



NYC
Office of Chief
Medical Examiner

Department of Health & Mental Hygiene

OFFICE OF CHIEF MEDICAL EXAMINER
421 East 26th Street, NEW YORK, NY 10016

REQUEST FOR BID

Delivery Instructions:

The awarded vendor must notify the Receiving Department at (212) 323-1686 24 hours prior to delivery.
Delivery hours: 8:30AM - 3:30PM Monday - Friday.

Bid Number: 17R0073MJ		Due Date: 8 / 19 /2016 at 2 : 00 PM (Eastern Standard Time)	
Vendor Information:		Return Bid by Fax, E-mail, Delivery or Mail to:	
Name:		Office of Chief Medical Examiner	
Street:		Procurement Operations	
City:		421 East 26 TH Street, 10 TH Floor	
State:	Zip:	New York, NY 10016	
Tax ID:		Attention:	MICHELLE JORDAN
		Phone:	212-323-1706
Deliver To:		DirectFax	646-500-6912
		Fax	212-323-1790
Location:	Office of Chief Medical Examiner	Email: ocmebids@ocme.nyc.gov	
Street:	421 East 26 th Street	To submit your by e-mail: - Complete this document electronically and save it to an appropriate directory - If possible, provide the request in an unalterable form, for example in Adobe Acrobat portable document format (pdf) secured by a password. - Open a reply to our e-mailed solicitation. Leave the subject line unchanged. - Attach the electronic RFB and send. Note: To receive this or future solicitations electronically, e-mail your e-mail address to the address above. (NYC reserves the right to issue and receive solicitations by fax, e-mail or mail).	
City:	New York City		
State:	New York Zip: 10016		
Attention:	Receiving Department		

TO ALL PROSPECTIVE BIDDERS:

The City of New York Department of Health and Mental Hygiene, **Office of Chief Medical Examiner (OCME)** is soliciting vendors who are qualified and capable of providing general electrical services on an as needed basis as a time and materials service agreement.

Location: All electrical services shall be performed on a time and materials basis at the various OCME owned and operated facilities located within the five (5) boroughs of New York City.

- Charles S. Hirsch Center for Forensic Sciences: 421 East 26th Street, New York, NY 10016
- Manhattan OCME: 520 First Avenue, New York, NY 10016
- Memorial Park – The designated OCME area located at FDR Drive and 30th Street referred to as “Memorial Park” houses OCME disaster remain areas including but not limited to the tented area, the trailers, cold rooms and the family room.
- 18th Street Storage Depot: Located under the FDR Drive and 18 Street currently used for various outdoor storage needs.
- Bronx OCME: 1400 Pelham Parkway South , Bronx, NY 10461
- Brooklyn OCME: 599 Winthrop Street, Brooklyn, NY 11203
- Queens OCME: 160-15 82nd Drive, Jamaica, NY 11432
- Staten Island OCME: Sea View Hospital, 460 Brielle Avenue, Staten Island, NY 10314

Basis of Award: The award of this Solicitation will be made in accordance with the Rules of the Procurement Policy Board of the City of New York (“PPB Rules”) Section 3-08; the Office of the Comptroller, City of New York 220 Prevailing Wage Schedule. The award will be made to the vendor offering the lowest responsible and aggregate bid price in an amount not to exceed One Hundred Thousand Dollars (\$100,000.00), if at all. To be considered responsive all bidders must return all documents contained within this solicitation with their bid submissions on this form.

The Earned Sick Time Act, also known as the Paid Sick Leave Law (“PSLL”) requires covered employees who annually perform more than 80 hours of work in New York City to be provided with paid sick time. Vendors of the City of New York [or of other governmental entities] may be required to provide sick time pursuant to the PSLL codified at Title 20, Chapter 8, of the New York City Administrative Code.

PURPOSE

In general, the scope of this award is for the Vendor to furnish all labor, materials, tools, equipment, supervision, services incidentals and related items necessary to complete Electrical Services, including but not limited to the following:

All electrical work shall be performed by a Licensed Electrician (with the NYC Department of Buildings – NYC DOB) of limited duration and scope (i.e. installing, altering or repairing any wiring or appliances for electric light, heat or power), consisting of repairs and/or replacement of electrical and tele-data equipment; all work necessary to retrofit, service, maintain and repair all kinds of lighting fixtures and local lighting controls and washing/cleaning of the same; all low voltage cabling carrying data, video, and voice (and/or in combination); the furnishing and installation of wiring, conduit, circuits, breakers, fuses, sub-panels, cores/drilling, firestopping, associated cleaning, etc; and appropriate permit and/or Certificate of Electrical Inspection filing with the NYC DOB - Bureau of Electrical Control (BEC) as required and/or as directed by the OCME Engineering Dept. (inclusive of NYC DOB Inspection sign-offs and Letter of Completion deliverables).

The Purchase Order (PO) will be awarded as a service agreement for time and materials on an as needed basis for services not to exceed \$100,000.00 to perform Electrical Services as set forth herein.

The awarded bidder’s pricing must remain firm and in effect for the life of this agreement and the anticipated period of performance of September 1, 2016 to December 31, 2017.

GENERAL REQUIREMENTS

- A. Regular Service Call:** The Vendor shall perform services in response to a Service Call (“Service Call”). The Service Call will be defined in a written Work Order (“WO”) specifying the location, description of work required and the estimated maximum “not to exceed” cost of labor and materials between regular scheduled hours of 7:00 AM to 5:00 PM, Monday through Friday, excluding City Holidays.
- B. Response Time:** All request for repairs/replacement and new installation must be completed within five (5) days of request.
- C. Estimated Amount of Services:** The OCME will not guarantee a minimum of labor hours **and/or materials** for any given Service Call. The quantities and allowances which appear in this Request for Bid are estimates used for bid purposes only.
- D. Freight for Parts or Materials to OCME:** **This cost is prepaid and added to invoice payable by OCME.**
- E.** The successful bidder will be required to comply strictly with all Federal, State and Local Laws and regulations, payment of prevailing wages, and in accordance with all requirements of Local Law §220.
- F. Sub-Vendors:** The use of a Sub-Vendor shall not be permitted for the purposes of this Purchase Order.

