



**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:** HVAC & Plumbing Services (RFP 2015-12)

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

**Vendor Who Won the Bid:** Energy Management Technologies LLC


**Budget Line Item:** Various and Many 54610

**Mayor/Commissioner:** Please add to the May 19, 2015 City Council Agenda, the award of bid for "HVAC & Plumbing Services" to "Energy Management Technologies LLC" (preferred bid due to company background, relevant experience and references).

  
Mayor/Commissioner

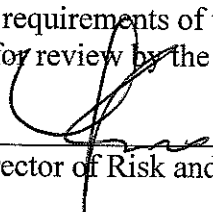
5/11/15  
Date

**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

5/11/15  
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

5/12/15  
Date

# HVAC & Plumbing Services 2015-12

Energy Management Technologies LLC  
5 Hemlock Street, Latham NY 12110  
518-783-7810  
doconnor@emtechcontrols.com

BPI Piping Inc.  
95 Hudson River Rd., Waterford, NY 12188-1907  
518-238-2383  
dank@bpipiping.com

## I. Service Work

### A. Plumber (Licensed Journeyman)

Regular Working Hours (8am-5pm M-F)

Overtime Working Hours (5pm-8am M-F)

(5pm Fri-12 Midnight Sat)

Sunday Working Hours (12Midnight Sat-8am Mon)

Holiday (5pm- prior night-8am following day)

	\$ per hour	\$ per hour
	\$92.00	\$96.00
	\$136.00	\$117.00
	\$136.00	\$117.00
	\$170.00	\$117.00
	\$170.00	\$168.00

### B. Plumber Helper (Apprentice)

Regular Working Hours (8am-5pm M-F)

Overtime Working Hours (5pm-8am M-F)

(5pm Fri-12 Midnight Sat)

Sunday Working Hours (12Midnight Sat-8am Mon)

Holiday (5pm- prior night-8am following day)

	\$80.00	\$91.00
	\$122.00	\$112.00
	\$122.00	\$112.00
	\$150.00	\$112.00
	\$150.00	\$163.00

### C. Certified HVAC Technician

Regular Working Hours (8am-5pm M-F)

Overtime Working Hours (5pm-8am M-F)

(5pm Fri-12 Midnight Sat)

Sunday Working Hours (12Midnight Sat-8am Mon)

Holiday (5pm- prior night-8am following day)

	\$98.00	\$96.00
	\$136.00	\$117.00
	\$136.00	\$117.00
	\$170.00	\$117.00
	\$170.00	\$168.00

### D. HVAC Technician Helper (Apprentice)

Regular Working Hours (8am-5pm M-F)

Overtime Working Hours (5pm-8am M-F)

(5pm Fri-12 Midnight Sat)

Sunday Working Hours (12Midnight Sat-8am Mon)

Holiday (5pm- prior night-8am following day)

	\$85.00	\$91.00
	\$125.00	\$112.00
	\$125.00	\$112.00
	\$155.00	\$112.00
	\$155.00	\$163.00

## HVAC & Plumbing Services 2015-12

### Energy Management Technologies LLC

5 Hemlock Street, Latham NY 12110  
518-783-7810  
doconnor@emtechcontrols.com

### BPI Piping Inc.

95 Hudson River Rd., Waterford, NY 12188-1907  
518-238-2383  
dank@bpipiping.com

#### 2. Emergency Work

##### A. Plumber (Licensed Journeyman)

Regular Working Hours (8am-5pm M-F)

Overtime Working Hours (5pm-8am M-F)

(5pm Fri-12 Midnight Sat)

Sunday Working Hours (12Midnight Sat-8am Mon)

Holiday (5pm- prior night-8am following day)

\$96.00  
\$117.00  
\$117.00  
\$117.00  
\$168.00

##### B. Plumber Helper (Apprentice)

Regular Working Hours (8am-5pm M-F)

Overtime Working Hours (5pm-8am M-F)

(5pm Fri-12 Midnight Sat)

Sunday Working Hours (12Midnight Sat-8am Mon)

Holiday (5pm- prior night-8am following day)

\$91.00  
\$112.00  
\$112.00  
\$112.00  
\$163.00

##### C. Certified HVAC Technician

Regular Working Hours (8am-5pm M-F)

Overtime Working Hours (5pm-8am M-F)

(5pm Fri-12 Midnight Sat)

Sunday Working Hours (12Midnight Sat-8am Mon)

Holiday (5pm- prior night-8am following day)

\$96.00  
\$117.00  
\$117.00  
\$117.00  
\$168.00

##### D. HVAC Technician Helper (Apprentice)

Regular Working Hours (8am-5pm M-F)

Overtime Working Hours (5pm-8am M-F)

(5pm Fri-12 Midnight Sat)

Sunday Working Hours (12Midnight Sat-8am Mon)

