



**Supplemental Utility Plant
Project #300025
Storrs, CT**

**REQUEST FOR QUALIFICATIONS
FOR
TRADE CONTRACTORS**

From the Construction Manager at Risk

For the following Trades:

Cast-in-Place Concrete, Structural Steel & Metal Deck, Miscellaneous Metal Fabrications*, Cooling Tower Supports*, Exterior Wall Systems, Roofing, General Trades*, Fire Protection, Plumbing, HVAC, Piping Insulation**, and Sitework

** Set-aside packages for SBE bidders only: Miscellaneous Metal Fabrications, Cooling Tower Supports, and General Trades.*

*** Set-aside package for MBE bidders only: Piping Insulation.*

Submission Deadline: **October 17, 2019 at 2:00PM**

Submit Statement of Qualifications to:

**BOND UConn Field Office
ATTN: Lee Ann Sullivan
46 King Hill Road
Storrs, Connecticut 06269**

Date Issued: September 26, 2019



UNIVERSITY OF CONNECTICUT

STORRS, CT– Supplemental Utility Plant, Project #300025
RFQ for Trade Contractor Services – PART TWO

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(to be completed by Trade Contractor)

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Part Two: Trade Contractor SOQ Application Forms/Schedules
(to be completed by Trade Contractor)



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**TRADE CONTRACTOR EXPRESSION OF INTEREST FORM
(TRADE SOQ Form 1)
(For Submission to BOND Immediately)**

*Instructions: If respondent Trade Contractor firm is interested in responding to the RFQ for Prequalification of Trade Contractors for this Project then **Trade SOQ Form 1 MUST be submitted to BOND BEFORE submitting the SOQ Application Trade SOQ Form 3.***

Awarding Authority:	BOND Brothers, Inc. as Construction Manager at Risk for this project at the University of Connecticut
Project No.:	# 300025
Project Name:	Supplemental Utility Plant

Email this *Expression of Interest Form* to¹ Lee Ann Sullivan:
e-mail: lasullivan@bondbrothers.com
Phone: 860-921-4447

By submitting this *Trade RFQ Interest Form* the below identified firm is expressing its interest in the above-referenced public building construction project and is requesting that it be added to the list of firms that will receive any addenda to the *RFQ* on the Project.

BOND assumes no responsibility for a firm’s failure to receive any addenda or other correspondence related to this RFQ due to the firm’s failure to submit an RFQ Interest Form as directed above or for any other reason.

Trade Contractor Bid Package:	
Trade Contractor Firm Name:	
Trade Contractor Address:	
Trade Contractor Telephone:	
Trade Contractor Email:	
Trade Contractor Contact Name/Title:	
Date Submitted:	

By: _____ Date: _____
(Signature of Authorized Representative)

¹ Note: The *Statement of Qualifications (SOQ) Application Form (TRADE RFQ Form 3)* and accompanying *Schedules A through Q*, submitted in response to this *RFQ* **MAY NOT BE FAXED OR EMAILED.**



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TRADE CONTRACTOR RESPONSE CHECKLIST (TRADE SOQ Form 2)

PLEASE NOTE THAT INCOMPLETE OR LATE APPLICATIONS FOR PREQUALIFICATION **WILL NOT BE CONSIDERED.**
THEREFORE, BEFORE SUBMITTING A RESPONSE TO THIS RFQ, PLEASE REVIEW THE FOLLOWING:

- Did respondent Trade Contractor email or mail the *Trade Contractor Expression of Interest Form (Trade SOQ Form 1)* to BOND?
- Did respondent Trade Contractor complete the entire *SOQ Application (Trade RFQ Form 3)* and all required attachments and schedules?
- Did respondent Trade Contractor fully complete *Schedules A through Q* and attach all required documentation?
- Did respondent Trade Contractor attach the resumes of owners and management personnel identified in respondent Trade Contractor's responses to *Schedule A* and *Schedule B*?
- Did respondent Trade Contractor attach the required documentation from respondent Trade Contractor's insurance company supporting the workers' compensation modifier history reported in *Schedule F*?
- Does respondent Trade Contractor have the current contact information for all of the references reported in *Schedule G*, *Schedule H*, *Schedule I*?
- Did respondent provide information on prior and current revenue required in *Schedule J* and *Schedule K*?
- Did respondent Trade Contractor attach a commitment letter (*Schedule L*) for payment and performance bonds in the form required and for a value of 110% of the trade contract value as required in *Section 4(a) of Part Two, Trade SOQ Form 3*?
- Does respondent Trade Contractor, if submitting an application for HVAC or plumbing, include required certification documentation for welders and location of fabrication facilities as reported in *Schedule M*?
- Did respondent Trade Contractor attach a currently valid *DAS Certificate of Prequalification* as required in *Section 4(b) of Part Two, Trade RFQ Form 3*?
- Did respondent Trade Contractor attach a completed and signed *DAS Update Statement* using the most recent form available on the DAS website as required in *Section 4(c) of Part Two, Trade RFQ Form 3*?
- Did respondent Trade Contractor include the original and all required copies of respondent Trade Contractor's entire *SOQ* application package?
- Did respondent Trade Contractor address the *SOQ* envelope correctly (i.e. to reference the Project and other required information set forth herein)?
- Did respondent Trade Contractor review all of the execution requirements before signing the *SOQ Application Form*, and is the person who signed the *SOQ Application Form* authorized to do so and is his or her correct and current contact information provided?



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**TRADE CONTRACTOR STATEMENT OF QUALIFICATIONS FORM
(TRADE RFQ FORM 3)**

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#300025 Supplemental Utility Plant

Note: See *Sections III and VII of Part One of the RFQ*, for instructions on completing this *Statement of Qualifications* and accompanying *Schedules A through Q*.

Trade Contractor Category:	
Trade Contractor Name:	
Trade Contractor Mailing Address:	
Trade Contractor Street Address:	
Telephone Number:	
Contact Person/Title:	
Contact Person Email:	
Trade Contractor Acknowledges Addenda Nos.:	

Note: If Respondent Trade Contractor is “CT DAS Certified” as an SBE or MBE, please indicate which below and attach letter from the Supplier Diversity Office evidencing such certification.

SBE

MBE



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***** **IMPORTANT NOTICE** *****

Interested TRADE CONTRACTORS MUST indicate in the table below the trade for which it is seeking prequalification in this SOQ submission and MUST submit SEPARATE individual SOQ forms for each and every other trade that it is also seeking prequalification for this Project.

