



NEW HAVEN PUBLIC SCHOOLS

## MEMORANDUM

Joseph Barbarotta  
Executive Director  
Facilities Services



**To:** Finance and Operations Committee

**From:** Joseph Barbarotta

**Re:** F&O Agenda Item/For Approval  
Renewal of Contract for On Call Fire Sprinkler Services

**Meeting Date:** June,7,2021

**cc:** J. Barbarotta, L. Perez

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

For consideration and approval of an Award of Contract #21680-2-4 to **Encore Holdings, LLC d/b/a Encore Fire Protection, 110 Murphy Road, Hartford, CT** for On Call Fire Sprinkler Services for the NHPS for Fiscal Year 2021-2022.

**Amount of Contract: Not to exceed \$150,000.**

**Funding Source: 2021-2022 Capital Projects 3C22-2261-58101**

### Key Questions:

- 1. Please describe how this service is strategically aligned with school or District goals.** The service is to perform fire sprinkler repairs district wide. Unfunded state law requires annual inspections of the fire sprinkler systems.
- 2. Please describe the evidence of effectiveness 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 evidenced by the annual report. The contractor's performance is inspected by the city fire department.
- 3. Why do you believe this agreement is fiscally sound? 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 scope of the mandated inspections now requires quarterly inspections therefore, we eliminated 4 monthly reports as they would be redundant of the quarterly reports. The contract is a renewal and the pricing remains the same as last fiscal year.



# City of New Haven

## Bureau of Purchases

200 Orange Street, Room 301

New Haven, CT 06510

Tel: 203-946-8201 Fax: 203-946-8206

The City of New Haven ("City") is accepting sealed Bids for the following:

Title:	On Call Sprinkler Inspections and Repairs Service

Solicitation #:	21680
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Project #:	N/A
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Responses must be submitted in the form and manner specified in this request. Solicitation details are outlined in the **Project Summary**.

Forms and specifications may be obtained and your digital submission through the Bureau of Purchases, website:

[https://newhavenct.bonfirehub.com/portal/?](https://newhavenct.bonfirehub.com/portal/)

Honorable Justin Elicker

Mayor

Michael V. Fumiatti, Sr,

Purchasing Agent



City of New Haven  
 Bureau of Purchases  
 200 Orange Street Rm 301  
 New Haven, CT 06510

Telephone: (203) 946-8201 Fax: (203) 946-8206  
 www.newhavenct.gov/gov/depts/purchasing/

## INVITATION TO BID

### Project Summary

Project Name:	On Call Sprinkler Inspections and Repairs Service						
Solicitation #:	21680						
City Project #:	N/A						
Solicitation/Advertise Date:	February 12, 2020						
Bid Closing Date:	March 5, 2020	Bid Opening Time:	3:00	PM			
Pre-Bid Meeting Date:	N/A	Pre-Bid Meeting Time:					
Pre-Bid Meeting Location:	N/A						
Department:	BOE Facilities						
Solicitation Type:	Construction	<input checked="" type="checkbox"/>	Service		SCD* - Construction		SCD* - Service
Contract Term:	Construction	(See Specification)	Service	<input checked="" type="checkbox"/>	One year with additional yearly options	3	Renewals Option(s) (at the sole discretion of the CONH)
Projection Description:	Inspect and maintain all sprinkler systems in entire district						
Material Markup Allowed	<input checked="" type="checkbox"/>	Yes, enter percent markup on Statement of Qualification document					
Insurance Requirements:	Refer to Rider	<b>A</b>	(This Rider is attached)				
Local Preference:	Yes						
MBE/WBE Utilization Form:	Required if your base Bid Submission is \$150,000 or greater						
Bid Bond:	N/A	Percentage Amount:					%
Labor, Material and Performance Bond:	N/A						
Wage Rates:	Prevailing State	<input checked="" type="checkbox"/>	Livable Wage \$17.42 per Hour - FY 20/21		Davis Bacon Federal		N/A



# CERTIFICATE OF LIABILITY INSURANCE

Acct#: 2809589

DATE (MM/DD/YYYY)  
4/22/2021

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).

