



20131154  
Blanket Contract

### City of Springfield Blanket Contract Tracer Document

The purpose of this document is to provide continuous responsibility for the custody of **BLANKET CONTRACTS** during the processing period.

**INSTRUCTIONS:** Upon receipt, please initial and write in the date of receipt. When your department has approved and signed the blanket contract, please initial and date in the forwarding section and deliver to the next department.

DEPARTMENT	DATE RECEIVED		DATE FORWARDED TO NEXT DEPT.	
	Initials	Date	Initials	Date
Office of Procurement			mm	4-28-14
Capital Assets			PT	5-2-14
Facilities/Parks			KMC	5/13/14
City Comptroller	LL	5/14/14	LL	5/16/14
Law	AK	5-20-14	PF	5-20-14
CAFO	g	5/22		
Mayor	AS	5-23-14	AS	5-23-14
Office of Procurement				

Vendor No.: 981      Blanket Contract No.: 20131154      Blanket Contract Date: 6/26/2013

Blanket Contract Amt.: \$750,000.00    Issue Date: 6/26/2013    Renewal Date: 4/1/2015

Appropriation Code1:  
Appropriation Code2:  
Appropriation Code3:  
Appropriation Code4:

Description of Funding Source:

Bid No.: 13-355                      Requisition No.:                      PO No.:

Vendor Name: DRUMMEY ROSANE ANDERSON, INC.

Blanket Contract Type: RENEWAL

Blanket Contract Purpose: ON-CALL PROFESSIONAL ARCHITECTURAL SERVICES

Originating Dept.: CAPITAL ASSETS & DPB&RM-FACILITIES

Expiration Date: 6/25/2015    Amendment Date:                      Extension Date:

TYPE OF DOCUMENT (Please select at least one):

New       Renewal       Amendment       Extension



April 1, 2014

Drummey Rosane Anderson, Inc.  
235 Bear Hill Rd., 4<sup>th</sup> Floor  
Waltham, MA 02451

ATTN: Carl Franceschi:


SUBJECT: Renewal of BC# 20131154- Services: On-Call Professional Architectural Services for the City of Springfield- DPB&RM- Facilities & Capital Asset Department- \$750,000.00.


The City of Springfield – Office of Procurement, on behalf of the DPB&RM & DCAC. is hereby exercising the option to renew the second year of a three year agreement for the above referenced contract for the period of June 26, 2014- June 25, 2015.

Please sign all copies of this renewal letter and return to the Office of Procurement along with the enclosed Tax Affidavit Certificate. And an Updated Certificate of Insurance. Copies of all documents will be forwarded to you after securing all the required signatures.

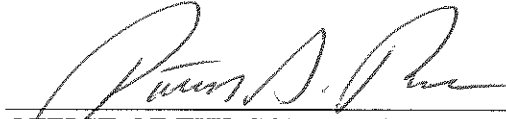
Sincerely,

Lauren Stabilo  
Chief Procurement Officer

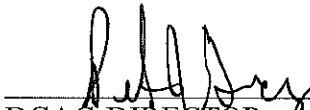
  
PRESIDENT  
DRUMMY ROSANE ANDERSON, INC.  
SIGNED THIS 23 DAY OF April 2014

  
LAW DEPARTMENT  
SIGNED THIS 20 DAY OF May 2014

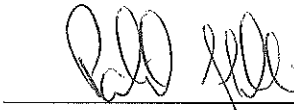
*W* APPROVED AS TO APPROPRIATION: <sup>OK</sup>

  
OFFICE OF THE COMPTROLLER  
SIGNED THIS 16<sup>th</sup> DAY OF May 2014


APPROVED BY:

  
DCAC-DIRECTOR  
SIGNED THIS 2nd DAY OF May 2014

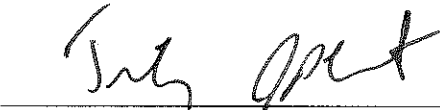
APPROVED BY:

  
DPB&RM-FACILITIES-DIRECTOR  
SIGNED THIS 10 DAY OF May 2014

APPROVED BY:

  
DOMENIC J. SARNO, MAYOR  
SIGNED THIS 23<sup>rd</sup> DAY OF May 2014

REVIEWED BY:

  
CAFO  
SIGNED THIS 23 DAY OF May 2014

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

04-2385420

Individual Social Security Number

State Identification Number

Federal Identification Number

Company: Drummey Rosane Anderson, Inc.

P.O. Box (if any): Street Address Only: 235 Bear Hill Road, Fourth Floor

City/State/Zip Code: Waltham, MA 02451

Telephone Number: 617-964-1700 Fax Number: 617-964-1701

List address(es) of all other property owned by company in Springfield:

Please Identify if the bidder/proposer is a:

Corporation X

Individual Name of Individual:

Partnership Names of all Partners:

Limited Liability Company Names of all Managers:

Limited Liability Partnership Names of Partners:

Limited Partnership Names of all General Partners:

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

FEDERAL TAX CERTIFICATION

I, Carl R. Franceschi certify under the pains and penalties of perjury that Drummey Rosane Anderson, Inc. to my best knowledge and belief, has/have complied with all United States Federal taxes required by law.