***** **IMPORTANT NOTICE** *****

Mark "X" for Trade Seeking Prequalification	BP #	Bid Package Name	DAS Certification Cat.
<input type="checkbox"/>	03-3000	Cast-in-Place Concrete	Concrete
<input type="checkbox"/>	05-1200	Structural Steel & Metal Deck	Iron; Structural & Misc
<input type="checkbox"/>	05-5000	Miscellaneous Metal Fabrications	Iron; Structural & Misc
<input type="checkbox"/>	05-5100	Cooling Tower Supports	Iron; Structural & Misc
<input type="checkbox"/>	07-4200	Exterior Wall Systems	Metal Siding
<input type="checkbox"/>	07-5400	Roofing	Roofing
<input type="checkbox"/>	09-1000	General Trades	General Trades
<input type="checkbox"/>	21-1313	Fire Protection	Fire Prot Sprinkler Syst
<input type="checkbox"/>	22-0000	Plumbing	Plumbing
<input type="checkbox"/>	23-0000	HVAC	HVAC
<input type="checkbox"/>	23-0020	Piping Insulation	Mechanical Insulation
<input type="checkbox"/>	26-0000	Electrical	Electrical
<input type="checkbox"/>	31-0000	Sitework	Sitework

1. **Management Experience - (50 points available; minimum of 25 points required for prequalification approval)**
 - a. **Business Owners:** Interested Trade Contractors **MUST COMPLETE Schedule A** and **MUST ATTACH** to it a resume for each and every business owner of respondent Trade Contractor firm as set forth in *Section VI(C)(1)(a)* of *Part One* of the RFQ for this Project.
 - b. **Management Personnel:** Interested Trade Contractors **MUST COMPLETE Schedule B** and **MUST ATTACH** to it an organizational chart AND a resume for each and every person who will have **any** management responsibility, direct or indirect, for the Project, including, but not limited to, Project Executives, Project Managers, Field Superintendents and Field Engineers, as set forth in *Section VI(C)(1)(b)* of *Part One* of the RFQ for this Project.
 - c. **Similar Project Experience:** Interested Trade Contractors **MUST COMPLETE Schedule C** and list similar projects for the last three (3) years. For each project, respondent Trade Contractor must include the name, description of project, description of respondent Trade Contractor's scope of work, original contract sum, final contract sum (with explanation) and date completed. For the purpose of this RFQ, "similar projects" shall be defined as defined in *Section VI(C)(1)(c)* of *Part One* of the RFQ for this Project. Be sure to include any Trade specific experience or criteria required.
 - d. **Terminations:** Interested Trade Contractors **MUST COMPLETE Schedule D** and list each and every project on which respondent Trade Contractor was terminated or failed to complete the work as set forth in *Section VI(C)(1)(d)* of *Part One* of the RFQ for this Project.
 - e. **Lawsuits/Legal Actions:** Interested Trade Contractors **MUST COMPLETE Schedule E** and list of all lawsuits or legal actions in which the Trade Contractor and/or any of its principals, shareholders, officers or directors is a defendant or defendant-in-counterclaim with regard to construction contracts, fraud or other illegal activities within the last three (3) years. Please include among the lawsuits and legal actions requested in the previous sentence, payment bond lawsuits under Connecticut Law and mechanics lien lawsuits. If the lawsuit was pending at any time during the last three (3) years (which includes any lawsuit that was commenced, dismissed, or resolved by settlement or judgment during that time), then it must be listed. Please note that the lawsuits listed shall not include actions that primarily involve personal injury, workers' compensation claims, or where the sole cause of action involves the Trade Contractor's exercise of its rights for direct payment under Connecticut Law. Joint ventures must provide information regarding lawsuits for each joint venture partner as set forth in *Section VI(C)(1)(e)* of *Part One* of the RFQ for this Project.

fabrication facility(s) with a minimum of three (3) years of experience, and include the years with the Contractor and, and evidence of x-ray, TIG, and other welding certifications; and provide the location of the Contractor fabrication facility that is within 100 miles of the SUP jobsite.

- c. **DAS Certificate of Prequalification:** Interested Trade Contractors **MUST ATTACH** to the *Trade RFQ Form 3* at **Schedule N**, a currently valid *DAS Certificate of Prequalification* (issued by CT-DAS) for each Trade in which it submits a SOQ.
- d. **DAS Update Statement:** Interested Trade Contractors **MUST ATTACH** to the *Trade RFQ Form 3* at **Schedule N**, a current and completed *DAS Update Statement* for each Trade in which it submits an *RFQ* utilizing the current *Update Statement Form* available on CT-DAS's website.
- e. **Insurance Requirements:** Interested Trade Contractors **MUST ATTACH** to the *Trade RFQ Form 3* at **Schedule O**, a current *insurance certificate*.
- f. **CT Public Work Questionnaire:** Interested Trade Contractors **MUST ATTACH** to the *Trade RFQ Form 3* at **Schedule P**, their Debarment Status per item 5.d. below.
- g. **Ethics:** Interested Trade Contractors **MUST ATTACH** to the *Trade RFQ Form 3* at **Schedule Q**, indicating their compliance with State of Connecticut mandatory ethics requirements.

5. **Execution Requirements**

- a. **RFQ Response Checklist:** Before signing and submitting its *SOQ Application Package* for this Project, interested Trade Contractors are advised to review the *RFQ Response Checklist – Trade RFQ Form 2*.
- b. **Incomplete or Inaccurate Information:** Failure to accurately and completely provide the information requested may result in disqualification.
- c. **Authorization to Sign:** This form **MUST** be signed by an officer of the firm or an individual so authorized by an officer of the firm who has personal knowledge regarding the information contained herein.
- d. **Debarment Status:** By signing below, the interested Trade Contractor certifies that it is not currently debarred from performing public work for the State of Connecticut or the Federal Government.



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CERTIFICATION

The undersigned declares that he or she has carefully examined all the documents contained in the *Request for Qualifications for Trade Contractors (RFQ)* solicitation for the Project, and certifies to the best of his/her knowledge, that this *Statement of Qualifications* fully complies with all of the requirements of the *RFQ* and all addenda and clarifications issued in regard to the *RFQ*.

The undersigned also hereby certifies that he or she (or, if he or she is the authorized representative of a company, the company) is the only person interested in this *Statement of Qualifications* and any subsequent proposal; that it is made without any connection with any other person making any submission for the same work; that no person acting for, or employed by, BOND is directly or indirectly interested in this *Statement of Qualifications* or any subsequent proposal, or in any contract which may be made under it, or in expected profits to arise therefrom; that the undersigned Respondent has not influenced or attempted to influence any other person or corporation to file a *Statement of Qualifications* or subsequent proposal or to refrain from doing so or to influence the terms of the *Statement of Qualifications* or any subsequent proposal of any other person or corporation; and that this submission is made in good faith without collusion or connection with any other person applying for the same work.

The undersigned further certifies under pains and penalties of perjury that the undersigned is not debarred from doing public construction work in the State of Connecticut under the provisions of, or any other applicable debarment provision of the General Laws or any rule or regulation promulgated there under, and further is not debarred from doing public construction work under any law, rule or regulation of the federal government.

