

New Haven Public Schools

INTEROFFICE MEMORANDUM

Joseph Barbarotta
Executive Director
Facilities Services



NEW HAVEN PUBLIC SCHOOLS

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

To: Finance and Operations Committee
From: Joseph Barbarotta
Re: F&O Agenda Item/For Approval
Renewal of Contract for On Call Painting and Varnishing
Meeting Date: June 7,2021
cc: J. Barbarotta, L. Perez

Executive Summary: For consideration and approval of an Award of Contract #50525-2-4 for On Call Painting and Varnishing Services for the NHPS for Fiscal Year 2021-2022 to the.

In an amount not to exceed:
Amazon Landscaping Design and Handyman Services LLC \$33,000.00

Funding Source: Capital Projects 3C20-2071-58101

Key Questions:

1. Please describe how this service is strategically aligned with school or District goals. The service is to perform painting services that are beyond the scope of our in house painter.
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 inspected by the board of education painter as well as the. trades manager
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 contract is priced at the same rate as last year and the contractor is a SCDP participant they are not New Haven Based or Minority Based.



NEW HAVEN PUBLIC SCHOOLS
654 Ferry St. New Haven Ct. 06513



GOTO SERVICES
117 Kendall St. New Haven, CT 06513

New Haven Public Schools Facilities Department

Date: 1/29/2021

Mr. Marco Zanette
Amazon Landscaping Design and Handyman Services, LLC
226 Forrest Road.
West Haven, CT 06516

RE: Contract Renewal for: Painting services
Contract Name: On Call Painting Services
Contract # 50525A-2- 4
In the amount of: \$33,000

According to your agreement with the City of New Haven and Board of Education, you have a renewal option for the fiscal year 2021-2022. If you are interested in renewing the above referenced agreement for the same amount, under the same terms and conditions (including any increases to Livable wage), please sign this letter of acceptance. If you choose not to renew this contract please send me a letter stating such so we can terminate the contract and re-bid the work for the upcoming year.

Please sign below and return to John Barbarotta at 375 Quinnipiac Ave., New Haven, CT 06513 no later than 2/17/21. You may scan and email to john.barbarotta@new-haven.k12.ct.us to expedite renewal but, please follow up and send hard copy in mail.

Should you have any questions, please feel free to contact me. Thank you for your attention to this matter.

John Barbarotta
Director of Facilities NHBOE
654 Ferry Street
New Haven Ct. 06513
P# 475-220-1644

Company Name: Amazon Landscaping Design + Handyman Services LLC

Contact Name: Marco A. Zanette / Marco A. Zanette
Print Signature

Title: Owner Date: 2-16-2021



NEW HAVEN PUBLIC SCHOOLS
654 Ferry St. New Haven Ct. 06513



New Haven Public Schools Facilities Department

Date: 1/29/2021

Mr. Marco Zanette
Amazon Landscaping Design and Handyman Services, LLC
226 Forrest Road
West Haven, CT 06516

RE: Contract Renewal for: Painting services
Contract Name: On Call Painting Services
Contract # 50525A-2- 4
In the amount of: \$33,000

Renew:

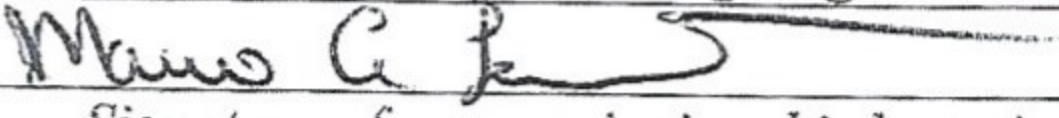
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Should you have any questions, please feel free to contact me. Thank you for your attention to this matter.

John Barbarotta
Director of Facilities NHBOE
654 Ferry Street
New Haven Ct. 06513
P# 475-220-1644

Duly Authorized Contract Signatory Email (This is the person who will sign the contract) =>	<i>landscapeamazon@hotmail.com</i>
Contract Signatory Name and Title: =>	<i>Marco H. Zanette Owner</i>
Name and Title of person signing this letter: =>	<i>Marco H. Zanette Owner</i>
 Signature of person signing this letter ^	Date <i>2-16-2021</i>



NEW HAVEN PUBLIC SCHOOLS
654 Ferry St. New Haven Ct. 06513



GOTO SERVICES
117 Kendall St. New Haven, CT 06513

New Haven Public Schools Facilities Department

Date: 1/29/2021

Mr. Marco Zanette
Amazon Landscaping Design and Handyman Services, LLC
226 Forrest Road
West Haven, CT 06516

RE: Contract Renewal for: Landscaping
Contract Name: On Call Landscaping Services
Contract # 21707AA-2-5
In the amount of: \$105,000