<b>PRODUCER</b> <b>Lockton Affinity, LLC</b> <b>P. O. Box 879610</b> <b>Kansas City, MO 64187-9610</b>	<b>CONTACT NAME:</b> Lockton Affinity, LLC
	<b>PHONE (A/C, NO Ext):</b> 877-320-8393 <b>FAX (A/C, No):</b> 813-852-7599 <b>E-MAIL ADDRESS:</b> EFM@locktonaffinity.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> Old Republic Insurance Company <b>NAIC #</b> 24147	
<b>INSURER B :</b>	
<b>INSURER C :</b>	
<b>INSURER D :</b>	
<b>INSURER E :</b>	
<b>INSURER F :</b>	

**INSURED**  
**Encore Holdings LLC dba Encore Fire Protection**  
**35 Philmack Drive**  
**Middletown, CT 06457**

**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
	<b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (An; one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COM/OP AGG
	Claims      Occur						
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	POLICY      PROJEC      LOC						
	OTHER						
A	<b>AUTOMOBILE LIABILITY</b>	X	X	L352161-20	09/30/2020	09/30/2021	COMBINED SINGLE LIMIT (Ea accident)      \$1,000,000 BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$
	ANY AUTO						
	OWNED AUTOS      SCHEDULED AUTOS						
	HIRED AUTOS ONLY      NON-OWNED AUTOS						
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE      \$ AGGREGATE      \$ \$
	EXCESS LIAB      OCCUR CLAIMS-						
	DED      RETENTION \$						
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE      OTH-ER E.L. EACH ACCIDENT      \$ E.L. DISEASE - EA EMPLOYEE      \$ E.L. DISEASE - POLICY LIMIT      \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) GPBR: 1K90**  
 Policy provides protection for any and all operations/jobs performed by the named insured where required by written contract. Certificate holder is an Additional Insured where required by written contract. Waiver of Subrogation included by written contract. Insurance is primary and non-contributory.

**CERTIFICATE HOLDER****CANCELLATION**

City of New Haven  
 GoTo Services LLC  
 117 Kendall Street  
 New Haven, CT 06513

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

*Patrick D'Amico*

## OLD REPUBLIC INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM**

#### **Schedule**

<b>Person(s) or Organization(s):</b>	Any person(s) or organization(s) as required by written contract or agreement.
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1. **SECTION II – COVERED AUTOS LIABILITY COVERAGE, A. Coverage, 1. Who Is An Insured** is amended to include the person(s) or organization(s) designated in the Schedule above but only for damages:
  - a. Which are covered by this insurance; and
  - b. Which you have agreed to provide in a written contract.
2. The limits of insurance afforded to such person(s) or organization(s) will be:
  - a. The minimum limits of insurance which you agreed to provide, or
  - b. The limits of insurance of this policywhichever is less.

Client#: 736597

ENCORHOL

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/26/2021

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 any rights to the certificate holder in lieu of such endorsement(s).


<b>PRODUCER</b> USI Insurance Services LLC 475 Kilvert Street, Building B Suite 205 Warwick, RI 02886	<b>CONTACT NAME:</b> Candace Zubee <b>PHONE (A/C, No, Ext):</b> 855 874-0123 <b>FAX (A/C, No):</b> 610-537-9437 <b>E-MAIL ADDRESS:</b> candace.zubee@usi.com														
<b>INSURED</b> Encore Holdings, LLC 35 Philmack Drive, Suite D Middletown, CT 06457	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Nautilus Insurance Company</td> <td>17370</td> </tr> <tr> <td>INSURER B : Navigators Specialty Insurance Co.</td> <td>36056</td> </tr> <tr> <td>INSURER C : Beacon Mutual Insurance Company</td> <td>24017</td> </tr> <tr> <td>INSURER D : Argonaut Insurance Company</td> <td>19801</td> </tr> <tr> <td>INSURER E : Selective Insurance Company of America</td> <td>12572</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Nautilus Insurance Company	17370	INSURER B : Navigators Specialty Insurance Co.	36056	INSURER C : Beacon Mutual Insurance Company	24017	INSURER D : Argonaut Insurance Company	19801	INSURER E : Selective Insurance Company of America	12572	INSURER F :	
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded: \$10,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	ECP203304510	09/30/2020	09/30/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE			FFX203304610	09/30/2020	09/30/2021	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 Occ/Agg \$10M Excess
B	DED <input checked="" type="checkbox"/> RETENTION \$0			IS20EXC944690IV	09/30/2020	09/30/2021	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		X	87718	10/01/2020	10/01/2021	<input checked="" type="checkbox"/> PER STATUTE
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	X	WC928678747364	10/01/2020	10/01/2021	E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Pollution			ECP203304510	09/30/2020	09/30/2021	\$1,000,000 Occ / Agg
A	Professional			ECP203304510	09/30/2020	09/30/2021	\$1,000,000
E	Equipment			S2127905	09/30/2020	09/30/2021	\$50,000 Leased/Rented