The undersigned states that he or she has carefully examined all of the information provided and representations made in this *Statement of Qualifications* and the documents submitted with the SOQ including all schedules, forms and materials, and certifies to the best of his/her knowledge, that this *Statement of Qualifications* in its entirety is complete, true and accurate.

By signing below, the interested Trade Contractor **acknowledges receipt of the following addenda** to this *RFQ*:

Addenda Nos. (if any): _____

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY:

Signature: _____

(Signature of Authorized Representative)

Print Name: _____

Title: _____

Firm Name: _____

Date: _____

Project Number: _____

Project Name: _____



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Firm Name: _____

SCHEDULE E – Lawsuits: Interested Trade Contractors are **required** to list of all lawsuits in which the trade contractor is a defendant or defendant-in-counterclaim with regard to construction contracts within the last three (3) years. Please include among the lawsuits requested in the previous sentence, payment bond lawsuits under State of CT and mechanics lien lawsuits. If the lawsuit was pending at any time during the last three (3) years (which includes any lawsuit that was commenced, dismissed, or resolved by settlement or judgment during that time), then it must be listed. Please note that the lawsuits listed shall not include actions that primarily involve personal injury, workers’ compensation claims, or where the sole cause of action involves the trade contractor’s exercise of its rights for direct payment under State of CT. Joint ventures must provide information regarding lawsuits for each joint venture partner as set forth in *Section VI(C)(1)(e) of Part One* of the *RFQ* for this Project.

PROJECT NAME & LOCATION	PROJECT OWNER	DESCRIPTION OF LEGAL PROCEEDING (include caption of case, parties, location of proceeding, description of the dispute and status and/or outcome)

Firm Name: _____



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SCHEDULE F – SAFETY RECORD: Interested Trade Contractors are **required** to provide the three (3) three year history of its workers' compensation experience modifier and **attach documentation from its insurance carrier** supporting the ratings reported herein as set forth in *Section VI(C)(1)(f) of Part One* of the *RFQ* for this Project.

YEAR	WORKERS' COMP. EXPERIENCE MODIFIER	COMMENTS



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Firm Name: _____

SCHEDULE G - PROJECT REFERENCES: Interested Trade Contractors are **required** to list references for prior work respondent Trade Contractor has performed which appears in **Schedule C** as set forth in *Section VI(C)(2)(a)* of *Part One* of the *RFQ* for this Project.

PROJECT TITLE:				
	COMPANY NAME	CONTACT PERSON/ADDRESS	TELEPHONE	EMAIL
Owner:				
Designer:				
PROJECT TITLE:				
	COMPANY NAME	CONTACT PERSON/ADDRESS	TELEPHONE	EMAIL
Owner:				
Designer:				
PROJECT TITLE:				
	COMPANY NAME	CONTACT PERSON/ADDRESS	TELEPHONE	EMAIL
Owner:				
Designer:				

Firm Name: _____



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SCHEDULE G - PROJECT REFERENCES (Continued):

PROJECT TITLE:				
	COMPANY NAME	CONTACT PERSON/ADDRESS	TELEPHONE	EMAIL
Owner:				
Designer:				
PROJECT TITLE:				
	COMPANY NAME	CONTACT PERSON/ADDRESS	TELEPHONE	EMAIL
Owner:				
Designer:				
PROJECT TITLE:				
	COMPANY NAME	CONTACT PERSON/ADDRESS	TELEPHONE	EMAIL
Owner:				
Designer:				

Firm Name: _____



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SCHEDULE H - CREDIT REFERENCES: Interested Trade Contractors are **required** to list a minimum of five (5) credit references from banks, suppliers and/or vendors as set forth in *Section VI(C)(2)(b) of Part One* of the RFQ for this Project.

CHECK ONE	COMPANY NAME	CONTAC PERSON	TELE#	EMAIL
<input type="checkbox"/> BANK <input type="checkbox"/> SUPPLIER <input type="checkbox"/> VENDOR				
<input type="checkbox"/> BANK <input type="checkbox"/> SUPPLIER <input type="checkbox"/> VENDOR				
<input type="checkbox"/> BANK <input type="checkbox"/> SUPPLIER <input type="checkbox"/> VENDOR				
<input type="checkbox"/> BANK <input type="checkbox"/> SUPPLIER <input type="checkbox"/> VENDOR				
<input type="checkbox"/> BANK <input type="checkbox"/> SUPPLIER <input type="checkbox"/> VENDOR				

Firm Name: _____



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SCHEDULE I - PUBLIC PROJECT RECORD: – Interested Trade Contractors are **required** to list all completed public buildings during the past five (5) years in accordance with *Section VI(C)(2)(c)* of *Part One* of the *RFQ* for this Project. (Respondent Trade Contractor may attach additional pages if necessary).

PROJECT INFORMATION	CONTACT INFORMATION Provide business and contact name, address, telephone and email
PROJECT NAME: CONTRACT VALUE: SCOPE: START DATE: FINISH DATE:	AWARDING AUTHORITY: DESIGNER:
PROJECT NAME: CONTRACT VALUE: SCOPE: START DATE: FINISH DATE:	AWARDING AUTHORITY: DESIGNER:
PROJECT NAME: CONTRACT VALUE: SCOPE: START DATE: FINISH DATE:	AWARDING AUTHORITY: DESIGNER:



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Firm Name: _____

SCHEDULE J – PRIOR REVENUE: – Interested Trade Contractors are **required** to list prior revenue for the last three (3) fiscal years in accordance with *Section VI(C)(3)(a)* of *Part One* of the *RFQ* for this Project.

Firm's fiscal year runs _____ to _____.

CALENDAR YEAR	FISCAL YEAR	PRIOR ANNUAL REVENUE (\$)
2018		
2017		
2016		



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Firm Name: _____

SCHEDULE K – REVENUE UNDER CONTRACT: – Interested Trade Contractors are **required** to list revenue under contract for next three (3) fiscal years in accordance with Section VI(C)(3)(b) of *Part One*, the *RFQ* for this Project.

Firm's fiscal year runs _____ to _____.

CALENDAR YEAR	FISCAL YEAR	REVENUE UNDER CONTRACT (\$)
2021		
2020		
2019		



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Firm Name: _____

SCHEDULE L – LETTER EVIDENCING BONDING CAPACITY:

Respondent Trade Contractors must attach here a letter from a surety company (or from an agent meeting the criteria set forth above) evidencing that the surety will provide respondent with payment and performance bonds for the Project in an amount equal to or greater than **One Hundred and Ten Percent (110%)** of the estimated trade contract value of the Project. The surety company must meet the requirements set forth above. For Trade Contractors submitting SOQs for more than one Trade, a letter evidencing bonding capacity for each trade must be submitted.