G. Regular Labor/Repair Rate: The Vendor shall submit an all-inclusive and fully burdened fixed regular hourly rate for repairs made as a result of a Service Call. The rates shall be fully burdened and include, but not limited to, all labor, capital equipment costs, statutory payroll, fringe benefits, overhead, insurances and taxes (inclusive of any required Federal and NYS insurances and taxes), transportation costs, tolls, vehicles, tools, incidentals, attendant expenses, consumable materials, and Vendor's general, administrative, and supervisory costs, and profit and fees.

H. Protection of Work and Property

The Vendor assumes the risk of, and shall be responsible for, any loss or damage to the OCME property, fixtures, improvements or equipment therein, and any other City property, whether owned or leased by the City, that is used by the Vendor, its employees, agents or Sub-contractor, in the performance of the Services specified in this solicitation, provided that such loss or damage is caused, either directly or indirectly by the act or omission of the Vendor, its employees, agents or subcontractor.

Any damage to OCME property caused by the Vendor, its employees, agents or subcontractors, other than reasonable wear and tear, shall be promptly repaired or replaced by the Vendor to the satisfaction of the of Chief Medical Examiner or, in lieu of such repair or replacement, at the sole option of the OCME the shall pay to the OCME funds in an amount sufficient to compensate the OCME for the cost of such repairs or replacement, or, alternatively, for the loss sustained by the OCME by reason of damage to or destruction of such property. The Vendor shall have no responsibility for any damage due to any preexisting condition, including but not limited to environmental problems or damage due to any prior usage.

If the OCME, in its sole judgment, which shall not be arbitrary or capricious, shall determine that the Vendor has caused or permitted conditions on OCME property that are not in compliance with the terms of this Solicitation, the OCME may in writing direct the Vendor to correct such conditions. The OCME shall allow the Vendor a reasonable time to correct such conditions, except for emergency conditions, which the OCME may direct the Vendor to correct forthwith. In the event that Vendor fails to correct the specified conditions or otherwise fails to satisfactorily comply with such notice, the OCME may terminate the Agreement.

I. Invoice: Final Acceptance of Services: The Purchase Order (PO) will be awarded as a Service Agreement. The Vendor must submit written notification within ten (10) business days to the OCME Representative when work is completed. The Final Acceptance of Services by the OCME Representative shall be within seven (7) business days and in the form of written notification from the OCME Representative to the Vendor Representative that the work performed is accepted as complying with the terms and conditions of the purchase order issued from this solicitation. The date of Final Acceptance shall be the date of such written notification by the OCME Representative. The Vendor is responsible for obtaining the written notification prior to submitting invoices.

J. The successful bidder will be required to comply strictly with all Federal, State and Local Laws and regulations, payment of prevailing wages, and in accordance with all requirements of Local Law §220. Bidders can review the Prevailing Wage Schedule by visiting: <http://comptroller.nyc.gov/general-information/prevailing-wage/>

K. Vendor Payment: Payment shall be made in accordance with the Procurement Policy Board Rules Section 4-06.

L. Certificate of Insurance: – See Attachment “I”

M. Guarantee: All materials furnished and installed under this purchase order shall be guaranteed for a period of one (1) year against any and all defects in materials and parts, workmanship and installation from the date of final acceptance of service. The awarded vendor is advised any repairs, replacement or re-installation of these parts shall be at the expense of the vendor including but not limited to labor, materials and travel.

SPECIFIC REQUIREMENTS

A. ELECTRICAL WORK FILING/PERMITS and LICENSURE

1. All electrical work as specified herein shall be performed by a NYC DOB Licensed Electrician in compliance with NYC Building Code and Electrical Code (2014; or most recently adopted edition); National Fire Protection Association (NFPA); and Occupational Safety and Health Administration (OSHA). Such work may be coordinated with the in-house OCME Electrician.
2. The Vendor shall be responsible for Work Orders requiring electrical engineering design, plan work applications, limited alteration applications and/or electrical permit applications with the NYC DOB – Electrical Division.
3. Any and all costs or expenses that the Vendor may incur for the preparation and/or coordination of plan work applications, appropriate application filing for electrical work permits, electrical material and equipment approval, approval and receipt of permits, open electrical violation – request for removals, re-submissions and/or renewals, certificate of electrical inspection and appointments, electrical code interpretation request, self-certification affidavit, waivers and/or dismissals, final sign-offs, etc shall be deemed included in the fixed fee, and the Vendor shall not be entitled to any additional compensation.
4. The Vendor shall be responsible to complete and submit to Bureau of Electrical Control (BEC) an “Application for a Certificate of Electrical Inspection” – immediately forward copy to OCME Representative when made available. Upon completion of the electrical work, the Licensed Electrician shall arrange for a scheduled inspection appointment with BEC.
5. The OCME is a Mayoral Agency and exempt from application or filing fees at the NYC DOB. The Vendor shall be provided with a “waiver letter” on OCME Letterhead from the OCME Representative for each project requesting such exemption.

B. FIELD MEASUREMENTS

1. It shall be the Vendor’s sole responsibility to verify all field dimensions and existing conditions prior to ordering any materials and/or commencing any Work. The Vendor shall be responsible for the correct fit of all Work within the existing conditions.
2. The Vendor shall promptly inform the OCME Representative of any and all field conditions that conflict with the Work as shown on the plans, drawings, and sketches and/or specified in the Work Order.
3. All plans will include the location of the Work. Work shall be installed so as to be readily accessible for operation, maintenance and repair. Minor deviations from the plans may be made to accomplish this, subject to the approval of the OCME Representative.

