

# **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

SHARON J. KELLNER-BYRNES DEPUTY COMMISSIONER

# Award/Extension of Bid Sign-Off Form

### Award of Bid

Prior to an award of bid being placed on Commissioner Franck's agenda for a City Council meeting, this form must be completed and the following must occur:

- ✓ A memo from your department's commissioner/mayor requesting the award of bid be placed on Commissioner Franck's agenda; and
- A copy of the bid tabulation sheet with all vendors names, addresses, and contact person; and
- the Assistant Purchasing Agent must review that the purchasing policy was followed in the selection of the vendor and indicate such by signing below; and
- the Director of Risk and Safety must be provided a copy of the vendor's certificate of insurance (if applicable) for review and indicate by signing below that the vendor meets all insurance requirements for the City of Saratoga Springs; and
- approved certification of funds by the Finance Department (if applicable) must be obtained and a copy must be attached to request an award of bid; and
- budget line item **must** be identified and indicated below.

## **Extension of Bid**

Prior to an extension of bid being placed on Commissioner Franck's agenda for a City Council meeting, this form **must** be completed and the following **must** occur:

- o A memo from your department's commissioner/mayor requesting the extension of bid be placed on Commissioner Franck's agenda; and
- o A copy of the page from the previous year's bid showing the bid can be extended; and
- the Assistant Purchasing Agent must review that the purchasing policy was followed in the selection of the vendor and indicate such by signing below; and
- the Director of Risk and Safety must be provided a copy of the vendor's certificate of insurance (if applicable) for review and indicate by signing below that the vendor continues to meet all insurance requirements for the City of Saratoga Springs; and
- approved certification of funds by the Finance Department (if applicable) must be obtained and a copy **must** be attached to request an extension of bid; and
- budget line item **must** be identified and indicated below.

Department That Owns Award/Extension of Bid: Public Safety
Project or Item Being Awarded: Lake Ave Fire Station Window Replacement Bid #2015-39
Item Being Extended:
Vendor Who Won the Bid: Hoosick Valley Contractors
Budget Line Item: H-31-4-6952 / 52000 / 1203 Budget Line Item: H-31-4-6952 / 52000 / 1186
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
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 Date

<sup>\*\*</sup>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.

City of Saratoga Springs Department of Public Safety 474 Broadway Saratoga Springs, NY 12866 (518) 587-3550 x 2632

# Memorandum

To: Commissioner Franck

From: Commissioner Mathiesen Ch

**Date:** October 29, 2015

**Re:** Award of Bid 2015-39

DPS would like to award bid#2015-39 Lake Ave Fire Station Window Replacement to Hoosick Valley Contractors as they were the lowest bidder. Please put this on your agenda for the City Council meeting on 11-2-15

Thank you.

#### Lake Avenue Fire Station Window Replacement 2015-39 Bid Results

			<b>Purchasing</b>	Risk and Safety
Zerodraft of CNY Inc.				
Travis Boylan	Lump Sum	\$122,309.00	Approved	
2824 LeMoyne Ave.	"Add" unit	\$27.50		
Syracuse, NY 13211	"Deduct" unit	\$27.50		
Tboylan@getzerodraft.com	Bid Alternate	\$12,174.00		
	Total Lump Sum + Alternate	\$134,483.00		
View-Tech, Inc.				
Sean Smith	Lump Sum	\$129,880.00	Approved	
5010 Campuswood Drive, Suite 105	"Add" unit	\$55.00		
East Syracuse, NY 13057	"Deduct" unit	\$55.00		
seansmith@view-tech.net	Bid Alternate	\$8,580.00		
	Total Lump Sum + Alternate	\$138,460.00		
BR Johnson, Inc.				
Anthony Minieri	Lump Sum	\$138,490.00	Approved	
6960 Fly Road	"Add" unit	\$900.00		
East Syracuse, NY 13057	"Deduct" unit	\$900.00		
aminieri@brjohnson.com	Bid Alternate	\$14,880.00		
	Total Lump Sum + Alternate	\$153,370.00		
Puro Construction Company				
Salvatore Daniello	Lump Sum	\$154,238.00	Approved	
382 Lepper Road	"Add" unit	\$4.90		
Fort Johnson, NY 12070	"Deduct" unit	\$2.52		
sldaniello@puroconstruction.com	Bid Alternate	\$15,009.00		
jhills@puroconstruction.com	Total Lump Sum + Alternate	\$169,247.00		