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Firm Name: _____

SCHEDULE M – HVAC/PLUMBING WELDERS AND FABRICATION FACILITY: – Interested HVAC and Plumbing Contractors are **required** to list the names of welders in the Contractor’s employment in the field and the fabrication facility who have a minimum of three (3) years of employment with the Contractor and welding certification(s) for x-ray, TIG, and other welding types; and provide the location of at least one fabrication facility that is located within 100 miles of the Supplemental Utility Plant jobsite in accordance with Section VI(C)(4)(b) and (c) of *Part One*, the *RFQ* for this Project.

Welder Qualifications:

NAME	YEARS W/CONTRACTOR	YEARS IN INDUSTRY	CERTIFICATION TYPE(S)	CERTIFICATION DATE(S)

Fabrication Facility Location(s):

LOCATION NAME	STREET ADDRESS	CITY/STATE	MILES FROM SUP JOBSITE



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Firm Name: _____

SCHEDULE N – STATE OF CONNECTICUT DAS CONSTRUCTION CONTRACTOR COMPLIANCE

Respondent Trade Contractors must attach here THEIR CURRENT CERTIFICATES:

- 1) a copy of its current DAS *Certificate of Prequalification* meeting the requirements set forth above in this RFQ;
- 2) a copy of its current DAS *Update Statement*
- 3) a copy of its current CHRO/DAS *Certification of Small/Minority Business Enterprise* form IF SUBMITTING APPLICATION(S) FOR THE SET-ASIDE PACKAGES

Note: Trade Contractors submitting an SOQ for more than one Trade must submit individual Certificates.

Firm Name: _____

SCHEDULE O – TRADE CONTRACTOR INSURANCE REQUIREMENTS:

BOND

Exhibit A Insurance Requirements

THIS EXHIBIT A SHALL SUPERSEDE ANY CONFLICTING PROVISION OF THE GLOBAL SUBCONTRACT OR SUBCONTRACT

Subcontractor shall purchase and maintain insurance of the types and in the amounts described below. The insurance shall be written by insurance companies and on policy forms acceptable to Bond Brothers, Inc. Each insurer providing insurance coverage as required hereunder shall be a licensed, admitted insurer authorized to issue such coverage in each State in which any part of the Work is performed. The insurer shall have an AM Best rating of “A-X” or better. Bond Brothers, Inc., in its sole discretion, shall have the right to reject any insurer.

1. Worker’s Compensation & Employer’s Liability

Statutory Worker’s Compensation coverage (including occupational disease) will be provided for the State in which the Project is located and the State of hire, if different. Employer’s Liability Coverage will be provided with the following minimum limits:

- Bodily Injury by Accident \$500,000 Each Accident
- Bodily Injury by Disease \$500,000 Policy Limit
- Bodily Injury by Disease \$500,000 Each Employee

Terms and conditions shall include:

- USL&H - where applicable by law
- Jones Act - where applicable by law
- All states endorsement - where applicable by law
- Employers Liability/Stop Gap Liability if required in the State where the work is performed
- Where required in the State where the work is performed coverage must be secured through the State fund of that State
- Certificate must clearly identify that coverage applies in the State in which the Project is located

If Subcontractor or its subcontractors of any tier engages or leases one or more employees through the use of a payroll, employee management or other company, Subcontractor must procure workers compensation insurance written on an “If Any” policy form and will be in addition to the workers compensation coverage provided to the leased employees by the payroll, employee management or other company. The Insurance shall include an endorsement providing coverage for Alternate Employer/leased Employee liability.

The policy shall include a Waiver of Subrogation in favor of Bond Brothers, Inc. unless prohibited by State law.

2. Commercial General Liability



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Coverage will be provided with the following minimum limits:

- Bodily Injury and Property Damage Liability - Per Occurrence \$1,000,000
- Personal and Advertising Injury Limit - Per Person/Organization \$1,000,000
- Products - Completed Operations Aggregate Limits \$2,000,000
- General Aggregate Limit \$2,000,000

General Aggregate shall apply separately to this project. Commercial General Liability policy must be written on an “occurrence” form CG 00 01 (or equivalent) and include the following coverage:

- Independent Contractors, covering operations of any and all Subcontractors and sub-subcontractors Broad Form Property Damage
- Ongoing Construction Operation(s) in effect at all times while work is being performed by Contractor
- Subcontractors and Independent Contractors (if any)
- Products and Completed Operations, to remain in force, whether by endorsement or renewal of coverage, including the Contractor, any party required to be indemnified by this Contract and any other party required by this Contract to be named as an additional insured, from the date of final completion of the Work until at least six (6) years after final completion of the Project or the expiration of the applicable statute of repose of the State in which the Project is located (whichever is greater/longer)
- Explosion, collapse, and underground hazards
- Contractual Liability (insured contract) coverage sufficient to meet the requirements of this Contract (including defense costs and attorneys’ fees assumed under contract)
- Personal and Advertising Injury Liability coverage (with the contractual exclusion deleted)
- CG 22 79 07 98 (or equivalent) is the only acceptable Professional Liability Exclusion
- If applicable to the work, the following coverage must be obtained:
 - Mold
 - EIFs
 - Subsidence
 - Operations performed within 50’ of railroad with railroad contractual exclusion deleted
 - All residential operations, no residential exclusions
 - Pollution coverage

Subcontractor will furnish Certificates of Insurance providing evidence that Bond Brothers, Inc. and the Owner, and any other parties identified by the Exhibit, the Prime Contract, the Subcontract, are Additional Insureds on a primary, non-contributory basis (CG2001 04/13 or equivalent) for both ongoing and completed operations. The Additional Insured Endorsement(s) shall be on Form CG 20 10 11/85 or CG 20 33 10/01, plus CG 20 37 10/01, or CG2010 10/01 plus CG2037 10/01, or CG2010 07/04 plus CG2037 07/04, or equivalent forms, and shall include ongoing and completed operations coverage, which shall not contain any restrictions. A copy of the CGL Additional Insured Endorsement(s) must be attached to the Certificate of Insurance. Any endorsements or modifications to the CGL policy which restrict or limit the scope of coverage



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must be identified on the Certificate of Insurance.

The policy shall include a Waiver of Subrogation in favor of Bond Brothers, Inc., Owner, and any other parties as may be required by the Prime Contract, utilizing form CG2404 or equivalent.

3. Automobile Liability

Commercial Automobile Liability insurance covering all owned, leased and non-owned vehicles used in connection with the work with limits of \$1,000,000 combined single limit per accident for bodily injury and property damage which shall apply as primary and non-contributory insurance., Bond Brothers, Inc. and the Owner shall be an Additional Insured on a primary basis. The policy must include coverage for bodily injury, death and property damage arising out of ownership, maintenance, or use of any motorized vehicle on or off the site of the Project, including contractual Liability coverage.

If hauling of hazardous waste is part of the work, Automobile Liability Insurance with a \$1,000,000 combined single limit per occurrence for bodily injury and property damage applicable to all hazardous waste hauling vehicles, and including the MCS 90 endorsement and the ISO Form CA 99 48 (Pollution Liability Broadened Coverage for Business Automobile).