C. PLANS and DRAWINGS

1. Any and all references to “plans” and “drawings” that may be obtained from the OCME, shall include but not be limited to, any and all drawings, plans, sketches, schematics, diagrams, manufacturer catalog “cut-sheets and specifications, addenda, and Request For Information (RFI) clarification drawings, etc.
2. The OCME will make available to the Vendor any and all available plans and drawings from its archives, project files and/or records upon written request prior to commencing work and thereafter. Should such information not be available, the Vendor shall be responsible to prepare such graphic representations and secure such documentation in a timely manner in compliance with industry standards and best practices to properly communicate, describe and complete the Work as described herein.
3. The Vendor may be asked to prepare electrical design sketches, plans and drawings, diagrams and schematics, etc., to graphically illustrate any portion of the work involved during any of the following phases of a project: e.g. the proposal and scope development phase, execution and progress, coordination and filing/inspection, and/or close-out and sign-off of a project. The Vendor shall be responsible for all such graphically prepared documents (prepared and compatible with AutoCAD 2010 by AutoDesk) necessary to file and/or complete the project, and at no additional cost to the OCME.

4. For the purposes of this Agreement, the intent of the Requirements are not intended to provide every detail and solicitation specifications.

D. SHOP DRAWINGS and SUBMITTALS

1. The Vendor shall be directed in writing regarding any shop drawings and/or submittal requirements. Such shop drawings and submittals shall be completed within five (5) business days upon receipt of a written directive.
2. Delivery of Shop Drawings and Submittals: Shop drawings and submittals will be delivered directly to the attention of the OCME Representative, whether or not explicitly stated in any documents.
3. Submittals: All submittals (e.g. material, finish and color samples, etc) shall be shipped and pre-paid by the Vendor. The OCME assumes no responsibility for checking quantities and/or exact numbers included in such submittals.
4. Turn-Around Time: The OCME estimates its turn-around time for shop drawing and submittal review to be approximately five (5) business days.
5. Transmittal Letter: Submittals for consideration shall be accompanied by a transmittal letter on Vendor letterhead and signed by an appropriate representative familiar with the project. The transmittal letter may sent via US Mail (Overnight), FAX or Email (PDF) and shall include, but not limited to the following: list of items, name of Vendor (or SubVendor), Work Order number, applicable Specification paragraph(s), applicable drawing numbers, information required for exact identification and location of each item, manufacturer/make/model, and ASTM or other Standard number or reference required by the Specifications for the particular item(s) being furnished, catalogue cut-sheets marked and noted to indicate specific items submitted for approval and/or comment, etc.
6. The Vendor shall be responsible for all shop drawings and submittals, and all such associated services shall be at no additional cost to the OCME.

E. COMMENCEMENT OF WORK

1. The Vendor shall notify the OCME Representative in writing at least two (2) business days prior to commencing any Work; and of its need for access to the area and use of any elevators. The Vendor shall not commence Work until its written notification is approved by the OCME Representative in writing.
2. Such written notification by the Vendor or the OCME Representative may be performed via Email.

F. SUPERINTENDENT, FOREMAN AND EMPLOYEES

1. The Vendor shall give its personal attention to the Work and shall employ and retain at each work site, a competent foreman or superintendent while Work is in progress, except when otherwise designated herein. The Vendor's superintendent/foreman shall be fluent in English (written and spoken). The Vendor is required to provide sufficient crews of competent and skilled workers for this Agreement in order to timely perform the Work as specified and directed by the OCME.
2. The Vendor shall keep at each work site copies of all plans and specifications. All instructions provided by the OCME Representative to the Vendor's foreman or superintendent shall be considered as having been given to the Vendor.
3. The OCME reserves the right, in its sole discretion, to request replacement of any superintendent, foreman or other employee of the Vendor or its SubVendor(s) performing Work under this Agreement.
4. Whenever the OCME Representative shall inform the Vendor, in writing, that any employee is, in his/her opinion, incompetent, unfaithful or disobedient, that employee shall be discharged from the Work forthwith, and shall not again be employed upon it. The Vendor, once notified of OCME's request, shall replace such employee with an employee of equal or greater experience, to OCME's satisfaction, within no more than one (1) business day of OCME making such request.
5. The Vendor is responsible for site safety and the safety of its employees, inclusive of required Personal Protective Equipment (PPE) – e.g. hardhats, foot and eye protection, harness for elevated work, etc.

G. LETTER OF COMPLETION:

The Vendor shall submit a letter (certificate) of completion at the satisfactory completion of the Project as follows: (1) Vendor to certify the project has been constructed in accordance with the approved plans and specifications (as applicable), and in conformance of all provisions of NYC Electrical Code (most recent edition). (2) Vendor's statement shall verify that all construction specifications and product qualities have been met or exceeded. (3) Vendor to certify all defects in workmanship and materials reported during the period of construction of the project have been corrected. (4) Record Documents and Electrical As-Built Drawings certified by a NYS Licensed PE have been accurately prepared, completed and deliverables accepted by the OCME.

H. MATERIALS AND EQUIPMENT

1. All materials and equipment shall be called for, described and/or specified and approved by the OCME Representative and/or its representative.
2. All framing and /or support structures shall be non-combustible. However, should lumber be required under this Agreement, such lumber is to comply with the requirements for fire retardant lumber set forth by the NYC DOB (except where more stringent requirements may be indicated), and at no additional cost to the OCME.
3. All electrical equipment, materials and appliances shall have the listing of the Underwriters' Laboratories, Inc., and shall bear labels attesting to UL listing, and types approved by NYC Departments having jurisdiction.
4. All products utilized in the execution of the scope of work shall meet or exceed the requirements indicated in the NYC Environmentally preferable Purchasing (EPP) Minimum Standards for Goods and Construction Products. Where conflict occurs between specification of contract items, provision of EPP will supersede the specification.

