



NEW HAVEN PUBLIC SCHOOLS

COVER SHEET

Contractor Full Name: Concrete Creations

Doing Business As, if applicable:

Business Address: 281 Chapel Street New Haven Ct 06513

Business Phone: 203-996-1544

Business email: admin@concretecreations281.com

Principal or Supervisor: Tom Lamb

Agreement Effective Dates: 11/22/22 to 6/30/23

Total amount: \$25,000

Funding Source(s) & Acct # including
location code: 3C22-2261-58101

Description of Service:

Please provide a one or two sentence description of the service.

On call equipment rentals for any type of equipment needed throughout the
NHPS from city contract # 21692-3-5

Submitted by: Rebecca Hunt



NEW HAVEN PUBLIC SCHOOLS

Operations Memorandum

To: New Haven Board of Education Finance and Operations Committee
From: Rebecca Hunt
Date: 11/15/22
Re: F&O Agenda Item/For Approval
Of Requisition for On Call Equipment Rentals - Contract #21692-3-5

Please **answer all questions** and have someone **ready to discuss** the details of each question during the Finance & Operations meeting or this proposal might not be advanced for consideration by the full Board of Education.

Contractor Name: Concrete Creations

Contractor Address: 281 Chapel Street New Haven Ct 06513

Is the contractor a Minority or Women Owned Small Business? No

Renewal or Award of Contract/Agreement? Requisition using City Contract #21692-3-5

Total Amount of Contract/Agreement and the Hourly or Service Rate: \$25,000.00

Contract or Agreement #: City Contract #21692-3-5

Funding Source & Account #: 3C22-2261-58101

Key Questions:

1. **What specific service will the contractor provide:** On Call Equipment Rentals of any type of equipment
2. **How was the contractor selected? Quotes? RFP? Sealed Bid or Sole Source? Please describe the selection process including other sources considered and the rationale for selecting this method of selection:** Sealed Bid City Contract #21692-3-5
3. **If the vendor is not the lowest bidder or a State contract please answer the following:** N/A
 - a. **Please explain why the vendor was chosen?**
 - b. **Who were the members of the selection committee?**
4. **If this is a renewal with a current vendor, has the vendor's performance been satisfactory under the existing contract or agreement?**
5. **If this Contract/Agreement is a Renewal has cost increased? If yes, by how much? N/A**



NEW HAVEN PUBLIC SCHOOLS

Operations Memorandum

6. If this Contractor is New has cost for service increased from previous years? If yes, by how much? N/A
7. Is this a service existing staff could provide? Why or why not? No, contract is for equipment rentals.



CITY OF NEW HAVEN

BUREAU OF PURCHASES

200 Orange Street Rm 301
New Haven, Connecticut 06510
Tel. (203)946-8201

Justin Elicker
Mayor

Shawn J. Garriss
Acting Purchasing Agent

NOTICE OF INTENT TO RENEW AWARD

Contractor:	Concrete Creations, LLC	Contract Name:	On Call Equipment Rental
Address:	281 Chapel Street	Renewal Contract # :	21692-3-5
City:	New Haven	Award Date:	August 25, 2022
State:	Connecticut	Contractor Contact:	Ralph Mauro
Zip Code:	06513	Contract Term:	July 1, 2022-June 30, 2023
Vendor # :	30752	Contract Value:	\$150,000.00

Dear Contractor:

You are hereby notified that the City of New Haven intends to renew the contract with your company for the Project recited above. The attached Agreement contains the instructions for the deliverables required to be provided to the City in connection with the Agreement.

If the applicable boxes are checked in Article 1R.1, you must contact the Commission on Equal Opportunity and/or the Small Contractor Development Office to setup an appointment with them. If required, the renewal contract cannot be executed without these departmental signoffs.

You have **(5) FIVE Calendar days** from receipt of this **NOTICE OF INTENT TO RENEW AWARD** to sign the Electronic Agreement. If you do not sign the document or provide us with just cause for delay, the City will be entitled to rescind the renewal award annul this Notice of Intent to Renew Award.

