provide engineered steel fabrication drawings sealed by a New York State licensed engineer. Work shall be ADA approved and consistent with high heel foot traffic. Work includes joint repairs at the adjacent garage surfaces.

**BID ALTERNATES:**

Bid Add Alternate 1 includes demolition and disposal of the existing concrete filled metal pan stair systems (5 sets).

**BID BOND OR BID DEPOSIT:**

A bid bond or bid deposit check for 10% of the total bid price, made payable to the Commissioner of Finance is attached in the amount of \$ 10% of Amount of Bid security as required by the Instructions to Bidders for the project.

**ALLOWANCE:**

Bid includes a \$10,000.00 allowance for additional work that the Owner may request from the bidder for unforeseen conditions during the project. Allowance is to be in accordance with Paragraph 11.02 C Contingency Allowance of the Standard General Conditions of the Construction Contract.

**FOR OWNERS INFORMATION:**

Cost to replace Putnam St. Parking Garage stair systems, complete as installed (3 total):

\$ 129,278.00

Cost to replace Woodlawn Ave. Parking Garage stair systems, complete as installed (2 total):

\$ 98,464.00

**ACKNOWLEDGEMENTS**

Acknowledgement is hereby made of the receipt of the following Addendum:

Addendum No. 1 dated 4/9/15

Addendum No. \_\_\_\_\_ dated \_\_\_\_\_

The foregoing proposal (s) include all labor, supervision, material, taxes (if any), overhead, bond costs, profit and other considerations normally included in construction contract costs.

The Undersigned understands that the Owner reserves the right to accept or to reject any proposal(s), but that if notice of the acceptance of this proposal is mailed, telegraphed or delivered to the Undersigned within sixty (60) days after the opening of the bids, or any time before this proposal is withdrawn, the Undersigned will execute a contract with the City of Saratoga Springs for this work.

The Undersigned further agrees that if awarded the contract, he will: (1) Commence work upon receipt of the executed contract, (2) that he will provide bonds as required, (3) that he will commence active construction work at the site as outlined in the Notice to Proceed, (4) that he will substantially complete the work in its entirety, ready for use by the Owner as per the project documents.

Date: April 8, 2015

Signed: Lewis P. Houghtaling 3rd (Principal of Company)

Printed Name Lewis P. Houghtaling 3rd Title: President

Company: DeBrino Caulking Assoc. Inc.

Address: 1304 Route 9 Castleton NY 12033

Telephone Number: 518-732-7234 Fax Number: 518-732-1306

Cellular Number: 518-365-1223

Email: lphoughtaling@debrino.com

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> <b>PHONE (A/C, No, Ext):</b> 518 783-2665 <b>FAX (A/C, No):</b> 5187838754 <b>E-MAIL ADDRESS:</b>															
<b>INSURED</b> DoBrino Caulking Associates, Inc. 1304 Route 9 Castleton, NY 12033		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Allied World Assurance Company</td> <td>19489</td> </tr> <tr> <td>INSURER B: Merchants Mutual Insurance Co</td> <td>23329</td> </tr> <tr> <td>INSURER C: Navigators Insurance Company</td> <td>42307</td> </tr> <tr> <td>INSURER D: Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER E: Harleysville Worcester Insuranc</td> <td>26182</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		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:	
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COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
<p>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.</p>						
NSR LTR	TYPE OF INSURANCE	ADDL SUBR NSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		03080451	01/01/2015	01/01/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$50,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
E	<b>AUTOMOBILE LIABILITY</b> <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 (Per 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 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 <input type="checkbox"/> OTHER <input type="checkbox"/> 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
E	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>		<b>CANCELLATION</b>	
City of Saratoga Springs city clerk-Department of Accounts 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.	
		<b>AUTHORIZED REPRESENTATIVE</b> 	

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**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**

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

**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 "4a" 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) 997-3853

## CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

AAAA 141588127

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

### POLICYHOLDER

DEBRINO CAULKING ASSOCIATES INC.  
1304 ROUTE 9  
CASTLETON NY 12033

### CERTIFICATE HOLDER

CITY OF SARATOGA SPRINGS  
RE: CITY CLERK-DEPT OF ACCOUNTS  
474 BROADWAY  
SARATOGA SPRINGS NY 12866

POLICY NUMBER  
G1416 267-1

CERTIFICATE NUMBER  
690600

PERIOD COVERED BY THIS CERTIFICATE  
03/17/2015 TO 01/01/2017

DATE  
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