Holiday (5pm- prior night-8am following day)

\$91.00  
\$112.00  
\$112.00  
\$112.00  
\$163.00

#### 3. Material Mark-up from wholesale rates

25%

25%



**Bidders Submittal Instructions**

*Approved  
4/29/15*

**BIDDERS PLEASE NOTE YOUR BID MUST BE RETURNED AS FOLLOWS:**

**Step One:** You MUST execute and include the following documents with your response:

- ☒ Your response to the RFP in question (1 original/1 copy) *only one set*
- Copy of Plumbing Contractor License and copies of Journeyman plumbing licenses
- ☒ Waiver of Immunity and Non-Collusive Bidding Certification
- ☒ Vendor Code of Conduct
- Statement of Bidder's Qualifications
- Risk & Safety Agreement
- **Certificate of Insurance** (as outlined in Risk & Safety Agreement)
- Including Worker's Compensation Certificate

**FAILURE TO SUBMIT RFP DOCUMENTS AS OUTLINED ABOVE WILL LEAD TO IMMEDIATE RFP DISQUALIFICATION.**

**Step Two:** Enclose your bid in a sealed envelope marked:

**RFP #: 2015-12 – HVAC & Plumbing Services**

**Name of Bidder:** *Energy Management Technologies*

**Bid Opening: Tuesday, April 28, 2015 at 2:00 p.m.**

**Step Three:** Please return your response to this RFP to the following address:

**City of Saratoga Springs  
Department of Accounts  
474 Broadway  
Saratoga Springs, NY 12866**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/27/2015

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> Avid Insurance Agency, Inc. 425 New Karner Rd.  Albany NY 12205-		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (518) 869-8106 FAX (A/C, No): (518) 869-8525 E-MAIL: skelley@avidins.com ADDRESS:	
<b>INSURED</b> ENERGY MANAGEMENT TECHNOLOGIES LLC DBA: EMTECH 5 HEMLOCK STREET LATHAM NY 12110-		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Merchants Insurance Group NAIC # 23329 INSURER B: Shelter Point INSURER C: 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY				/ /	/ /	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		CMP 9147115	08/01/2014	08/01/2015	MED EXP (Any one person) \$ 5,000
					/ /	/ /	PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				/ /	/ /	GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				/ /	/ /	PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY				/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				/ /	/ /	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS			CAP 9264276	08/01/2014	08/01/2015	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS				/ /	/ /	PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB				08/01/2014	08/01/2015	EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB			CUP 9137811	/ /	/ /	AGGREGATE \$ 5,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$				/ /	/ /	\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				08/01/2014	08/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N		WCA 9093768	/ /	/ /	E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A		/ /	/ /	E.L. DISEASE - EA EMPLOYEE \$ 500,000
					/ /	/ /	E.L. DISEASE - POLICY LIMIT \$ 500,000
B	NYS Disability			DBL 202393	01/01/2015	01/01/2016	Statutory

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

Subject to the conditions and exclusions of the policies. The city of Saratoga Springs is named as additional insured on a primary and non-contributory basis as per written contract.

**CERTIFICATE HOLDER****CANCELLATION**

( ) - Purchasing Agent  City of Saratoga Springs 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  <i>Kenneth H. Glodt</i>
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STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD

**CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

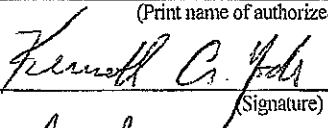
<b>1a. Legal Name and address of Insured (Use street address only)</b>  Energy Management Technologies LLC DBA: EMTECH 5 Hemlock Street Latham NY 12110  <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e. a Wrap-Up Policy)</i>	<b>1b. Business Telephone Number of Insured</b>  518-783-7810 <b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b>  <b>1d. Federal Employer Identification Number of Insured or Social Security Number</b>  270062627
<b>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b>  City of Saratoga Springs 474 Broadway Saratoga Springs NY 12866	<b>3a. Name of Insurance Carrier</b>  Merchants Insurance Group <b>3b. Policy Number of entity listed in box "1a":</b>  WCA 9093768 <b>3c. Policy effective period:</b>  08/01/2014 to 08/01/2015 <b>3d. The Proprietor, Partners or Executive Officers are:</b> <input checked="" type="checkbox"/> included. (Only check box if all partners/officers included) <input type="checkbox"/> all excluded or certain partners/officers excluded. <b>3e. Demolition is: (Definition of Demolition on Reverse)</b> <input type="checkbox"/> included. <input type="checkbox"/> excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

*The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for a maximum of one year after this form is approved by the insurance carrier or its licensed agent.*

**Please Note:** Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

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 the coverage as depicted on this form.