Renew:

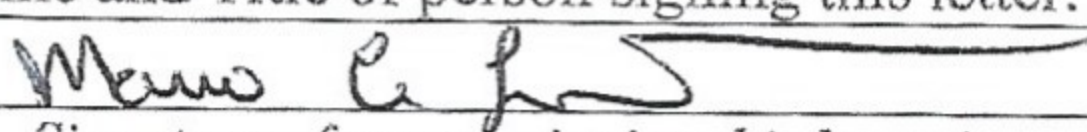
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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John Barbarotta
Director of Facilities NHBOE
654 Ferry Street
New Haven Ct. 06513
P# 475-220-1644

Duly Authorized Contract Signatory Email (This is the person who will sign the contract) =>	landscapeamazon@hotmail.com
Contract Signatory Name and Title: =>	Marco H. Zanette Owner
Name and Title of person signing this letter: =>	Marco H. Zanette Owner
 Signature of person signing this letter ^	Date 2-16-2021

CITY OF NEW HAVEN
New Haven, Connecticut 06510



DISCLOSURE & CERTIFICATION AFFIDAVIT

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

Contractor/Vendor Name:	Amazon Landscaping Design & Handyman Services LLC
Address:	226 Forest Rd West Haven CT 06516
Telephone and/or Fax #:	203 934-7476 phone + fax
Email Address:	landscapamazon@hotmail.com
Contact Person:	Marco A. Zanette

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.

State of	Connecticut	County of	Fairfield
I,	Marco A. Zanette (type or print your name above)	being first duly sworn, hereby deposes and says that:	
1.	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.		
2a.	I am the corporate secretary or majority owner (including sole proprietorship) of	Amazon Landscaping Design & Handyman Services LLC Insert Company Name above	
2b.	Or I am an individual and my name is:	if an individual, insert your name above	
3.	I am fully informed regarding the preparation and terms of the above referenced agreement (the "Agreement") and of all pertinent circumstances related thereto.		
4.	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).		
4a.	<input checked="" type="checkbox"/> N/A	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.	
4b.	<input checked="" type="checkbox"/>	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.	
4c.	<input checked="" type="checkbox"/> N/A	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.	
5.	<input checked="" type="checkbox"/> N/A	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.	
6.	Please select the applicable representation about the Contractor's business registration:		
6a.	<input checked="" type="checkbox"/>	Contractor is a Connecticut corporation, partnership, limited liability company or sole proprietorship and its Connecticut Secretary of the State Business ID #:	0846871 Insert State Registration # above
6b.	<input checked="" type="checkbox"/> N/A	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 #:	Insert State Registration # above
6c.	<input checked="" type="checkbox"/> N/A	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:	Please insert State name above
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	Mario A Zouette	owner	21707 A-1-5	7-17-69
2	Mario A Zouette	owner	50525 A-1-4	7-17-69

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			

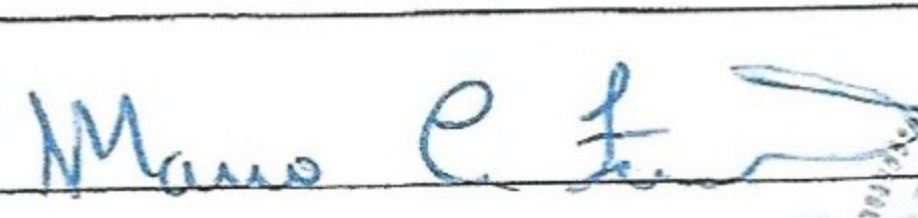
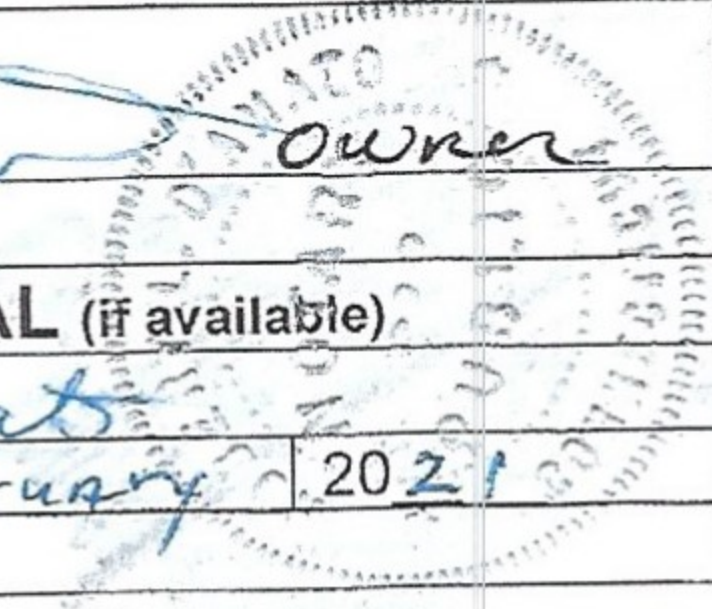
10. The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation, list the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use additional sheet if necessary (must be on company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

	Name	Title	% of Ownership	DOB
1	NONE			
2				

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	Amazon Landscaping LLC	Connecticut	226 Forest Rd West Haven
2			

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:		 Mario E. Zouette Owner	
THIS FORM MUST BE NOTARIZED		NOTARY SEAL (if available)	
Signature of Notary:		 Robert F. W. Amato	
Subscribed and sworn to, before me on this:		24 th	Day of February, 2021
My Commission Expires:		Nov. 20, 2022	

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.)

CITY OF NEW HAVEN
New Haven, Connecticut 06510



DISCLOSURE & CERTIFICATION AFFIDAVIT

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

Contractor/Vendor Name:	Amazon Landscaping Design & Handyman Services LLC
Address:	226 Forest Rd West Haven CT 06516
Telephone and/or Fax #:	203 934-7476 phone + fax
Email Address:	landscapamazon@hotmail.com
Contact Person:	Marco A. Zanette

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- (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.

State of	Connecticut	County of	Fairfield
I,	Marco A. Zanette (type or print your name above)	being first duly sworn, hereby deposes and says that:	
1.	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.		
2a.	I am the corporate secretary or majority owner (including sole proprietorship) of	Amazon Landscaping Design & Handyman Services LLC Insert Company Name above	
2b.	Or I am an individual and my name is:	Marco A. Zanette if an individual, insert your name above	
3.	I am fully informed regarding the preparation and terms of the above referenced agreement (the "Agreement") and of all pertinent circumstances related thereto.		
4.	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).		
4a.	N/A	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.	
4b.	✓	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.	
4c.	N/A	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.	
5.	N/A	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.	
6.	Please select the applicable representation about the Contractor's business registration:		
6a.	✓	Contractor is a Connecticut corporation, partnership, limited liability company or sole proprietorship and its Connecticut Secretary of the State Business ID #:	0846871 Insert State Registration # above
6b.	N/A	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 #:	Insert State Registration # above
6c.	N/A	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:	Please insert State name above
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).			

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	Name	City Affiliation Role & Time Frame	Contractor Affiliation Role & Time Frame	DOB
1	<i>NONE</i>			
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	<i>Marco R Zanette</i>	<i>owner</i>	<i>21707 A-1-5</i>	<i>7-17-69</i>
2	<i>Marco R. Zanette</i>	<i>owner</i>	<i>50525 A-1-4</i>	<i>7-17-69</i>

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	<i>NONE</i>		
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):

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	TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1	<i>Amazon Landscaping...</i>	<i>Connecticut</i>	<i>226 Forest Rd West Haven</i>
2			

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:		<i>Marco R Zanette</i> <i>owner</i>	
THIS FORM MUST BE NOTARIZED		NOTARY SEAL (if available)	
Signature of Notary:		<i>Robert L. Limato</i>	
Subscribed and sworn to, before me on this:		<i>24th</i> Day of <i>February</i>	20 <i>21</i>
My Commission Expires:		<i>Nov. 20, 2022</i>	

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.)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/28/2021

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).

PRODUCER John M. Glover Agency P.O. Box 700 Norwalk CT 06852	CONTACT NAME: Tylor Osuch PHONE (A/C No. Ext): 860-288-4898 E-MAIL ADDRESS: tosuch@johnmglover.com		FAX (A/C, No): 860-623-0061
	INSURER(S) AFFORDING COVERAGE		
INSURED Amazon Landscaping Design & Handyman Services LLC 226 Forest Road West Haven CT 06516	INSURER A : Utica Mutual Insurance Company		NAIC # 25976
	INSURER B : West American Insurance Company		44393
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES **CERTIFICATE NUMBER:** 982681643 **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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	5090468	10/31/2020	10/31/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	5090467	10/31/2020	10/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5090473	10/31/2020	10/31/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	XWWW56868513	6/15/2020	6/15/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: Landscaping and painting at the New Haven Public Schools. City of New Haven & GoTo Services LLC 117 Kendall Street New Haven, CT 06513 are additional insured with respect to General liability, Auto Liability if required by written contract with the insured executed prior to a loss. Waiver of subrogation applies in their favor with respect to General liability, Auto Liability and Workers Compensation if required by written contract with the insured executed prior to a loss.

CERTIFICATE HOLDER**CANCELLATION**

City of New Haven Bureau of Purchases
 200 Orange Street
 New Haven CT 06519

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 O. Falivio

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