I. SPECIAL INSPECTIONS (WHEN APPLICABLE)

7. **SUMMARY OF WORK:** The Vendor shall be responsible to provide special inspection services in coordination and cooperation with the OCME as "Owner". If initial inspection results in "failure", the Vendor shall be responsible for all costs for subsequent re-inspections until approval is obtained. No part of the time lost to re-inspect shall be made the subject of claim for extension of time or for excess costs or damages by the Vendor. Inspections performed via the Special Inspection Agency shall in no way relieve the Vendor of the responsibility to perform the work in accordance with all applicable standards and codes; and the Vendor understands that there is no warranty given by the OCME to the Vendor in connection with such inspections.
8. **CODES:** Special Inspection is mandated in the 2008 NYC Construction Codes – e.g. Chapter 17, NYC Building Code; and 1 RCNY Section 101-06, Special Inspection Rule (Inspectors and Agencies – Effective Date: 07/01/08 or most recent editions, revisions, adoptions); which has replaced what was formerly "controlled" inspections. Items designated for "special inspections" (e.g. through-penetration firestopping, draft stopping and fire blocking prior to concealment) under the provisions of the NYC Building Code shall be inspected, tested and witnessed (inclusive of progress inspections as applicable) by or under the supervision of a certified Special Inspector via a registered Special Inspection Agency with the NYC DOB.
9. **TECHNICAL REPORT:** The Vendor shall be responsible to ensure compliance with TR1: Technical Report – Statement of Responsibility requirements for "Special Inspections: Firestop, Draft stop and Fire block Systems – BC 1704.25" for all inspections (e.g. special, progress and final) and sign-off at NYC DOB. The Vendor shall forward two (2) hardcopies of all technical reports, applications, NYC DOB receipts, etc within five (5) business days to the OCME Representative. The OCME (and/or the design professional of record if applicable) reserves the right to accept or reject the Special Inspector; and replacement of an acceptable inspector shall be at no additional cost to the OCME.
10. **GENERAL REQUIREMENTS:** (a) The general requirements of the Special Inspection Rule include, but are not limited to the following: compliance, documentation (main records for six (6) years), limitation of duties, and reporting discrepancies, etc. In addition, registration requirements include, but are not limited to the following: Special Inspection Agencies, TR1 requirements, inspectors do not register with NYC DOB; amendment provides additional information, etc. For the purposes of this Agreement,

accreditation for “Class 1 – Major Building Projects” will be required. (b) The Vendor shall provide all labor and materials, cooperation, access, and submittals necessary for the special inspections; and shall not cover or enclose work subject to inspection prior to acceptance. The Vendor shall expose, re-cover or re-enclose any work covered or enclosed prior to acceptance, and at no additional cost to the OCME. (c) The Vendor shall notify the OCME at least 48 hours in advance before the specific work item commences for which inspection is required. The Vendor shall bear all costs for inspection cancellations and/or re-inspections.

11. **FIRESTOP SCHEDULE:** Information shall include, but not limited to the following: Project No., Project Title, Date Submitted, Vendor Name and Address, Supplier/Installer Name and Address, Manufacturer Name and Address, Company Field Advisor Name and Address, etc. In addition, schedule items shall include (as applicable): manufacturer’s product reference numbers and/or drawing numbers; UL/FM/Warnock Hersey or Omega Point Lab Penetration Design numbers; penetrating item description: material, size, insulated, combustible, joint, perimeter, etc; maximum allowable annular space or maximum size opening, wall type (design/designation and construction); floor type construction; fire resistance rating of wall or floor (Hourly); F rating; T Rating (floors only); L Rating (if available) and W Rating (if available), etc.
12. **FIRE-STOPPING:** The furnishing and installation of fire-stopping for existing areas and any new work as described herein, shall be deemed included within the cost of the related work item (or any portion thereof) that caused the penetration and required the fire-stopping work to be performed. Payment for all requirements of special (controlled) inspection in compliance with NYC DOB shall be fully burdened within the fixed fee for the successful completion of a specific project inclusive of all penetrations requiring fire-stopping. Final Payment is contingent on final acceptance of the work by the OCME; and final inspection and sign-off with the NYC DOB. The Vendor is responsible to furnish all such documentation to the satisfaction of the OCME representative for review and approval for final payment.

END OF SPECIFICATIONS

BID PAGE

Labor/Repair Rate	Estimated Hours	Unit Price	Ext. Amount
Electrician "A"	300	\$ _____	\$ _____
Electrician "M"	300	\$ _____	\$ _____
Description	Estimated Quantity	Unit Price Lump Sum	
Fixed Fee (Fully Burdened) NYC DOB – BEC Filing/Permits, Inspection, Final Sign-Off/Approvals, As-Builts, etc.	Per OCME Work Order.	\$ _____	\$ _____
	A Estimated price for parts/materials (net cost)	B Vendors cost factor Mark up percentage % mark up	C Total price $\$20,000.00 + (A \times B) = C$
	\$20,000.00	_____	\$ _____
In order to be considered valid, all bids must be submitted on this form be legible and include freight with inside delivery charges. Price quotes will remain firm for 90 days after bid submission, unless otherwise noted. If multiple shipments are required, initial bid must reflect all freight charges. The Office of Chief Medical Examiner will not pay for charges not contained in this request for quote.		Delivery Charges: Sub-Total: Discount Rate : _____ % Total Quote:	
If not submitting a bid, place an "X": () Do not supply these goods/services () No bid at this time			
Authorized Vendor's Representative:		In order to be considered valid, all bids must be submitted on this form	
Name:		Phone:	
Title:		Fax:	
Signature:		Email:	
If the winning bid was submitted electronically, the vendor will be required to submit a signed copy by fax or mail.			
This is not an order, nor is the Agency obligated to issue an order as a result of this solicitation.			