Approved by: Kenneth Yodis  
(Print name of authorized representative or licensed agent of insurance carrier)  
  
Approved by:  04/27/2015  
(Signature) (Date)  
  
Title: Agent

Telephone Number of authorized representative or licensed agent of insurance carrier: 518-869-8106

**Please Note:** Only insurance carriers and their licensed agents are authorized to issue the C-105.2 form. Insurance brokers are NOT authorized to issue it.

# Workers' Compensation Law

## Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

### Definition of Demolition (Box "3e." on the reverse side of this form)

A building wrecking or demolition is one where a building, chimney or steeple is razed, or where a floor, exterior wall or roof is removed. If the contract involves only the removal of interior walls, partitions or the facing only of any exterior wall, it is not considered demolition.

### Out-of-State Companies Working in NYS – NYS Workers' Compensation and Disability Benefits Requirements for Permits, Licenses or Contracts issued by NYS Government Entities

Generally, employers must have a workers' compensation policy or a combination of policies that cover each state in which they employ permanent employees to cover on-the-job accidents and disabilities. As you are probably aware, certain insurance carriers write policies that cover multiple states. "Riders" found under sections 3A and 3C on the Information Page of the policy specify the states of coverage. In addition, the operations covered in each state are identified in attachments to the policy.

In addition to any other state's workers' compensation coverages, an out-of-state employer needs to be specifically covered for NYS workers' compensation insurance when there are "sufficient contacts" between that employer and the state. While there is no single determinative factor, **any** of the following criteria could be the basis for finding "sufficient contacts" requiring New York coverage:

- a physician location within New York State;
- \$50,000 in payroll during a calendar year in New York State;
- one or more employees (including subcontractors) with a primary work location or hired within New York State; or
- employees (including subcontractors) working in New York State for more than 90 days during a calendar year.

If an out-of-state employer meets **any** of the above criteria, it is required to carry a New York State workers' compensation policy. When New York is listed in **Item 3A** on the Information Page of an employer's workers' compensation insurance policy, the employer is fully covered under the NYS Workers' Compensation Law. If insured through a private insurance carrier, the out-of-state employer must file a C-105.2 – Certificate of Workers' Compensation Insurance (the business' insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The New York State Insurance Fund provides its own version of this form, the U-26.3. If the out-of-state employer is legally, fully self-insured in New York State, the out-of-state employer must file a SI-12 – Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247). If the out-of-state employer is participating in group self-insurance, the out-of-state employer must file a GSI-105.2 – Certificate of Participation in Worker's Compensation Group Self-Insurance (the business' Group Self-Insurance Administrator will send this form to the government entity upon request).

If an out-of-state employer **does not** meet **any** of the above criteria and has New York (NY) listed in **Item 3C** on the Information Page of its workers' compensation insurance policy (the Other States Insurance section), NYS specific coverage is not required and the employer may be able to use its own state's workers' compensation coverage by filing a WC/DB-101 form. [The out-of-state employer's employees will be covered under NY benefits when working in New York by having NY listed in **Item 3C** on the Information Page of the workers' compensation insurance policy (the Other States Insurance section).]

STATE OF NEW YORK  
WORKER'S 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**

1a. Legal Name and Address of Insured (Use street address only)  
ENERGY MANAGMENT TECHNOLOGIES LLC DBA  
EMTECH

5 HEMLOCK STREET  
LATHAM, NY 12110

1b. Business Telephone Number of Insured

518-783-7810

1c. NYS Unemployment Insurance Employer Registration  
Number of Insured

1d. Federal Employer Identification Number of Insured  
or Social Security Number

270062627

2. Name and Address of the Entity requesting Proof of Coverage  
(Entity being listed as the Certificate Holder)

City of Saratoga Springs

474 Broadway

Saratoga Springs NY 12866

3a. Name of Insurance Carrier

ShelterPoint Life Insurance Company

3b. Policy Number of Entity listed in box "1a":

DBL202393

3c. Policy effective period:

08/01/2014

to

07/31/2016

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 4/27/2015

By

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number 516-829-8100

Title

Chief Executive Officer

**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 the purposes of Section 220, Subd. 8 of the Disability Benefits Law.

It must be mailed for completion to the Worker's Compensation Board, DB Plans Acceptance Unit, 328 State Street, Schenectady, NY 12305.

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

State of New York  
Worker's Compensation Board

According to information maintained by the NYS Worker's 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 Worker's 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.



## **Additional Instructions for Form DB-120.1**

By signing this form, the insurance carrier identified in Box "3" on this form is certifying that it is insuring the business referenced in Box "1a" for disability benefits under the New York State Disability Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in Box "2". **This certificate is valid for the earlier of one year after this form is approved by the insurance carrier or its licensed agent, or the policy expiration date listed in Box "3c".**

Please Note: Upon the cancellation of the disability benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

## **DISABILITY BENEFITS LAW**

### **§220. Subd. 8**

(a) The head of state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of state or municipal department, board, commission, or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.