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: All State Fire Systems, DBA Encore Holdings, LLC. 21680-2-4 2.  
 The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to City of New Haven and Go To Services, LLC. 117 Kendall Street, New Haven, CT 06415, only when there is a written contract that requires such status, and only with regard to work performed by or on behalf of the named insured. The General Liability policy contains a special endorsement with Primary and (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> City of New Haven 165 Church Street New Haven, CT 06513	<b>CANCELLATION</b> 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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## DESCRIPTIONS (Continued from Page 1)

**Noncontributory wording, when required by written contract. The General Liability and Workers Compensation policies include a Waiver of Subrogation endorsement in favor of the Certificate Holder as referenced above. Umbrella follows form. 30 Days Notice of Cancellation Applies.**



**DISCLOSURE & CERTIFICATION AFFIDAVIT**

**EVERY SECTION MUST BE COMPLETED**  
For help completing this form contact 203-946-8201

<b>Contractor/Vendor Name:</b>	Encore Holdings, LLC
<b>Address:</b>	35 Philmack Drive, Middletown, CT 06457
<b>Telephone and/or Fax #:</b>	800-966-000
<b>Email Address:</b>	toconnor@encorefireprotection.com
<b>Contact Person:</b>	Thomas O'Connor

**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.

<b>State of</b>	Connecticut	<b>County of</b>	Middlesex
<b>I,</b>	Thomas O'Connor <i>(type or print your name above)</i>		<b>being first duly sworn, hereby deposes and says that:</b>
<b>1.</b>	I am over the age of 18 and understand the obligations of making statements under oath; I understand that the City of New Haven is relying on my representations herein.		
<b>2a.</b>	I am the corporate secretary or majority owner (including sole proprietorship) of	Encore Holdings, LLC	<b>Insert Company Name above</b>
<b>2b.</b>	<b>Or</b> I am an individual and my name is:		<b>if an individual, insert your name above</b>
<b>3.</b>	I am fully informed regarding the preparation and terms of the above referenced agreement (the "Agreement") and of all pertinent circumstances related thereto.		
<b>4.</b>	<b>Please select the applicable representation(s) regarding taxes or, if none of the below are accurate, attach an explanation of the status of the relevant tax obligations to this Affidavit (mark an "X" in the appropriate box or "NA" if none apply).</b>		
<b>4a.</b>	NA	As required by Conn. Gen. Stat. §12-41, the Contractor (and each owner, partner, officer, authorized signatory or Affiliate Entity of the Contractor) has filed a list of taxable personal property with the City of New Haven for the most recent grand list and all taxes are current.	
<b>4b.</b>	X	The Contractor (including any owner, partner, officer or authorized signatory thereof) is not required to file a list of taxable personal property with the City of New Haven for the most recent grand list and does not owe any back taxes to the City of New Haven, either directly or through a lease or other agreement.	
<b>4c.</b>	NA	The Contractor or an owner, partner, officer, representative, agent or Affiliate Entity of the Contractor either i) has a PILOT agreement with the City of New Haven or ii) owes back taxes and has executed an agreement with the City of New Haven to pay said back taxes in installment payments. Such agreement is attached and incorporated herein by reference and the payments under said agreement are not in default.	
<b>5.</b>	X	Other than as may be described in section 4 above, the Contractor (including any owner, partner, officer, other authorized signatory, or Affiliate Entity) does not have any outstanding monetary obligations to the City of New Haven.	
<b>6.</b>	<b>Please select the applicable representation about the Contractor's business registration:</b>		
<b>6a.</b>	NA	Contractor is a Connecticut corporation, partnership, limited liability company or sole proprietorship and its Connecticut Secretary of the State Business ID #:	<b>Insert State Registration # above</b>
<b>6b.</b>	X	Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship but is registered to do business in the State of Connecticut. The Contractor's Connecticut Secretary of the State Business ID #:	0984488 <b>Insert State Registration # above</b>
<b>6c.</b>	NA	Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship and is not registered to do business in the State of Connecticut. The Contractor is registered in the State of:	<b>Please insert State name above</b>
Contractor has confirmed with the Connecticut Secretary of the State that the services it will provide pursuant to the Agreement do not constitute doing business in the State of Connecticut and no registration with the Connecticut Secretary of the State is required. Contractor does otherwise have the following State of Connecticut registrations, certificates or approvals relevant to the Agreement (if not applicable, state N/A).			



