



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 of Bid Sign-Off Form

Department Requesting Award of Bid: Department of Public Works

Project or Item Being Awarded: East Side Storm Drainage Project, Ph 1


Item Being Extended: _____

Vendor Who Won the Bid: Clark Patterson Lee

Budget Line Item: H3638142 52000 1231

Budget Line Item: _____

Mayor/Commissioner: Please add to the December 1, 2015 City Council Agenda, the award of bid for "East Side Storm Drainage, Ph 1" to Clark Patterson Lee (lowest bidder).


 Commissioner of Public Works

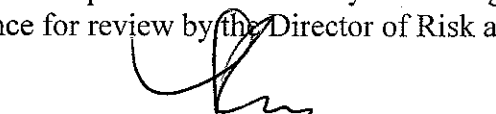
 Date

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

11/30/15
 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

11/30/15
 Date

An award 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.

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:

- o A memo from your department's Commissioner/Mayor requesting the award of bid be placed on Commissioner Franck's agenda; and
- o A copy of the bid tabulation sheet with all vendors names, addresses, and contact person; and
- o 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
- o 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
- o Approved certification of funds by the Finance Department (if applicable) **must** be obtained and the copy **must** be attached to this request; and
- o Budget line item **must** be identified and indicated below.

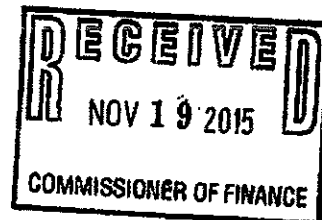
(TCD) 11-17-16

East Side Drainage Improvements Project 2015-30

	Study	Survey	Total
	Total Proposal Fee		
Creighton Manning	\$23,220.00	17,400	40,620
Stantec	24,514 \$57,714.00	33,200	57,714
C. T. Male Associates	\$28,650.00	26,420	55,070
Arcadis of New York, Inc.	\$29,700.00	16,278	45,975
Barton & Loguidice, D. P. C.	\$26,000.00	32,714	64,714
CLA Site, Landscape Architecture, Engineering, and Planning PC	\$23,085.00	15,400	38,485
Clark Patterson Lee	\$17,600.00	14,100	31,700
Chazen Engineering, Land Surveying & Landscape Architecture Co., DPC	19,800 \$35,100.00	13,300	33,100
Crawford & Associates Engineering & Land Surveying, PC	\$12,750.00 (consultant services) \$23,000.00 (surveying)	23,000	35,750

Recommended Advice to Project

Request for Certification of Sufficient Funds



Submittal Date: 11/19/2015

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: Clark Patterson Lee
Project: East Side Storm Drainage Project, Ph 1
Drainage area study & report. Topo survey.

Appropriation - Current Budget Expense Org/Object/Proj(s): H3638142 ✓ 52000 ✓ 1231 ✓

Amount Requested for Approval \$31,700.00 ✓

Current Amount Available: \$400,000.00 ✓

Transfer/Amendment Pending:

Transfer/Amendment Date _____


Department Head Signature

11/19/15
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

11/19/15
Approval Date



CLARPAT-01

AKEEFE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/29/2015

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 Paris-Kirwan Associates, Inc. PO Box 40420 Rochester, NY 14604	CONTACT NAME: PHONE (A/C, No, Ext): (585) 473-8000 FAX (A/C, No): (585) 340-1714 E-MAIL ADDRESS: reception@paris-kirwan.com
INSURER(S) AFFORDING COVERAGE	
INSURED	NAIC #
Clark Patterson Engineers, Surveyor and Architects, DPC DBA Clark Patterson Lee 205 St. Paul St., Suite 500 Rochester, NY 14604-1187	INSURER A : Charter Oak Fire Insurance Company 25615 INSURER B : Travelers Indemnity Company 25658 INSURER C : Travelers Indemnity Company of CT 25682 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X		6800554M943	04/22/2015	04/22/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS	X		BA0557M158	04/22/2015	04/22/2016	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"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		X	CUP4E958611	04/22/2015	04/22/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	UB8777Y936	04/22/2015	04/22/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipm			6800554M943	04/22/2015	04/22/2016	\$1,000 Ded. 133,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder, its officers, or its employees, if any are named as additional insureds on a primary and non-contributory basis

CERTIFICATE HOLDER**CANCELLATION**

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

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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

<p>1a. Legal Name and Address of Insured (Use street address only)</p> <p>CLARK PATTERSON LEE 205 ST PAUL ST STE 500 ROCHESTER NY 14604</p>	<p>1b. Business Telephone Number of Insured (800) 274-9000</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured 1690391</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 16-1283651</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>City Engineer City of Saratoga Springs City Hall - 474 Broadway Saratoga Springs, NY 12866</p>	<p>3a. Name of Insurance Carrier The Guardian Life Insurance Company of America</p> <p>3b. Policy Number of entity listed in box "1a": 00931953-0000</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: 5/29/2015

By: Stuart J. Shaw

Stuart J. Shaw, FSA, MAAA

Telephone Number: 1-888-278-4542

Title: Vice President, Group 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.**

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 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 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 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 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.



CERTIFICATE OF LIABILITY INSURANCE

CLARK-4 OP ID: SM

DATE (MM/DD/YYYY)

05/29/2015

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.

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PRODUCER Poole Professional - NY 1160F Pittsford-Victor Rd. Pittsford, NY 14534 Mary-Beth Rumble	CONTACT NAME: PHONE (A/C, No, Ext): 585-385-0428		FAX (A/C, No): 585-662-5755
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Catlin Ins. Co, Inc.			19518
INSURED Clark Patterson Engineers, Surveyor, Architects & Landscape Architect, D.P.C. 205 St Paul Street Rochester, NY 14604	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		
	INSURER G :		


COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				PER STATUTE	OTH-ER
A	Prof. Liability Policy		AED-679828-1215 DEDUCTIBLE \$100,000	12/15/2014	12/15/2015	PER CLAIM AGGREGATE	3,000,000 3,000,000

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

For professional liability coverage, the aggregate limit is the total insurance available for all covered claims presented within the policy period. The limit will be reduced by payments of indemnity and expenses. Includes 30-day notice of cancellation.

CERTIFICATE HOLDER SARAT-5 City of Saratoga Springs Attn: Marilyn Rivers City Hall, 474 Broadway Saratoga Springs, NY 12866	CANCELLATION 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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