Mid-State Industries			
Michael Lucey	Lump Sum	\$150,000.00	Approved
1105 Catalyn Street	"Add" unit	\$87.50	
Schenectady, NY 12303	"Deduct" unit	\$76.80	
peggie@midstateltd.com	Bid Alternate	\$14,390.00	
	Total Lump Sum + Alternate	\$164,390.00	
M. A. Schafer Construction, Inc.			
Mark Schafer	Lump Sum	\$189,900.00	Incomplete bid
4928 Western Tpk.	"Add" unit	\$7.00	No copy, no code of
Altamont, NY 12009	"Deduct" unit	\$0.00	conduct, no waiver of
maschaferhomes@nycap.rr.com	Bid Alternate	\$12,500.00	immunity
	Total Lump Sum + Alternate	\$202,400.00	
Stephen Miller General Contractors, Inc.			Approved
Stephen Miller General Contractors, Inc.	Lump Sum	\$165,825.00	
PO Box 291	"Add" unit	\$6.25	
Mayfield, NY 12117	"Deduct" unit	\$5.20	
michelle@smgc-inc.com	Bid Alternate	\$9,960.00	
	Total Lump Sum + Alternate	\$175,785.00	
A. J. Arpey			Approved
Anthony Arpey	Lump Sum	\$185,900.00	
112 Columbia Avenue	"Add" unit	\$403.20	
Ballston Spa, Ny 12020	"Deduct" unit	\$348.00	
a.j.arpey@gmail.com	Bid Alternate	\$19,750.00	
	Total Lump Sum + Alternate	\$205,650.00	
Gallo Construction Corp.			
Michael Gallo	Lump Sum	\$138,000.00	Incomplete bid
50 Lincoln Avenue	"Add" unit	\$12.00	No copy
Watervliet, NY 12189	"Deduct" unit	\$6.38	
bid@gallogc.com	Bid Alternate	\$7,300.00	
	Total Lump Sum + Alternate	\$146,200.00	

# **Hoosick Valley Contractors**

Scott Wiley 52 Melrose Valley Falls Rd. Melrose, NY 12121

swiley@hoosickvalley.com

Lump Sum	\$107,000.00	Approved
"Add" unit	\$37.00	
"Deduct" unit	\$37.00	
Bid Alternate	\$9,500.00	
Total Lump Sum + Alternate	\$116,500.00	

Submittal Date: 10-29-15  The Department of Public Safety requests available to cover the claim to meet the for payable.	OCT 29 2015  certification that sufficients only and the sufficients of the sufficient sufficients of the sufficient suffination sufficient sufficient sufficient sufficient sufficient suf			
Obligation to be incurred, detailing vendo etc. (attach supporting documentation):	r name, project description, Council approval,			
Council meeting 11-3-15	n Windows to Hoosick Valley Contractors at City			
Appropriation – Current Budget Expense C	Org/Object/Proj(s): H-31-4-6952 / 52000 / 1203 / H 3146952 /52000/1186 \$ 33,040.00 + 83,460,			
Amount Requested for Approval:	1 2 / / 1/8			
Current Amount Available:	\$ 33,040.00 + 185,238,35. pertisa			
Transfer/Amendment Pending:  Transfer/Amendment Date:	\$			
Eilen Finner	10/25/15			
Department Head Signature	Date			
Certification of Sufficient Funds				

Request for 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** 

Michelew Clark-Madign

Approval Date





Submittal Date: 10-29-15

The Department of Public Safety 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):

Award of Bid 2015-39 Lake Ave Fire Station Windows to Hoosick Valley Contractors at City Council meeting 11-2-15

Appropriation - Current Budget Expense Org/Object/Proj(s): H-31-4-6952 / 52000 / 1203

**Amount Requested for Approval:** 

\$83,460.00

**Current Amount Available:** 

\$ 185,238.35

**Transfer/Amendment Pending:** 

\$

**Transfer/Amendment Date:** 

Department Head Signature

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** 

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Bid Alternate .	\$9,500.00	
Total Lump Sum + Alternate	\$116,500.00	



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/30/2015

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).