The policy shall include a Waiver of Subrogation in favor of Bond Brothers, Inc., Owner, and any other parties as may be required by the Prime Contract, Subcontract or Agreement.

4. Umbrella/Excess Liability

The Subcontractor will provide Umbrella or Excess Liability Insurance (“Umbrella”) on a follow form of primary coverage basis. Each such excess/umbrella insurance policy shall be specifically endorsed to provide that such limits are primary and noncontributing to any insurance of Bond Brothers, Inc. and any other additional insured.

The Umbrella insurance shall have the following minimum limits of liability, which shall be maintained with per occurrence and aggregate limits available to Bond Brothers, Inc., any party required to be indemnified by the Contract and any other party required by this Exhibit, the Prime Contract, the Subcontract, or the Agreement to be named as an Additional Insured:

Each Occurrence	\$10,000,000
General Aggregate	\$10,000,000

The General Aggregate coverage limits shall be dedicated for this Project and shall be evidenced on the Subcontractor’s Certificate of Insurance.

If any of the above insurance is provided through a combination of primary and

excess/umbrella insurance, each such umbrella/excess insurance policy shall be specifically endorsed to provide that Bond Brothers, Inc., the Owner, and any other parties identified by the prime contract must be named as Additional Insureds and such coverage shall be primary and noncontributing. The Umbrella/Excess Liability policy may be used to satisfy required minimum limits on the above underlying policies.

5. Coverage for Subcontractor's Tools & Equipment

Subcontractor is responsible for, and agrees to hold Bond Brothers, Inc. and the Owner harmless for any and all loss or damage to equipment, tools, scaffolding, staging, towers and forms owned, leased or used in any way by Subcontractor, sub-subcontractors or employees of either.

6. Professional Liability

If Subcontractor's work includes design responsibilities, whether for design of permanent work or for "means-and-methods" or other reasons, prior to the start of the work, Subcontractor or Subcontractor's design consultant / engineer shall provide evidence of Professional Liability Insurance for claims that arise from the acts, errors, or omissions of the Subcontractor, any sub-subcontractor of any tier, or any party acting on behalf of the Subcontractor, in the provision of professional services, in an amount no less than \$2,000,000.00. The policy shall be effective (retroactively, if applicable) from the date of commencement of all professional activities in connection with the Work until six (6) years after final completion of the Project or the expiration of the applicable statute of repose of the State in which the Project is located (whichever is greater/longer). Coverages shall include:

- Contractual Liability coverage including reasonable defense costs for liability that would have attached in the absence of the contract or agreement.
- No exclusions for delays in project completion and cost overruns.
- Insurance shall be primary and non-contributory.
- Policy shall include a provision that written notice to the carrier during the policy period of a circumstance that could result in a claim preserves coverage for a claim subsequently arising from the circumstance.
- No exclusion for mold, fungus, asbestos, pollutants, etc. Subcontractor is required to notify Bond Brothers, Inc. of any claims occurring during the Policy Period if such claims could reduce the amount of coverage available to Bond Brothers, Inc.

A Professional Liability Policy will not be required for means-and-methods if such coverage is specifically provided under Subcontractor's Commercial General Liability Policy and satisfactory evidence is provided to Bond Brothers, Inc. to show same.

7. **Pollution Liability**

Contractor's Pollution Liability is required of all Subcontractors performing the following work: work involving the abatement, removal, storage, transportation or disposal of any hazardous materials; excavation; drywall; marine operations, HVAC, work involving underground tanks, asbestos, soil handling and soil removal or any other work if specifically required by Bond Brothers, Inc. The minimum policy limit shall be \$2,000,000 per claim or occurrence and in the aggregate, including coverage for bodily injury, property damage and clean-up costs.

- Coverage shall include coverage for mold, mildew, spores and microbial events and Legionnaire's Disease
- All terms of insurance are subject to approval of Bond Brothers, Inc.
- The policy shall include a Waiver of Subrogation in favor of Bond Brothers, Inc., Owner, and any other parties as may be required by the Prime Contract.
- No EIFS exclusions
- IF coverage is on a "claims made" basis the retroactive date must precede the start date of the work.

Bond Brothers, Inc. and the Owner any other party required by this Exhibit, the Prime Contract, the Subcontract, or the Agreement must be Additional Insureds on this policy on a primary and noncontributory basis and shown on the Certificate of Insurance.

8. **Other - EFIS**

Coverage for operations involving "synthetic stucco," also commonly referred to as "Exterior Insulating and Finish Systems" (EFIS), must be maintained by any subcontractor performing such operations. Bond Brothers, Inc. and the Owner, as well as any other party required under the Prime Contract must be named as Additional Insureds on all policies providing this coverage.

9. **Other – Riggers Liability Insurance**

If the Work involves the rigging, hoisting, lowering, raising or moving of property or equipment of others, then Riggers Liability Insurance is required to insure against physical loss or damage to the property or equipment, which is in the care, custody or control of the Rigger, with limits sufficient for replacement of the property or equipment being rigged.

10. General Requirements

- **Certificate of Insurance and Proof of Insurance**

Prior to commencing its performance under the Contract and anytime thereafter

when required insurance changes or is modified, Subcontractor shall provide Contractor with: (1) a current certificate of insurance evidencing the insurance coverages required by this Exhibit (including the amount of any self-insured retention (“SIR”) or deductible); (2) a copy of the provisions in the policy or the endorsement adding the parties required by this Exhibit to be added as additional insureds; (3) a copy of the provisions in the policy or the endorsement providing that the insurance provided to the additional insureds (whether primary or excess) is primary and non-contributory and shall not seek contribution from any coverage carried by the parties required to be additional insureds by this Exhibit; and (4) a copy of the policy provisions or endorsement providing a waiver of subrogation in favor of the additional insureds required hereunder. Upon request, Subcontractor shall also provide Contractor with a certified copy of any policy providing coverage required by this Exhibit.

- IN THE EVENT THAT THE LAW OF THE STATE IN WHICH THE PROJECT IS LOCATED (OR APPLICABLE LAW) LIMITS THE ADDITIONAL INSURED COVERAGE THAT BOND BROTHERS, INC. MAY REQUIRE FROM THE SUBCONTRACTOR, THEN SUBCONTRACTOR SHALL BE REQUIRED TO OBTAIN ADDITIONAL INSURED COVERAGE TO THE FULLEST EXTENT OF COVERAGE AND LIMITS ALLOWED BY APPLICABLE LAW AND THIS CONTRACT SHALL BE READ TO CONFORM TO SUCH LAW.
- All Certificates of Insurance shall provide for 30 day written notice to Bond Brothers, Inc. prior to the cancellation or material change of any insurance referred to therein.
- Bond Brothers, Inc. shall have the right, but not the obligation, to prohibit Subcontractor and/or sub-subcontractor from entering the project site until a Certificate of Insurance indicating full compliance with these requirements is received and approved by Bond Brothers, Inc.
- **Sub-Subcontractors:** Before permitting any subcontractor to perform work under a subcontract, the Subcontractor shall require by written contract that any of its subcontractors maintain insurance in like form and amounts to that required by this Exhibit, unless otherwise approved in writing by Bond Brothers, Inc. Subcontractor shall be responsible to ensure that each of its subcontractors maintains insurance in like form and amounts, and shall provide evidence of same to Contractor if requested.
- Subcontractor shall provide Certificates of Insurance for one (1) year following substantial completion of the project.

- **Notice of Cancellation**

Each Certificate shall confirm that the insurance will not be cancelled, materially altered or any reduction of any limit with less than 30 days written notice by Registered Mail to the Contractor and Subcontractor shall also provide an

endorsement from its insurance carrier(s) to such effect. If requested by the Contractor, the Subcontractor will furnish originals or certified copies of insurance policies including all endorsements required to provide stated coverage.

- **Scope/Limits of Insurance**

To the fullest extent permitted by law, the coverage provided to the additional insureds must be at least as broad as that provided to the first named insured on each policy. In the event that any policy provided in compliance with this Exhibit states that the coverage provided to an additional insured shall be no broader than that required by contract, or words of similar meaning, the Parties agree that nothing in this Exhibit or elsewhere in the Contract Documents is intended to restrict or limit the breadth of such coverage.

The limits of insurance stated in this Exhibit for each type of insurance are minimum limits only; in the event Subcontractor's policies or the policies of subcontractors of all tiers provides greater limits, then the additional insureds shall be entitled to, or to share in, the full limits of such policy, and this Exhibit shall be deemed to require such full limits.

- **Notice to Insurers**

Subcontractors of all tiers are responsible for notifying their insurance carriers in the event of a loss or potential loss involving coverage for the additional insureds. However, this does not prohibit any additional insured from reporting a claim directly to any subcontractor's insurance carriers.

- **Deductibles/Denial of Claims**

Subcontractor shall be responsible, at no additional cost to Contractor, for the payment of any deductibles or SIR in connection with the insurance coverages required by this Exhibit, both for itself and all additional insureds. The deductible or SIR shall not exceed \$25,000. Subcontractor shall be responsible for any loss arising out of coverage denial by any insurance carrier. Subcontractor may not procure policies that limit who may pay the SIR or deductible; rather, any SIR shall be payable by either the Subcontractor or Contractor and Subcontractor may not have a policy that prevents Contractor from accessing or triggering coverage unless the SIR is paid by the Subcontractor.

Subcontractor shall also ensure that similar conditions are incorporated into all subcontracts. In the event that Contractor elects to pay any deductible and/or SIR to

access any insurance policy, Subcontractor shall promptly reimburse Contractor for such payment.

- **CCIP Exclusion Limitation**

The insurance required to be provided by a Subcontractor pursuant to this Exhibit shall not contain any exclusion or limitation of coverage for any insured because a CCIP has been provided for this Project, except to the extent that coverage is provided by the CCIP Insurance Policies.

- **No Limitation**

The insurance requirements set forth and the coverage maintained by Subcontractor shall not limit any of Subcontractor's indemnity obligations or other liabilities under the Subcontract or Agreement.

- **Severability of Interests (Cross Liability)**

All insurance required by this Exhibit (excluding only Workers Compensation Insurance and Professional Liability Insurance) shall include a provision or be endorsed to provide that, inasmuch as the policy is written to cover more than one insured, all terms, conditions, insuring agreements and endorsements, with the exception of limits of liability, shall operate in the same manner as if there were a separate policy covering each insured. No cross liability exclusions are permitted and there may not be any restrictions in any policies that limit coverage for a claim brought by an additional insured against a named insured. Also, there shall not be any provision in any insurance policy which excludes or conditions coverage on the existence of a contract or other agreement requiring insurance.

- **Claims Made Policies**

Except for Professional Liability, Contractor's Pollution Liability, and Environmental and Asbestos Insurance, claims made policies are not acceptable. Those policies permitted to be on a claims made basis shall be effective (retroactively, if applicable) from the date of commencement of all activities in connection with the work until six (6) years after final completion of the Project or the expiration of the applicable statute of repose of the State in which the Project is located (whichever is greater/longer).

- **Effect of Specified Coverages**

In specifying minimum requirements in this Exhibit, Bond Brothers, Inc. does not assert or recommend this insurance as adequate to Subcontractor's business requirements. Subcontractor is solely responsible to inform itself of types of insurance it may need beyond these minimum requirements to protect itself from loss, damage or liability. Failure of the Subcontractor to identify deficiencies in any insurance provided hereunder shall not relieve Subcontractor from any insurance obligations.

- **Breach of Insurance Requirements**

Subcontractor's failure to obtain and maintain insurance coverage required by this Exhibit shall constitute a material breach of the Contract. In such event Contractor may at its option: (1) terminate the Subcontractor for default; or (2) purchase such coverage and back charge the premium and associated costs to Subcontractor; or (3) at their respective option, Bond Brothers, Inc. and/or an additional insured can require the Subcontractor to pay for attorneys' fees, expenses, damages and liability as a result of any claim or lawsuit to the extent coverage

would have been provided to them under Subcontractor's insurance but for Subcontractor's breach. Bond Brothers, Inc. has the right to back-charge Subcontractor for such sums. Furthermore, to the extent of their respective interest, the Insurers of those entities that were to be included as additional insureds are deemed to be third-party beneficiaries of the insurance procurement obligation.

- **No Waiver of Insurance Requirements**

IT IS EXPRESSLY AGREED BETWEEN BOND BROTHERS, INC. AND THE SUBCONTRACTOR THAT THE FAILURE OF CONTRACTOR TO REQUIRE OR VERIFY COMPLETE AND TIMELY PERFORMANCE OF THE SUBCONTRACTOR'S OBLIGATIONS UNDER THE SUBCONTRACT OR AGREEMENT SHALL NOT BE A WAIVER BY CONTRACTOR OF ANY RIGHT OF CONTRACTOR TO REQUIRE THE SUBCONTRACTOR TO COMPLY WITH THESE INSURANCE REQUIREMENTS AND/OR TO SEEK DAMAGES BECAUSE OF SUBCONTRACTOR'S FAILURE TO COMPLY WITH THE INSURANCE REQUIREMENTS REQUIRED HEREUNDER.