Deliver Terms for Parts and Materials: within seven (7) business Days after receipt of request.
 Shipping Term: Prepay and add to invoice.

INVOICE: Must include the current Purchase Order Number issued for this solicitation. As consideration for the Vendor's services, payment shall be made in accordance with the purchase order unit prices.

The vendor must submit invoice to:
 NYC OCME C/O NYC DOHMH
 Bureau of Controller (OFM)
 P.O. Box 8400, CN 42, LIC
 Queens, NY 11101-8400

Or via e-mail to: OCMEINVOICEINTAKE@HEALTH.NYC.GOV

All invoices submitted by the Vendor must contain the following, but not limited to:

- Invoice Date
- Address of Service Location
- Date(s) of Service
- Description of services provided
- Invoice number
- Purchase Order Number
- Vendor's Employer Identification Number (EIN)
- Copy of E-mail requesting services with service ticket signed by OCME Representative and the Vendor's Representative.

All invoices must be submitted within fifteen (15) calendar days subsequent to the month in which services were performed and completed. Invoices submitted Three Hundred Sixty-Five (365) calendar days after the Final Acceptance of Services date will be at NO COST to the OCME.

Department of Health & Mental Hygiene

OFFICE OF CHIEF MEDICAL EXAMINER

PURCHASING UNIT

421 EAST 26TH STREET, 10TH FLOOR

NEW YORK, NY 10016

NO BID RESPONSE

FOR

PROCUREMENT IDENTIFICATION NUMBER (PIN): 17R0073MJ

DATE: _____

PREPARED BY: _____

VENDORS NAME: _____

EMAIL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

Tax ID:	_____
FMS VENDOR ID:	_____

SELECT ONE:

NO BID AT THIS TIME { }

CAN NOT PROVIDE ITEM(S) { }

DO NOT PERFORM SERVICE(S) { }

BIDDERS ADDITIONAL COMMENTS: _____

ATTACHMENT "T"

SCHEDULE OF INSURANCE COVERAGE REQUIREMENTS
OFFICE OF THE CHIEF MEDICAL EXAMINER

<u>TYPE</u>	<u>COVERAGE</u>	<u>APPLICABLE</u>
GENERAL LIABILITY	\$1,000,000 COMBINED LIMIT AT A MINIMUM	(√) YES () NO
WORKER'S COMPENSATION	STATUTORY	(√) YES () NO
DISABILITY BENEFITS	STATUTORY	(√) YES () NO
UNEMPLOYMENT	STATUTORY	(√) YES () NO
AUTOMOBILE LIABILITY	\$1,000,000 Per incident	(√) YES () NO

BIDDER MUST SUPPLY DOCUMENTARY PROOF, IN THE FORM OF A CERTIFICATE, BINDER OR POLICY FOR ALL THE SCHEDULED COVERAGES WITHIN TEN (10) CONSECUTIVE BUSINESS DAYS FROM NOTIFICATION. FAILURE TO DO SO CONSTITUTES GROUNDS FOR REJECTION AND SUBJECTS BIDDER TO LIABILITY FOR THE DIFFERENCE BETWEEN ITS BID PRICE AND THE PRICE OF THE CONTRACT, AS ULTIMATELY LET.

THE INSURANCE DOCUMENT(S) MUST SHOW AT MINIMUM, POLICY NUMBER, EXPIRATION DATE, AMOUNT OF COVERAGE AND THE CITY OF NEW YORK, INCLUDING ITS OFFICIALS AND EMPLOYEES AS THE ADDITIONAL INSURED PARTY, AS WELL AS CERTIFICATE HOLDER, WHEN APPLICABLE.

IN ADDITION BIDDER'S ARE RESPONSIBLE TO HAVE THE CERTIFICATION BY BROKER FORM COMPLETED BY THE BROKER AND NOTARIZED TO AFFIRM THE INFORMATION BEING REPRESENTED ON THE ACCORD FORM IS TRUE.

**INSURANCE REQUIREMENTS FOR PURCHASE OF CONSTRUCTION, REPAIRS, AND
EQUIPMENT INSTALLATION UNDER \$100,000**

1. Commercial General Liability Insurance

- A. The Vendor shall provide a Commercial General Liability Insurance policy covering the Vendor as Named Insured and the City as an Additional Insured in the amount of at least One Million Dollars (\$1,000,000). This policy shall protect the City and the Vendor from claims for property damage and/or bodily injury, including death, which may arise from any of the operations under this Agreement. Coverage under this policy shall be at least as broad as that provided by Insurance Services Office ("ISO") Form CG 0001 (12/04 ed.) and must be "occurrence" based rather than "claims-made."

- B. Such Commercial General Liability Insurance shall name the City as an Additional Insured under this policy. Coverage for the City as Additional Insured shall specifically include the City's officials and employees, and shall be at least as broad as ISO Form CG 20 10 (07/04 ed.). Such insurance shall be primary (and non-contributing) to any insurance or self-insurance maintained by the City.

2. Workers' Compensation and Disability Benefits

The Vendor shall provide Workers' Compensation Insurance and Disability Benefits Insurance in accordance with the Laws of the State of New York on behalf of all employees providing services under this Agreement.

3. Employers' Liability

The Vendor shall provide Employers Liability Insurance in the amount of not less than One Million Dollars (\$1,000,000) per accident affording compensation due to bodily injury by accident or disease sustained by any employee arising out of and in the course of his/her employment under this Agreement.

4. General Requirements for Insurance Coverage and Policies

- A. All required insurance policies shall be maintained with companies that may lawfully issue the required policy and have an A.M. Best rating of at least A-VII or a Standard and Poor's rating of at least AA, unless prior written approval is obtained from the Mayor's Office of Operations.