Should you have any questions , please contact us immediately. DO NOT PROCEED with work on this contract until the executed contract documents have been returned to you, and a purchase order or other official Notice to Proceed has been provided to you.

Questions and/or concerns can be directed to me at (203) 946-8201.

Sincerely,

Shawn J. Garriss (GJC)

Shawn J. Garriss
Acting Purchasing Agent



CITY OF NEW HAVEN

BUREAU OF PURCHASES

A-22-1659

Justin Elicker
Mayor

Fiscal Year

22-23

Shawn J. Garris
Acting Purchasing Agent

200 Orange Street Rm 301
New Haven, CT 06510
Tel. (203) 946-8201

RENEWAL AGREEMENT

Schedule of Renewal Agreement			
Contractor:	Concrete Creations, LLC	Contract Name:	On Call Equipment Rental
Address:	281 Chapel Street	Renewal Contract # :	21692-3-5
City:	New Haven	Original Contract #:	21692-1-5
State:	Connecticut	Renewal Fiscal Year Purchase Order #:	N/A Citywide Contract
Zip Code:	06513	Renewal Award Date:	August 25, 2022
Contractor Contact:	Ralph Mauro	Vendor #:	30752
Telephone #:	203-996-1544	Project #: (If applicable)	N/A
Contractor Email:	admin@concretecreations281.com	Renewal Contract Term:	July 1, 2022-June 30, 2023
City Department:	Citywide	City Contact:	Shawn J. Garris
Renewal Contract Dollar Amount:	One Hundred Fifty Thousand Dollars and Zero Cents (\$150,000.00)		
Lump Sum:		Not-To-Exceed:	<input checked="" type="checkbox"/>
Schedule of Award		See attachment(s)	
Originals of the attached documents, under the Original Contract Number, are on file with the Bureau of Purchases:		Bid Documents Addendum, when applicable Original year contract documents, when applicable	

THIS ELECTRONIC RENEWAL AGREEMENT is by and between the Contractor listed above (hereinafter referred to as the "Contractor"), and the City of New Haven (hereinafter also referred to as the "City"). and **is executed as of the date of the Mayor's Signature affixed below.**

WHEREAS the Contractor and the City of New Haven entered into Original Contract Number referenced above, and wish to renew under the same Terms and Conditions,

WHEREAS, the Contractor and the City of New Haven mutually agree as follows:

ARTICLE 1R.

<input checked="" type="checkbox"/>	A	Contract Renewal Agreement	Duly Authorized Signatory Signs where indicated				
<input checked="" type="checkbox"/>	B	Insurance	Certificate of Insurance per Bid Specifications must remain in full force and effect for the duration of the Contract				
		RIDER	100				
<input type="checkbox"/>	C	Commission on Equal Opportunities (CEO)	Contractor must comply with Commission on Equal Opportunities requirements. Contact their office at (203) 946-8160 for additional paperwork.				
<input type="checkbox"/>	D	Small Contractor Development Program (SCD)	Contractor must comply with the Small Contractor Development Program requirements. Contact their office at (203) 946-6550 for additional paperwork.				
<input type="checkbox"/>	E	Labor & Material & Performance Bond(s)	Bonds must be completed and mailed to the Bureau of Purchases				
	1	Full business name of bidder		6	Seal of Surety Company		
	2	Name of Surety Company		7	Written signature of witnesses.		
	3	Written signature of authorized agent or bidder		8	Acknowledgment of Surety Company page		
	4	Seal of bidder, if applicable		9	Financial Statement of Surety Company.		
	5	Surety Company's authorized signature		10	Updated power of attorney for Surety Company.		
<input checked="" type="checkbox"/>	F	WAGE RATES					
		<input type="checkbox"/>	State Wage	<input checked="" type="checkbox"/>	Livable Wage		<input type="checkbox"/>
				FY	22-23	\$18.45	<input type="checkbox"/>
					Federal Wage	<input type="checkbox"/>	No Wage or Other

ARTICLE 1R.1 All Terms and Conditions of the Original Contract Number apply.

ARTICLE 1R.2 The attached schedule of award is fully incorporated by reference herein and contractor shall utilize it for all invoicing.