Sample Certificate of Insurance																					
<h2 style="margin: 0;">CERTIFICATE OF LIABILITY INSURANCE</h2>								DATE (MM/DD/YYYY)													
<p>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.</p>																					
<p>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).</p>																					
PRODUCER 				CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <table style="width:100%; border: none;"> <tr> <td style="width: 80%; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%; text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>						INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURER(S) AFFORDING COVERAGE	NAIC #																				
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INSURER D:																					
INSURER E:																					
INSURED 																					
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>																					
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> PRO- <input type="checkbox"/> POLICY JECT LOC	X	X				Per Claim/Occ 0		\$ 1,000,000												
							General Agg 0		\$ 2,000,000												
							Prod & Comp Opp Agg 0		\$ 2,000,000												
							Personal & Adv. Injury 0		\$ 1,000,000												
							Fire Damage		\$ 50,000												
							Medical Expense		\$ 5,000												
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	X	X				Combined Single Limit 0,000		\$ 1,000,000												
A	UMBRELLA LIAB EXCESS LIAB <input checked="" type="checkbox"/> OCCUR CLAIMS-MADE DED RETENTION \$	X	X				Each Occurrence 00		\$ 10,000,000												
							Aggregate 00		\$ 10,000,000												
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X				WC STATUTORY OTH-ER														
							EL Each Accident		\$ 500,000												
							EL Disease Limit		\$ 500,000												
							EL Disease Each Accident		\$ 500,000												
A	Contractor's Pollutin Liability	N/A	N/A				\$2,000,000 per claim or occurrence \$2,000,000 Aggregate														
<p style="text-align: center;">DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES</p> <p style="text-align: center;">Bond Brothers, Inc., Owner, and any other entity where required by written contract are additional insureds on a primary & noncontributing basis with respect to all liability policies indicated. Waiver of subrogation in favor of all additional insureds applies to all policies inclusive of Worker's Compensation. Umbrella/Excess policy(ies) apply excess of Employer's Liability, General Liability, & Auto Liability.</p> <p style="text-align: center;">NOTE TO AGENT/BROKER: ACCEPTABLE ADDITIONAL INSURED FORMS ARE CG2010 11/85; CG2010 10/01 OR CG2033 10/01 WITH CG2037 10/01; CG2010 07/04 WITH CG2037 07/04; OR EQUIVALENT FORMS. COPIES OF THE GL ADDITIONAL INSURED ENDORSEMENTS MUST BE ATTACHED TO THIS CERTIFICATE. IF THE ENDORSEMENTS DO NOT REFERENCE EITHER THE NAMED INSURED OR THE POLICY NUMBER ALSO ATTACH THE GL POLICY ENDORSEMENT INDEX.</p>																					
CERTIFICATE HOLDER					CANCELLATION																
Bond Brothers, Inc. Attn: Accounting Department OR insurancecerts@bondbrothers.com 10 Cabot Road, Suite 300 Medford, MA 02155					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																



UNIVERSITY OF CONNECTICUT

STORRS, CT– Supplemental Utility Plant Project # 300025
RFQ for Trade Contractor Services

Firm Name: _____

SCHEDULE P – STATE OF CONNECTICUT PUBLIC WORK QUESTIONNAIRE:

Because the University is a state agency, answers to the following questions must be obtained from the prospective trade contractors **that are applying for prequalification for packages (or sub packages) that are not in excess of \$500,000.**

a) Has your firm ever had a conviction or entry of a plea of guilty or nolo contendere for commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract or in the performance of such contract or subcontract? (Connecticut General Statute 31-57c) **YES / NO**

b) Has your firm ever had a conviction or entry of a plea of guilty or nolo contendere under state or federal law for embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or any other offense indicating a lack of business integrity or business honesty which affects responsibility as a contractor? (Connecticut General Statute 31-57c) **YES / NO**

c) Has your firm ever had a conviction or entry of a plea of guilty or nolo contendere under state or federal antitrust, collusion or conspiracy statutes arising out of the submission of bids or proposals? (Connecticut General Statute 31-57c) **YES / NO**

d) Has your firm ever been cited for noncompliance with contract provisions on a public project, of a character regarded by BOND to be of such gravity as to indicate a lack of responsibility to perform as a state contractor, including deliberate failure, without good cause, to perform in accordance with specifications or time limits provided in a contract? **YES / NO**

e) *On a separate sheet of paper*, identify any OSHA citations within the past five (5) years under present business name or any past business name. Have you been cited for three or more willful or serious violations of OSHA, or of any standard, order or regulations promulgated pursuant to such Act which violations were cited in accordance with the provisions of any State Occupational Safety and Health Act or the Occupational Safety and Health Act of 1970 and which were not abated within the time fixed by the citation; and which citation has not been set aside following appeal to the appropriate agency or court having jurisdiction? Additionally, list any criminal convictions related to the injury or death of any employee. (Connecticut General Statute 31-57b)

f) Has your firm ever appeared on any list published by the Connecticut State Labor Department of persons or firms that have been found by the National Labor Relations Board and by a final decision rendered by a Federal Court to have been in violation of the National Labor Relations Act, 29 USC 151 et. seq. or to have been found in contempt of court by a final decision of a Federal Court for failure to correct a violation of the National Labor Relations Act on three or more occasions involving different violations? (Connecticut General Statute 31-57a) **YES / NO**

SCHEDULE P – STATE OF CT PUBLIC WORK QUESTIONNAIRE (continued):

g) On a separate sheet of paper, identify any instances within the previous five years in which you or any entity in which you have an interest, has appeared on a list published by the State of Connecticut Labor Department of persons or firms which the Labor Department has found to have disregarded or violated your obligations to employees and subcontractors on public works projects under Connecticut General Statutes 31-53 and 31-76c (i.e. payment of prevailing wages and overtime payments) or in which you have been barred from Federal government contracts in accordance with the provisions of the Davis Beacon Act, 40 U.S. C. 276a-2. Describe in detail the circumstances of each violation, including but not limited to, the date and nature of the violation, the project on which the violation occurred, the source, if known, of any complaint giving rise to any Department of Labor investigation, the results of any such investigation, the penalty imposed or other action taken by the Department of Labor, any remedial action which was taken and any other resolution of any such complaint or violation. (Connecticut General Statute 31-53a) On the same sheet describe the policies and procedures that you would implement on this project to ensure that you will remain in compliance with the statutory wage rates and payment of wages as noted above

h) On a separate sheet of paper identify any instances in which any complaint has been made to, or any investigation or inquiry has been conducted by, the State of Connecticut Department of Labor regarding any alleged non-compliance by your firm of any provision of Part III of Chapter 557 (CT General Statutes Sections 31-52 through 31-57e, prevailing wage and other requirements) during the past five calendar years. Describe in detail the circumstances of each violation, including but not limited to, the date and nature of the violation, the project on which the violation occurred, the source, if known, of any complaint giving rise to any Department of Labor investigation, the results of any such investigation, the penalty imposed or other action taken by the Department of Labor, any remedial action which was taken and any other resolution of any such complaint or violation. On the same sheet of paper describe the policies and procedures that you would implement on this project to ensure that you will remain in compliance with the statutory wage rates and payment of wages as noted above.

l) State whether you have ever been cited or penalized by any government agency for failure to comply with any affirmative action, non-discrimination, or other human rights requirements applicable to any work performed by you. If so, provide on a separate sheet of paper date(s), details, disposition and docket number(s) for each such instance.



UNIVERSITY OF CONNECTICUT

STORRS, CT– Supplemental Utility Plant Project # 300025
RFQ for Trade Contractor Services

Firm Name: _____

SCHEDULE Q – ETHICS FORMS:

ETHICS FORMS

1. Ethics Forms 1, 5, 6 and 7 (if applicable) must be signed by the same person who executes the Contract, Amendment or Letter Agreement.
2. All Ethics Forms must be signed and dated the same date as the Contract, Amendment or Letter Agreement.
3. Ethics Forms 1 and 5 must be notarized by a notary public.



STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Written or electronic certification to accompany a State contract with a value of \$50,000 or more, pursuant to C.G.S. §§ 4-250, 4-252(c) and 9-612(f)(2) and Governor Dannel P. Malloy's Executive Order 49.

INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract, whichever is earlier. Such person shall also submit an accurate, updated certification not later than fourteen days after the twelve-month anniversary of the most recently filed certification or updated certification.

CHECK ONE: Initial Certification 12 Month Anniversary Update (Multi-year contracts only.)
 Updated Certification because of change of information contained in the most recently filed certification or twelve-month anniversary update.

GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

- 1) "Contract" means that contract between the State of Connecticut (and/or one or more of its agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
- 2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is a twelve-month anniversary update, "Execution Date" means the date this certification is signed by the Contractor;
- 3) "Contractor" means the person, firm or corporation named as the contractor below;
- 4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
- 5) "**Gift**" has the same meaning given that term in C.G.S. § 4-250(1);
- 6) "Principals or Key Personnel" means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Contractor. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or key personnel who participates substantially in preparing bids, proposals or negotiating state contracts, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for state contracts who participates substantially in the preparation of bid solicitations or request for proposals for state contracts or the negotiation or award of state contracts or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other Principals, Key Personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

STATE OF CT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION (continued)

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after January 1, 2011, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(f)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(f)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after January 1, 2011 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(f)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

Lawful Campaign Contributions to Candidates for Statewide Public Office:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

Lawful Campaign Contributions to Candidates for the General Assembly:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Printed Contractor Name

Printed Name of Authorized Official

Signature of Authorized Official

Subscribed and acknowledged before me this day of , 20

Commissioner of the Superior Court (or Notary Public)

My Commission Expires





**STATE OF CONNECTICUT
 CERTIFICATION OF STATE AGENCY OFFICIAL OR EMPLOYEE
 AUTHORIZED TO EXECUTE CONTRACT**

Certification to accompany a State contract, having a value of \$50,000 or more, pursuant to Connecticut General Statutes §§ 4-250 and 4-252(b), and Governor Dannel P. Malloy’s Executive Order 49.

INSTRUCTIONS:

Complete all sections of the form. Sign and date in the presence of a Commissioner of the Superior Court or Notary Public. Submit to the awarding State agency at the time of contract execution.

CERTIFICATION:

I, the undersigned State agency official or State employee, certify that (1) I am authorized to execute the attached contract on behalf of the State agency named below, and (2) the selection of the contractor named below was not the result of collusion, the giving of a gift or the promise of a gift, compensation, fraud or inappropriate influence from any person.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

 Contractor Name

 Awarding State Agency

 State Agency Official or Employee Signature

 Date

 Printed Name

 Title

Sworn and subscribed before me on this day of , 20

 Commissioner of the Superior Court
 or Notary Public

 My Commission Expires



STATE OF CONNECTICUT CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or contractor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or contractor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below:**

Consultant's Name and Title Name of Firm (if applicable)

Start Date End Date Cost

Description of Services Provided: _____

Is the consultant a former State employee or former public official? YES NO

If YES: _____
Name of Former State Agency Termination Date of
Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

	Signature of Principal or Key Personnel	Date
	Printed Name (of above)	Awarding
State Agency		

Sworn and subscribed before me on this _____ day of _____, 20__.

**Commissioner of the Superior Court
or Notary Public**

My Commission Expires



STATE OF CONNECTICUT

Written or electronic PDF copy of the written certification to accompany a large state contract pursuant to P.A. No. 13-162 (Prohibiting State Contracts With Entities Making Certain Investments In Iran)

Respondent Name: _____

INSTRUCTIONS:

CHECK ONE: Initial Certification.
 Amendment or renewal.

A. Who must complete and submit this form. Effective October 1, 2013, this form must be submitted for any large state contract, as defined in section 4-250 of the Connecticut General Statutes. This form must always be submitted with the bid or proposal, or if there was no bid process, with the resulting contract, regardless of where the principal place of business is located.

Pursuant to P.A. No. 13-162, upon submission of a bid or prior to executing a large state contract, **the certification portion of this form must be completed** by any corporation, general partnership, limited partnership, limited liability partnership, joint venture, nonprofit organization or other business organization **whose principal place of business is located outside of the United States.** United States subsidiaries of foreign corporations are exempt. For purposes of this form, a "foreign corporation" is one that is organized and incorporated outside the United States of America.

Check applicable box:

Respondent's principal place of business is within the United States or Respondent is a United States subsidiary of a foreign corporation. Respondents who check this box **are not required to complete the certification portion of this form**, but must submit this form with its Invitation to Bid ("ITB"), Request for Proposal ("RFP") or contract package if there was no bid process.

Respondent's principal place of business is outside the United States and it is not a United States subsidiary of a foreign corporation. **CERTIFICATION required.** Please complete the certification portion of this form and submit it with the ITB or RFP response or contract package if there was no bid process.

B. Additional definitions.

- 7) "Large state contract" has the same meaning as defined in section 4-250 of the Connecticut General Statutes;
- 8) "Respondent" means the person whose name is set forth at the beginning of this form; and
- 9) "State agency" and "quasi-public agency" have the same meanings as provided in section 1-79 of the Connecticut General Statutes.

C. Certification requirements.

No state agency or quasi-public agency shall enter into any large state contract, or amend or renew any such contract with any Respondent whose principal place of business is located outside the United States and is not a United States subsidiary of a foreign corporation unless the Respondent has submitted this certification.

Complete all sections of this certification and sign and date it, under oath, in the presence of a Commissioner of the Superior Court, a Notary Public or a person authorized to take an oath in another state.

CERTIFICATION:

I, the undersigned, am the official authorized to execute contracts on behalf of the Respondent. I certify that:

Respondent has made no direct investments of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010.

Respondent has either made direct investments of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, or Respondent made such an investment prior to October 1, 2013 and has now increased or renewed such an investment on or after said date, or both.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Printed Respondent Name

Printed Name of Authorized Official

Signature of Authorized Official

Subscribed and acknowledged before me this _____ day of _____, 20__.

Commissioner of the Superior Court (or Notary Public)

My Commission Expire