- B. The Vendor shall be solely responsible for the payment of all premiums for all required policies and all deductibles and self-insured retentions to which such policies are subject, whether or not the City is an insured under the policy.

- C. The Vendor shall be responsible for providing continuous insurance coverage in the manner, form, and limits required by this Agreement and shall be authorized to perform services only during the effective period of all required coverage.

5. Proof of Insurance

- A. The Vendor shall not commence services under this Agreement unless and until all required certificates have been submitted to and accepted by the Commissioner. Acceptance by the Commissioner of a certificate hereunder does not excuse the Vendor from securing a policy consistent with all provisions of this Article or any liability arising from its failure to do so. The Vendor's indemnification obligations shall not be limited in any way by the Vendor's obligations to obtain and maintain insurance as provided under this Agreement.

- B. For CGL insurance, the Vendor shall file a Certificate of Insurance with the Department. This Certificate shall set forth the required limit of coverage (or more) and the City's status as additional insured pursuant to ISO Form CG 20 10.
- C. For Workers' Compensation Insurance and Disability Benefits Insurance, ACORD forms are not acceptable proof of coverage. The Vendor must submit one of the following forms to the Department, or another form acceptable to the City: C-105.2 -- Certificate of Workers' Compensation Insurance, or U-26.3 -- State Insurance Fund Certificate of Workers' Compensation Insurance.
- D. The Vendor shall be obligated to provide the City with a copy of any policy required by this Article 7 upon the demand for such policy by the Commissioner or the New York City Law Department.

CERTIFICATION BY BROKER

The undersigned insurance broker represents to the City of New York that the attached Certificate of Insurance, Dated _____ is accurate in all material respects, and that the described insurance is effective as of the date of this Certification.

Name of broker (typewritten)

Address of broker (typewritten)

Signature of authorized official or broker

Name and title of authorized official (typewritten)

Sworn to before me this _____ day of _____, 20____

NOTARY PUBLIC

Attachment "II"

BIDDERS REFERENCES FOR BID #17R0073MJ

NAME OF BIDDER: _____
THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH YOUR BID:

1. NAME AND ADDRESS OF COMPANY OR AGENCY:

NAME AND TITLE OF CONTACT PERSON(S):

EMAIL: _____

TEL. # () _____ FAX# () _____

SCOPE OF WORK: _____

AMOUNT OF CONTRACT \$ _____

DATES SERVICES WERE PERFORMED: _____

2. NAME AND ADDRESS OF COMPANY OR AGENCY:

NAME AND TITLE OF CONTACT PERSON(S):

EMAIL: _____

TEL. # () _____ FAX# () _____

SCOPE OF WORK: _____

AMOUNT OF CONTRACT \$ _____

DATES SERVICES WERE PERFORMED: _____

3. NAME AND ADDRESS OF COMPANY OR AGENCY:

NAME AND TITLE OF CONTACT PERSON(S):

EMAIL: _____

TEL. # () _____ FAX# () _____

SCOPE OF WORK: _____

AMOUNT OF CONTRACT \$ _____

DATES SERVICES WERE PERFORMED: _____

Attachments “III”

CONTRACT EMPLOYEE DNA SAMPLE CONSENT FORM

You are being asked to provide a DNA sample because you are employed by a company that has signed a contract with the Office of Chief Medical Examiner [OCME]. As a condition of working under this contract, you must first provide a DNA sample to the OCME Department of Forensic Biology.

The Office of Chief Medical Examiner requires that all contract employees provide a DNA sample to assist the Department of Forensic Biology in identifying the source of any extraneous DNA profiles that may be detected in the course of DNA testing. To ensure the integrity of the DNA laboratory, the OCME Department of Forensic Biology conducts routine contamination screening for all work performed in the laboratory consistent with its Quality Assurance and Control standards. Contamination is defined by the Department of Forensic Biology as the addition of one's DNA to an item of evidence subsequent to the occurrence of the actual crime.

When you provide a DNA sample for the above purpose, the following procedures will apply:

An OCME employee within the Department of Forensic Biology will swab the inside of your cheek/mouth. This should take no longer than a minute and should not cause you any discomfort. After this oral swab is collected, the Department of Forensic Biology will use the swab to generate your DNA profile.

After the oral swab is collected from you, your name and employee ID number will be anonymized and replaced with a unique code number. Your DNA profile will not be stored in the database in association with your name or employee ID number; rather, it will be known by the unique code number. Only a limited number of authorized staff within the Department of Forensic Biology will have access to the code numbers. The oral swab will be maintained in a secure facility accessible by such staff.

The oral swab and your DNA profile will not be used for any medical, research, testing, or other purpose.

If, in the course of a routine contamination screening, your DNA profile is identified, a supervisor from the Department of Forensic Biology will interview you in order to determine how your DNA profile may have come to be deposited on an item or items of evidence.

When the Department of Forensic Biology concludes that your DNA profile appeared as a consequence of accidental or unintentional contamination, all notes related to the contamination will be retained in the Forensic Biology case file in accordance with Department policy.

At the conclusion of your employment for the company contracted by the OCME, the Department of Forensic Biology will remove your DNA profile from this database and destroy the original swabs upon your written request. This removal will occur one year from the date of your written request. This is necessary in order to ensure that you have not contaminated any samples in the months preceding your departure. Absent a written request, your DNA profile and oral swabs will be retained indefinitely within the database.

Except in the circumstance indicated below, your DNA profile will not be released or shared with any person, government agency, or other entity outside of the OCME.

If the OCME cannot conclude that your DNA profile appears on an item(s) of evidence as a consequence of accidental or unintentional contamination, any and all documentation regarding this contamination, including a specific reference to you and your DNA profile, may be submitted to the New York City Police Department for further investigation.