PRODUCER	CONTACT Wendy Bentley			
Arthur J. Gallagher Risk Management Services, Inc. 677 Broadway 4th Floor Albany NY 12207	PHONE (A/C, No, Ext): 518-869-3535	XX (C. No); 518-869-3580		
	E-MAIL ADDRESS: WENDY_BENTLEY@AJG.COM			
	INSURER(S) AFFORDING COVERAGE	NAIC#		
	INSURER A : Cincinnati Insurance Company	10677		
INSURED	INSURER B: Technology Insurance Company, Inc 4237			
Hoosick Valley Contractors Inc	INSURER C: Wesco Insurance Company	25011		
52 Melrose-Valley Falls Road Melrose NY 12121	INSURER D :			
Wellose NT 12121	INSURER E:			
	INSURER F:			

COVERAGES CERTIFICATE NUMBER: 1799021439 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.

NSR TR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	Y	CPP3652394	6/1/2015	6/1/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$500,000
						MED EXP (Any one person)	\$10,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- OTHER:					PRODUCTS - COMP/OP AGG	\$2,000,000 \$
4	AUTOMOBILE LIABILITY		EBA0190781	6/1/2015	6/1/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALLOWNED SCHEDULED AUTOS			BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
A	X UMBRELLA LIAB X OCCUR	(	CPP3652394	6/1/2015	6/1/2016	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
	DED X RETENTION \$ 10,000						s
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		TWC3473994	4/1/2015	4/1/2016	X PER OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	OR/PARTNER/EXECUTIVE			E.L. EACH ACCIDENT	\$100,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$100,000
CA	NYS DBL LEASED/RENTED EQUIPMENT BUILDERS RISK		89100175805 CPP3652394			Statutory Limits LIMIT LIMIT	175,000 1,076,000

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

BLANKET AI GL GA233 INC WOS PRIM/NC BLANKET AI AUTO AA101 BLANKET WOS AA4172 PRIM/NC AA4174

UMB FOLLOWS GL PRIM NC UA 4096

The City of Saratoga Springs, NY, Ryan Biggs Clark Davis Engineering & Surveying, P.C. and Butler Rowland Mays Architects, LLP and their employees and agents are listed as additional insureds on a primary and non-contributory basis with regard to the Lake Avenue Fire Station Window Replacement Project at 60 Lake Avenue Saratoga Springs, NY 12866 for the duration of the project.

CERTIFICATE HOLDER	CANCELLATION
City of Saratoga Springs, NY 474 Broadway	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Saratoga Springs NY 12866	AUTHORIZED REPRESENTATIVE



#### City of Saratoga Springs, NY: Risk and Safety Agreement

0.1.0.20	. A C 11 . a 1 \ 1 \ 2 a 1 \ d
City Project Number: 2015-39 City Project Name:	ke the fire House Window Replacement
City Department: Poblic Safety Department Contact Person	1: Chief Williams City Ext. 3019
Company Name: Hoosick Valley Contractors, Inc.	
Company Address: 52 Metrose-Valley Falls Road, Metros	SE NY 12121
Company Telephone No.: 518-235-7108	Company Fax No.: 5 2 35 - 7424
Contractor Primary Contact for This Project: Sant Wiley	Title: Mac-President

The City of Saratoga Springs herein requires the following terms and conditions regarding the agreement for the provision of professional services as outlined above:

The Contractor shall procure and maintain during the term of this contract, at the Contractor's expense, the insurance policies listed with limits equal to or greater than the enumerated limits. The Contractor shall be solely responsible for any self-insured retention or deductible losses under each of the required policies. Every required policy, including any required endorsements and any umbrella or excess policy, shall be primary insurance. Insurance carried by the City of Saratoga Springs, its officers, or its employees, if any, shall be excess and not contributory insurance to that provided by the Contractor. Every required coverage type shall be "occurrence basis" with the exception of Professional Errors and Omissions Coverage which may be "claims made" coverage. The Contractor may utilize umbrella/excess liability coverage to achieve the limits required hereunder; such coverage must be at least as broad as the primary coverage (follow form). The Office of Risk & Safety Management must approve all insurance certificates. The City of Saratoga Springs reserves its right to request certified copies of any policy or endorsement thereto. All insurance shall be provided by insurance carriers licensed & admitted to do business in the State of New York and must be rated "A-:VII" or better by A.M. Best (Current Rate Guide). If the Contractor fails to procure and maintain the required coverage(s) and minimum limits such failure shall constitute a material breach of contract, whereupon the City of Saratoga Springs may exercise any rights it has in law or equity, including but not limited to the following: (1) immediate termination of the contract; (2) withholding any/all payment(s) due under this contract or any other contract it has with the vendor (common law set-off); OR (3) procuring or renewing any required coverage(s) or any extended reporting period thereto and paying any premiums in connection therewith. All monies so paid by the City of Saratoga Springs shall be repaid upon demand, or at the City's option