Drummey Rosane Anderson, Inc. Bidder/Proposer/Contracting Entity Authorized Person's Signature Date: April 21, 2014

CITY OF SPRINGFIELD TAX CERTIFICATION

I, Carl R. Franceschi certify under the pains and penalties of perjury that Drummey Rosane Anderson, Inc. to my best knowledge and belief, has/have complied with all City of Springfield taxes required by law (has/have entered into a Payment Agreement with the City).

Drummey Rosane Anderson, Inc. Bidder/Proposer/Contracting Entity Authorized Person's Signature Date: April 21, 2014

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C §49A, I, Carl R. Franceschi certify under the pains and penalties of perjury that Drummey Rosane Anderson, Inc. to my best knowledge and belief, has/have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Drummey Rosane Anderson, Inc. Bidder/Proposer/Contracting Entity Authorized Person's Signature Date: April 21, 2014

Notary Public

STATE OF Massachusetts April 21, 2014

County of Norfolk, ss.

Then personally appeared before me [name] Carl R. Franceschi [title] President of [company name] Drummey Rosane Anderson, Inc. being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof, and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name] Drummey Rosane Anderson, Inc.

Notary Public Carol A. Briggs My commission expires: April 29 2016

YOU MUST FILL THIS FORM OUT COMPLETELY AND, SIGNATURES MUST BE NOTARIZED ON THIS FORM AND YOU MUST FILE THIS FORM WITH YOUR BID/CONTRACT. TAX AFFIDAVITS THAT ARE NOT SIGNED AND NOTARIZED WILL BE REJECTED.



DRUMROS-01

JMAGGIO

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/21/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Ames &amp; Gough</b> <b>859 Willard Street</b> <b>Suite 320</b> <b>Quincy, MA 02169</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): (617) 328-6555</b>		<b>FAX (A/C, No): (617) 328-6888</b>	
	<b>E-MAIL ADDRESS:</b>			
<b>INSURED</b>  <b>Drumme Rosane Anderson, Inc.</b> <b>235 Bear Hill Road, Fourth Floor</b> <b>Waltham, MA 02451</b>	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
	<b>INSURER A : Beazley Insurance Company, Inc.</b>		<b>37540</b>	
	<b>INSURER B :</b>			
	<b>INSURER C :</b>			
	<b>INSURER D :</b>			
	<b>INSURER E :</b>			

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input type="checkbox"/> <b>OCCUR</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PRO-JECT</b> <input type="checkbox"/> <b>LOC</b>						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> <b>ANY AUTO</b> <input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b> <input type="checkbox"/> <b>HIRED AUTOS</b> <input type="checkbox"/> <b>NON-OWNED AUTOS</b>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input type="checkbox"/> <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> <b>Y/N</b> If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> <b>WC STATUTORY LIMITS</b> <input type="checkbox"/> <b>OTHER</b> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
<b>A</b>	<b>Prof. Liability</b>			<b>V15QLK140601</b>	<b>01/08/2014</b>	<b>01/08/2015</b>	<b>Per Claim Limit 3,000,000</b>
<b>A</b>				<b>V15QLK140601</b>	<b>01/08/2014</b>	<b>01/08/2015</b>	<b>Aggregate Limit 3,000,000</b>

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

**CERTIFICATE HOLDER****CANCELLATION**

**Ms. Lauren Stabilo**  
**Chief Procurement Officer**  
**36 Court Street, Room 307**  
**Springfield, MA 01103**

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

*John A. O'Leary*

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# CERTIFICATE OF LIABILITY INSURANCE

DRUMM-2

OP ID: CR

DATE (MM/DD/YYYY)

04/23/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Dwight Rudd & Company, Inc. 260 Franklin Street, Suite 900 Boston, MA 02110 Philip L. Ladd		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A : <b>Travelers Property Casualty</b>	
		INSURER B : <b>Travelers Indemnity Co.</b>	
		INSURER C : <b>Travelers Casualty and Surety</b>	
		INSURER D :	
		INSURER E :	
		INSURER F :	

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			6802C802980TIL13	09/16/2013	09/16/2014	EACH OCCURRENCE	\$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 4,000,000	
							PRODUCTS - COMP/OP AGG	\$ 4,000,000	
								\$	
A	AUTOMOBILE LIABILITY			BA2C80640713GRP	09/16/2013	09/16/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY OWNED AUTOS						BODILY INJURY (Per person)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$
								PROPERTY DAMAGE (PER ACCIDENT)	\$
							\$		
							\$		
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		CUP2C8113501347	09/16/2013	09/16/2014	EACH OCCURRENCE	\$ 3,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 3,000,000	
	DED <input checked="" type="checkbox"/>	RETENTION \$ 100000					\$		
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			XEUB3963T66A13	09/16/2013	09/16/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A					E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
								E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

Operations usual to insured: Engineer

**CERTIFICATE HOLDER****CANCELLATION**

Ms. Lauren Stabilo  
 Chief Procurement Officer  
 City of Springfield  
 36 Court Street, Room 307  
 Springfield, MA 01103

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

*Philip L. Ladd*

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