7. The following list is a list of the names of all persons affiliated with the business of the Contractor who are also affiliated with the City of New Haven. For purposes of this Affidavit, "affiliated with the business of the Contractor" includes any current or former employee (including officers) of the Contractor or any owner, board member or agent of the Contractor, or of any subsidiary or parent company of the Contractor, and "affiliated with the City of New Haven" means any employee, agent, public official, board member, commissioner or any other person serving in an official capacity for or on behalf of the City of New Haven. If none state none. Use additional sheet if necessary (must be on company letterhead and notarized):

Name	City Affiliation Role & Time Frame	Contractor Affiliation Role & Time Frame	DOB
1 NONE			
2			

8. The following list is a list of all contracts in which either the Contractor, any person affiliated with the business of the Contractor or an Affiliate Entity of the Contractor provides, or has provided, services or materials to the City within one (1) year prior to the date of this disclosure. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

Name of Contractor or Affiliate	Affiliation (if applicable)	Contract Number	DOB
1 Encore Holdings, LLC dba Allstate Fire Systems, LLC		21569-2-2	06/06/2019
2 Encore Holdings, LLC dba Allstate Systems, LLC		21553-2-2	06/06/2019

9. The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

Organization Name	Address	Type of Ownership
1 NONE		
2		

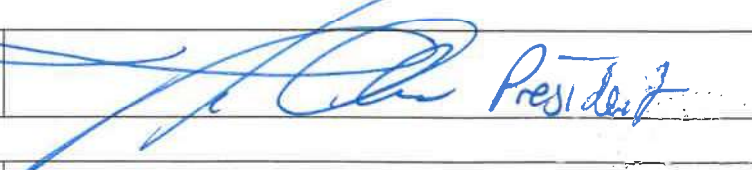
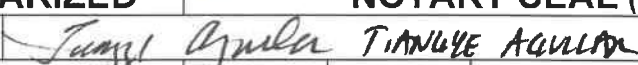
10. The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation, list the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

Name	Title	% of Ownership	DOB
1 Thomas O'Connor	President	44	
2 Jeremy O'Connor	CEO	44	

11. If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1 Allstate Fire Systems, LLC	RI LLC registered in CT with Secretary of State	35 Philmack Drive, Middletown, CT
2 Allstate Fire Systems, LLC	RI LLC registered in CT with Secretary of State	35 Philmack Drive, Middletown, CT

I hereby certify that I am duly authorized to sign this Affidavit and that the person who will sign the Agreement with the City on behalf of the Contractor will be duly authorized to execute the same. I hereby further certify that the statements set forth above are true and complete on the date hereof and that I, or another authorized individual of the Contractor, will promptly inform the City, in writing, if any of the information provided herein changes or is otherwise no longer accurate at any point during the execution of the above referenced Agreement. I understand that any incorrect information, omission of information or failure of the Contractor to update this information, as described in the foregoing sentence, may result in the immediate termination of any and all agreements the Contractor has with the City of New Haven and disqualification of the Contractor to further contract with the City.

Signature & Title of person completing this form:			
Thomas O'Connor, President			
<b>THIS FORM MUST BE NOTARIZED</b>		<b>NOTARY SEAL (if available)</b>	
Signature of Notary:			
Subscribed and sworn to, before me on this:		Day of	February
My Commission Expires:		2021	
<b>TIANGYE AGUILAR</b> <b>NOTARY PUBLIC</b>			

My Commission Expires Dec. 31, 2025

*This form should be mailed or emailed to the contracting department or included with a specific solicitation.*

(This form shall be updated if the Agreement contemplated hereby is not executed within six months of the date hereof.)