DNA SAMPLE CONSENT

I have read and understand the DNA Sample Collection procedures described above and agree to provide a DNA sample in accordance with those procedures.

Employee: Print Name

Employee ID number

Employee: Signature

Date of Signature

Attachment "IV"

TAX AFFIRMATION

The undersigned proposer or bidder affirms and declares that said proposer or bidder is not in arrears to the City of New York upon dept, contract or taxes and is not a defaulter, as surety or otherwise, upon obligation to the City of New York, and has not be declared not responsible, or disqualified, by any agency of the City of New York, nor is there any proceeding pending, relating to the responsibility or qualification of the proposer or bidder to receive public contracts except _____.

Full name of Proposer or Bidder: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CHECK ONE BOX AND INCLUDE APPROPRIATE NUMBER

A: Individual or Sole Proprietorship
SOCIAL SECURITY NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--

B: Partnership, Joint Venture or other incorporated organization
EMPLOYER IDENTIFICATION NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--

C: Corporation
EMPLOYER IDENTIFICATION NUMBER

--	--	--	--	--	--	--	--	--	--	--	--

CERTIFIED
WOMEN BASED ENTERPRISE

CERTIFIED
MINORITY VENDOR

CERTIFIED
NON-PROFIT ENTERPRISE

CERTIFIED
LOCALLY BASE ENTERPRISE

BY: _____
SIGNATURE

TITLE

Must be signed by an officer or duly authorized representative

***Under the Federal Privacy Act the furnishing of Social Security Numbers by bidders on city contracts is voluntary. Failure to provide a Social Security Number will not result in a bidder's disqualification. Social Security Number will be used to identify bidders, proposers or vendors to ensure their compliance with laws, to assist the City in enforcement of laws as well as to provide the City a means of identifying the business which seek City Contracts.**

Attachment “V”

DOING BUSINESS ACCOUNTABILITY PROJECT

NOTICE TO VENDORS

Pursuant to Local Law 34 of 2007, amending the City’s Campaign Finance law, the City is required to establish a computerized database containing the names of any “person” that has “business dealings with the city” as such terms are defined in the Local Law. In order for the City to obtain necessary information to establish the required database, vendors responding to this solicitation are required to complete the attached Doing Business Data Form and return it with this bid and should do so in a separate envelope. (If the responding vendor is a joint venture, the entities that comprise the proposed joint venture must each complete a Data Form). If the City determines that a vendor has failed to submit a Data Form or has submitted a Data Form that is not complete, the vendor will be notified by the agency and will be given four (4) calendar days from receipt of notification to cure the specified deficiencies and return a complete Data Form to the agency. Failure to do so will result in a determination that the bid is non-responsive. Receipt of notification is defined as the day notice is e-mailed or faxed (if the vendor has provided an e-mail address or fax number), or no later than five (5) days from the date of mailing or upon delivery, if delivered.



Doing Business Data Form

To be completed by the City Agency prior to distribution			
Agency: _____		Transaction ID: _____	
Check One:	Transaction Type (check one):		
<input type="checkbox"/> Proposal	<input type="checkbox"/> Concession	<input type="checkbox"/> Contract	<input type="checkbox"/> Economic Development Agreement
<input type="checkbox"/> Award	<input type="checkbox"/> Franchise	<input type="checkbox"/> Grant	<input type="checkbox"/> Pension Investment Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

Please return the completed Data Form to the City Agency that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@cityhall.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Section 1: Entity Information

Entity Name: _____

Entity EIN/TIN: _____

Entity Filing Status (select one):

- Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Entity is a Non-Profit: Yes No

Entity Type: Corporation (any type) Joint Venture LLC Partnership (any type)
 Sole Proprietor Other (specify): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Fax : _____

E-mail: _____

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

This person replaced former CEO: _____ on date: _____

Chief Financial Officer (CFO) or equivalent officer This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

This person replaced former CFO: _____ on date: _____

Chief Operating Officer (COO) or equivalent officer This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

This person replaced former COO: _____ on date: _____

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.

Section 3: Principal Owners

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, own or control 10% or more of the entity. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do not need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

- The entity is not-for-profit
- There are no individual owners
- No individual owner holds 10% or more shares in the entity
- Other (explain): _____

Principal Owners (who own or control 10% or more of the entity):

First Name: _____ MI: _____ Last: _____
 Office Title: _____
 Employer (if not employed by entity): _____
 Birth Date (mm/dd/yy): _____ Home Phone #: _____
 Home Address: _____

First Name: _____ MI: _____ Last: _____
 Office Title: _____
 Employer (if not employed by entity): _____
 Birth Date (mm/dd/yy): _____ Home Phone #: _____
 Home Address: _____

First Name: _____ MI: _____ Last: _____
 Office Title: _____
 Employer (if not employed by entity): _____
 Birth Date (mm/dd/yy): _____ Home Phone #: _____
 Home Address: _____

Remove the following previously-reported Principal Owners:

Name: _____ Removal Date: _____
 Name: _____ Removal Date: _____
 Name: _____ Removal Date: _____

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.

Section 4: Senior Managers

Please fill in the required identification information for all senior managers who oversee any of the entity's relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant, etc.). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. **At least one senior manager must be listed, or the Data Form will be considered incomplete.** If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

Senior Managers:

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Remove the following previously-reported Senior Managers:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Certification

I certify that the information submitted on these four pages and _____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name: _____

Signature: _____ Date: _____

Entity Name: _____

Title: _____ Work Phone #: _____

Return the completed Data Form to the agency that supplied it.

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.