The City of Saratoga Springs requires the Contractor name the City as a Certificate Holder for the following coverage for the work covered by this Agreement:

- Commercial General Liability Including Completed Products and Operations and Personal Liability Insurance: One Million Dollars per
  Occurrence with Two Million Dollars Aggregate (City is also an Additional Insured on a Primary and Non-contributory Basis for this coverage);
- . Commercial Automobile Insurance: One Million Dollars Combined Single Limit for Owned, Hired and Non-owned Vehicles
- · Excess Liability Insurance: Three Million Dollars per Occurrence Aggregate
- NYS Statutory Workers Compensation, Employer's Liability and Disability Insurance

It shall be an affirmative obligation of the Contractor to advise City's Office of Risk and Safety via mail to Office of Risk and Safety, City of Saratoga Springs, 474 Broadway, Saratoga Springs, NY 12866, within two days of the cancellation or substantive change of any insurance policy set out herein, and failure to do so shall be construed to be a breach of this Agreement. The Contractor acknowledges that failure to obtain such insurance on behalf of the municipality constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the City. The Contractor is to provide the City with a Certificate of insurance naming the City as Additional Insured on a primary and non-contributory basis prior to the commencement of any work or use of City facilities. The failure to object to the contents of the Certificate of insurance or the absence of same shall not be deemed a walver of any and all rights held by the municipality. In the event the Contractor utilizes a Subcontractor for any portion of the services outlined within the scope of its activities, the Subcontractor shall provide insurance of the same type or types and to the same extent of coverage as that provided by the Contractor. All insurance required of the Subcontractor shall name the City of Saratoga Springs as an Additional Insured on a primary and non-contributory basis for the same coverage for all those activities performed within its contracted activities for the contact as executed.

The Contractor, to the fullest extent provided by law, shall defend, indemnify and save harmless the City of Saratoga Springs, its Agents and Employees (hereinafter referred to as "City"), from and against all claims, damages, losses and expense (including, but not limited to, attorneys' fees), arising out of or resulting from the performance of the work or purchase of the services, sustained by any person or persons, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of property caused by the tortious act or negligent act or omission of Contractor or its employees or anyone for whom the Contractor is legally liable or Subcontractors. Without limiting the generality of the preceding paragraphs, the following shall be included in the indemnity hereunder: any and all such claims, etc., relating to personal injury, death, damage to property, or any actual or alleged violation of any applicable statute, ordinance, administrative order, executive order, rule or regulation, or decree of any court of competent jurisdiction in connection with, or arising directly or indirectly from, errors and/or negligent acts by the Contractor, as aforesaid.

Contractor shall comply with NYS OSHA laws as of July 18, 2008 requiring all workers on New York State public projects be certified as having completed an OSHA 10-hour construction safety course. Proof of this certification is required at the time of the execution of this Agreement. The City of Saratoga Springs specifically reserves the right to suspend or terminate all work under this contract whenever Contractor and/or Contractor's employees or subcontractors are proceeding in a manner that threatens the life, health or safety of any of Contractor's employees, subcontractor's employees, City employees or member(s) of the general public on City property. This reservation of rights by the City of Saratoga Springs In no way obligates the City of Saratoga Springs to Inspect the safety practices of the Contractor. If the City of Saratoga Springs exercises its rights pursuant to this part, the Contractor shall be given three days to cure the defect, unless the City of Saratoga Springs, in its sole and absolute discretion, determines that the service cannot be suspended for three days due to the City of Saratoga Springs' legal obligation to continuously provide Contractor's service to the public or the City of Saratoga Springs' Immediate need for completion of the Contractor's work. In such case, Contractor shall immediately cure the defect. If the Contractor falls to cure the identified defect(s), the City of Saratoga Springs shall have the right to immediately terminate this contract. In the event that the City of Saratoga Springs in rebidding the work and/or by the increase in cost that results from using a different vendor.

Contractor, having agreed to the terms and the recitals set forth herein, and in relying thereon, herein signs this Agreement.

Contractor Signature: