

## Joseph Barbarotta Executive Director Facilities Services



654 Ferry Street New Haven, CT 06513 Tel. (475) 220-1631 Fax. (203) 936-5229

#### **MEMORANDUM**

To: Finance and Operations Committee

From: Joseph Barbarotta

Re: F&O Agenda Item/For Approval

Renewal of Contract for On Call Locksmith Repairs Services

Meeting Date: July 6, 2021

cc: J. Barbarotta, L. Perez

For consideration and approval of the Renewal of Contract # 50517-2-4 to **Cohen's Key Shop INC** located at 127 Fitch Street, New Haven, CT 06515 for On Call Locksmith Repairs services for the NHPS for Fiscal Year 2021-2022.

Amount of Contract: Not to exceed \$50,000.

Funding Source: 3C22-2261-58101

**Key Questions:** 

- Please describe how this service is <u>strategically aligned</u> with school or District goals.
  The service is to perform repair and replacement locks throughout the district. Properly functioning door locks are essential for the safety and security of the students and staff.
- 2. Please describe the <u>evidence of effectiveness</u> for this contractor. In addition, how is or will the contractor be evaluated? If a continuation service, what are the results of last year's evaluation? Inspections and maintenance reports are provided. The contractor's performance is inspected by the board of education trades manager as well as in house carpenters and electricians. The contractor is responsive and performs professional work to code.
- 3. Why do you believe this agreement is <u>fiscally sound?</u> Include how the contractor was selected (various quotes vs. RFP vs. Sole Source), whether and why the cost has increased over last year (if continuation), and what an alternative might cost. The contract is a renewal and the pricing remains the same as last fiscal year. This contract was awarded to the lowest bidder. The contract has remained the same as the previous contract with no increases. This is specialized work that requires qualified personnel to provide the needed services.



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 04/27/2021

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 have ADDITIONAL INSURED provisions or 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).

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PRODUCER	CDD Inquironos Croun Inq		CONTACT Vincent A. Stifano III		
	CDR Insurance Group, Inc. 211 Schraffts Drive		PHONE (A/C, No. Ext): (203) 754-3156	FAX (A/C, No): (203) 754	1-7927
	Waterbury, CT 06705		E-MAIL vstifano@cdrinsurance.com		
	• •		INSURER(S) AFFORDING COVERAGE		NAIC#
			INSURER A: Ohio Security Insurance/Liberty Mutual		24082
INSURED	Cohen's Key Shop, Inc.		INSURER B: Liberty Mutual Insurance		24198
	127 Fitch St.		INSURER C: Security National Insurance Company		A0613
	New Haven, CT 06515		INSURER D:		
			INSURER E :		
			INSURER F:		
COVERAG	GES	CERTIFICATE NUMBER:	REVISION NUM	/IBER:	
			BEEN ISSUED TO THE INSURED NAMED ABOVE FO ANY CONTRACT OR OTHER DOCUMENT WITH RES		

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.

	CLUSIONS AND CONDITIONS OF SUCH P								
INSR LTR	TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	COMMERCIAL GENERAL LIABILITY	Υ	Υ	BKS60763175	01/10/2021	01/10/2022	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
							MED EXP (Any one person)	\$	15,000
	Blanket AI w/Contract						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY	Υ	Υ	BAS60763175	01/10/2021	01/10/2022	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	✓ ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								\$	
В	✓ UMBRELLA LIAB ✓ OCCUR			USO 60763175	01/10/2021	01/10/2022	EACH OCCURRENCE	\$	2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	2,000,000
	DED RETENTION \$ 10,000							\$	
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Υ	SWC1320020	01/10/2021	01/10/2022	PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	500,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	" ~					E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000

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

Bid/Contract Name & #: DC-Cohen's Key Shop, Inc. #50517-2-4

Subject to a written agreement in effect, the City of New Haven and Go To Services, LLC, 117 Kendall Street, New Haven, CT, are additional insureds on the General Liability and Auto policies for operations conducted by the named insured. The Umbrella is follow form. Primary and non-contributory applies to the General Liability, Auto and Umbrella policies. Waiver of subrogation applies to the General Liability, Auto and Worker's Compensation policies. 30 days cancel notice except for 10 days for non-payment.

CERTIFICATE HOLDER	CANCELLATION		
City of New Haven Board of Education Facilities 375 Quinnipiac Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		
New Haven, CT 06513	CDR Isurance Corp, Sec.		
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### CITY OF NEW HAVEN

New Haven, Connecticut 06510

# DISCLOSURE & CERTIFICATION AFFIDAVIT



	EVERY SECTION MUST BE COMPLETED
	For help completing this form contact 203-946-8201
Contractor/Vendor Name:	Cohen's Key Shop Inc
Address:	127 Fitch St.
Telephone and/or Fax #:	203 397 3528 203 389 8249
Email Address:	Cohenskey shop @ yahoo, com
Contact Person:	Mark A. Cohen

	For the purposes of this Disclosure and Certification Affidavit, the following definitions apply:
(a)	"Person" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures.
(b)	"Contract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, materials or any combination of the foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the
	city leases, grants or demises property belonging to the city, or otherwise grants a right of privilege to occupy or to use said property of the city.
(c)	"City" means any official agency, board, authority, department office, or other subdivision of the City of New Haven.
(d)	"Affiliate Entity" means any entity listed in sections 9 or 10 below or any entity under common management with the Contractor.

Stat	e of	CT	Co	ounty of \	VEW HOUER
I,		Mark A. Cohen (type or print your name above)			ily sworn, hereby deposes and says that:
1.	I am	over the age of 18 and understand the obliga	tions o	of making stater	ments under oath; I understand that the City of
	New	Haven is relying on my representations herei	n.	59)	
2a.		I am the corporate secretary or majority of		Canex	n's Key Shop, Inc
		(including sole proprietorsh	nip) of		Insert Company Name above
2b.		Or I am an individual and my nar			
					if an individual, insert your name above
3.		illy informed regarding the preparation and terms of the	above n	eferenced agreeme	int (the "Agreement") and of all pertinent circumstances
la!	related	thereto.		Manage of the ball	our are accurate attack an evalenation of the statue of
4.	Please	e select the applicable representation(s) regarding to levant tax obligations to this Affidavit (mark an "X"	ixes or, in the a	, ir none or the bek ppropriete box or	ow are accurate, attach an explanation of the status of "NA" if none apply).
4a.	X	As required by Conn. Gen. Stat. \$12-41, the Contracto	r (and e	ach owner, partner	, officer, authorized signatory or Affiliate Entity of the n for the most recent grand list and all taxes are current.
4b.	<b>                                     </b>	The Contractor (including any owner partner officer of	author	ized signatory there	eof) is not required to file a list of taxable personal property
40.	nla	with the City of New Haven for the most recent grand li	st and c	ices not owe any b	ack taxes to the City of New Haven, either directly or
4c.	R IN	The Contractor or an owner, partner, officer, represent the City of New Haven or ii) owes back taxes and has installment payments. Such agreement is attached a are not in default.	execute nd inco	d an agreement wit prporated herein b	y reference and the payments under said agreement
5.	X	Other than as may be described in section 4 above, the	e Contr	actor (including any	owner, partner, officer, other authorized signatory, or
6.		Affiliate Entity) does not have any outstanding monetal a select the applicable representation about the Contract	tors bu	siness registration:	Territaren.
6a.		Contractor is a Connecticut corporation, partnership, li	mited lia	ability company or s	sole 3124 054 000/0120325
	X	proprietorship and its Connecticut Secretary of the Sta	te Busi	ness ID #:	Insert State Registration # above
6b.	nla	Contractor is a foreign corporation, partnership, limited proprietorship but is registered to do business in the S Contractor's Connecticut Secretary of the State Busine	tate of ( ess ID#	Connecticut. The	Insert State Registration # above
6c.		Contractor is a foreign corporation, partnership, lim	ited liat	ollity company or so	le
	กโล	proprietorship and is not registered to do business in t Contractor is registered in the State of:			
		! Contractor has confirmed with the Connecticut Secretary of to	cticut Se	cretary of the State is	provide pursuant to the Agreement do not constitute doing business required. Contractor does otherwise have the following State of the state N/A).

(in the an	ow Haven. For purposes of icluding officers) of the Contr e Contractor, and "affiliated v by other person serving in ar icessary ( <u>must be on compan</u>	this Affidavi ractor or any with the City n official cap	y owner, board member or of New Haven" means an pacity for or on behalf of t	iness of the Cont agent of the Con by employee, ager	tractor" includes any cu tractor, or of any subsid nt, public official, board r	iary or parent compar member, commissione
	Name	City Affilia	ation Role & Time Frame	Contractor Affil	iation Role & Time Frame	DOB
1	Mone	<i> </i>		33.14.4.5.7.11.1		
2	14000					
ш				I		
Afi	ne following list is a list of all filiate Entity of the Contracto sclosure. If none, state none.	or provides,	or has provided, services	or materials to th	ne City within one (1) yea	ar prior to the date of
Г	Name of Contractor or Af	filiate	Affiliation (if app	olicable)	Contract Number	DOB
1	C2/12/20 Kee S	Shop Auc			70200035	
2		- tio b contr				
	ne Contractor possesses an o cessary ( <u>must be on compan</u>			iness organization	ns, if none, state none. U	se additional sheet if
	Organization Name		Address		Type of Ow	/nership
1	127 Fifth St L	LC	127 Fitch St 3	LEW HAVEN	MEMBER	
2					The state of the s	SENSUE CONTRACTOR
	Name	any letterhea	I twenty-five (25) percent of and notarized):  Title	f the outstanding	% of Ownership	DOB
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(This form shall be updated if the Agreement contemplated hereby is not executed within six months of the date hereof.)