Printed on paper containing 30% post-consumer material

Attachment “VI”

ELECTRONIC FUNDS TRANSFER

- A. In accordance with Section 6-107.1 of the New York City Administrative Code, the Vendor agrees to accept payments under this Agreement from the City by electronic funds transfer. An electronic funds transfer is any transfer of funds, other than a transaction originated by check, draft or similar paper instrument, which is initiated through an electronic terminal, telephonic instrument or computer or magnetic tape so as to order, instruct or authorize a financial institution to debit or credit an account. Prior to the first payment made under this Agreement, Vendor shall designate one financial institution or other authorized payment agent and shall complete the attached “EFT Vendor Payment Enrollment Form” in order to provide the Commissioner of Finance with information necessary for Vendor to receive electronic funds transfer payments through the designated financial institution or authorized payment agent. The crediting of the amount of a payment to the appropriate account on the books of a financial institution or other authorized payment agent designated by the Vendor shall constitute full satisfaction by the City for the amount of the payment under this agreement. The account information supplied by the Vendor to facilitate the electronic funds transfer shall remain confidential to the fullest extent provided by law.**
- B. The agency head may waive the application of the requirements herein to payments on contracts entered into pursuant to §315 of the City Charter. In addition, the Commissioner of the Department of Finance and the Comptroller may jointly issue standards pursuant to which the contracting agency may waive the requirements hereunder for payments in the following circumstances: (i) for individuals or classes of individuals for whom compliance imposes a hardship; (ii) for classifications or types of checks; or (iii) in other circumstances as may be necessary in the interest of the City.**

DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT) VENDOR PAYMENT ENROLLMENT FORM

GENERAL INSTRUCTIONS

Please complete all sections of the Direct Deposit EFT Enrollment Application and forward the completed application along with a voided check or a copy of an encoded deposit slip that includes an imprinted vendor's name to:

NYC Department of Finance
Treasury Division
66 John Street, 12th Floor
New York, NY 10038
Attention: EFT

or Fax to: EFT at 212-487-3027 or 212-487-3026.

This completed form can be saved to your computer. Please retain a copy for your records.

SECTION I - VENDOR INFORMATION

1. Enter the vendor's social security number or taxpayer ID, the 9-digit number reported on the W-9 form.
2. Provide the name of the vendor (as it appears on the W-9).
3. Enter the vendor's complete address for EFT correspondence associated with this account.
4. Provide the vendor's email address, if you have one.
5. Indicate the name and telephone number of the vendor's contact person. The contact person must be authorized to make changes in the Financial Institution Information below in Section II. (If you are enrolling yourself individually, you are the contact person.)

SECTION II - FINANCIAL INSTITUTION INFORMATION

1. Indicate the vendor's bank account number.
2. Indicate the vendor's account name.
3. Bank name
4. Bank address
5. Indicate 9-digit routing (ABA) transit number (located at the bottom of your check).
6. Indicate type of account. Account must be designated as either checking or savings. (Check one box only).
7. List name and telephone number of your bank's Direct Deposit/EFT Coordinator.

SECTION III - VENDOR SIGNATURE AND AUTHORIZATION

Sign and date where indicated. **Note: The person signing this form must be the same contact person as stated in Section I.**



DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT) VENDOR PAYMENT ENROLLMENT FORM

Mail to: NYC Department of Finance, Treasury Division, 66 John Street, 12th Floor, New York, NY 10038 - Attention: EFT, or
Fax to: EFT at 212-487-3027 or 212-487-3026

ENROLLMENT

MODIFICATION

INSTRUCTIONS: Please check only one of the two boxes above. Check the Enrollment box to sign up for EFT. Check the Modification box if you are currently enrolled and are making changes to the Vendor and/or Financial Institution information you have already submitted.

The person completing this form must be an individual who can authorize changes related to SECTION II - FINANCIAL INSTITUTION INFORMATION. **The Person signing this form in Section III must be the same Contact Person in Section I.**

Please complete all sections of this Enrollment Form and attach a voided check, a copy of an encoded deposit slip that includes an imprinted vendor's name, the first page of a bank statement OR a letter signed by your bank representative, confirming account name, account number, and ABA routing number for ACH payments.

Note: Your application cannot be processed without this documentation. See the reverse side for more information and instructions.

SECTION I - VENDOR INFORMATION

1. SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER:
(AS IT APPEARS ON W-9 FORM)

2. VENDOR NAME (AS IT APPEARS ON W-9 FORM):

3. VENDOR'S ADDRESS (FOR EFT ENROLLMENT PURPOSES):

4. VENDOR'S EMAIL ADDRESS:

5. CONTACT PERSON'S NAME:

6. CONTACT TELEPHONE NUMBER:

SECTION II - FINANCIAL INSTITUTION INFORMATION

1. BANK ACCOUNT NUMBER:

2. ACCOUNT NAME:

3. BANK NAME:

4. BANK BRANCH ADDRESS:

5. BANK 9-DIGIT ROUTING NUMBER:
(LOCATED AT THE BOTTOM OF CHECK)

6. ACCOUNT TYPE - MUST BE EITHER CHECKING OR SAVINGS:
(CHECK ONE BOX ONLY)

CHECKING

SAVINGS

7. DIRECT DEPOSIT/ACH/EFT COORDINATOR'S NAME:

8. TELEPHONE NUMBER:

SECTION III - VENDOR SIGNATURE AND AUTHORIZATION

I, hereby confirm my authority, as an authorized signer of the above-referenced bank account, to issue these instructions to credit and/or debit the bank account. I authorize the City of New York to Direct Deposit all entitled payments to the account specified above and to initiate (if necessary) debit entries or adjustments for any credit (\$) made in error, (i) of an incorrect amount, (ii) that were duplicates of a correct payment. I understand that this authorization will remain in effect until a written authorization requesting cancellation is submitted to the fax number(s) above.

1. VENDOR SIGNATURE - MUST BE THE SAME CONTACT PERSON FROM SECTION I

2. DATE - MM/DD/YYYY