ARTICLE 1R.3 Wage Rates: Should Livable Wage Rates apply as indicated by Article 1, the rate shall be as stated in the attached letter, which is fully incorporated by reference herein.

ARTICLE 1R.4 Contractor is required to complete a new Tax Disclosure and Certification form which is attached below.

ARTICLE 1R.5 Invoices for completed work should be directed to: NHInvoice@newhavenct.gov

Signature Page To Follow

IN WITNESS WHEREOF, the parties have executed An **ELECTRONIC RENEWAL AGREEMENT** as of the date of the Mayor's Signature affixed below.

Contractor Signature:	DocuSigned by: <i>Ralph Mauro</i>	
Date and Time:	48A72254FBF84BF...	August 26, 2022 7:30 AM EDT
Contractor Name & Title:	Ralph Mauro	Owner
Duly Authorized		

CITY OF NEW HAVEN	
This is to certify that the originals of the attached documents, under the Original Contract Number, are on file with the Bureau of Purchases:	August 26, 2022 1:16 PM EDT
<ul style="list-style-type: none"> • Bid Documents • Addendum, when applicable • Original year contract documents, when applicable 	DocuSigned by: <i>Gina Consiglio</i>
	F7BD348F42324AB... Contract Analyst
August 29, 2022 1:58 PM EDT	DocuSigned by:
Recommendation of Award of Contract	<i>Shawn Garis</i>
	EB7A8219F4384BF... Acting Purchasing Agent
August 29, 2022 2:00 PM EDT	DocuSigned by:
The funds are available for this Agreement	<i>[Signature]</i>
	2023BA439400417... Controller/Chief Accountant
August 30, 2022 8:30 AM EDT	DocuSigned by:
Approved as to Form and Correctness:	<i>Stacy L Werner, Senior Assistant Corporation Counsel</i>
	AE6B7F1CE97B441... Sr. Assistant Corporation Counsel
August 31, 2022 6:35 PM EDT	DocuSigned by:
	<i>Justin Flicker</i>
	AA6694C8D0B8482... Mayor City of New Haven Connecticut

Statement of Award (SOA)

Contract #:	21692-3-5						
Contract Name:	OC Equipment Rental Services Citywide						
Contract Period:	July 1, 2022-June 30, 2023						
Contractor:	Concrete Creations, LLC						
Amount:	\$ 150,000.00						
Item #	Description	Est Qty	Unit of Measure	Unit Price	Model Brand	Total Price	
#1-1	Hourly rate for an Equipment Operator	100	Hourly	\$50.0000		\$5,000.00	
#1-2	Hourly rate for Truck Driver	100	Hourly	\$50.0000		\$5,000.00	
#1-3	Hourly Rate for General Laborer	100	Hourly	\$50.0000		\$5,000.00	
#2-1	Standard mid Size back hoe/operator	1	Hourly	\$100.0000		\$100.00	
#2-2	45-49 k hydalulic Excavator/operator	1	Hourly	\$100.0000		\$100.00	
#2-3	Standard 2400lb. Bobcat Skid Steer/ope	1	Hourly	\$100.0000		\$100.00	
#2-4	Ford 350 or similar dump truck/driver	1	Hourly	\$100.0000		\$100.00	
#2-5	Tri Axle Dump truck/driver	1	Hourly	\$100.0000		\$100.00	
#2-6	Air Compressor with attachments, ham	1	Hourly	\$25.0000		\$25.00	
#2-7	Hand tools	1	Hourly	\$25.0000		\$25.00	
#2-8	Cut off saw	1	Hourly	\$100.0000		\$100.00	
#2-9	Electric Jack Hammer	1	Hourly	\$50.0000		\$50.00	
#2-10	Electric Chipping Hammer	1	Hourly	\$50.0000		\$50.00	
#2-11	Scaffolding (price per section)	1	Hourly	\$50.0000		\$50.00	
#2-12	Trailers to pull equipment	1	Hourly	\$100.0000		\$100.00	
#3-1	Standard mid Size back hoe/operator	1	Daily	\$600.0000		\$600.00	
#3-2	45-49 k hydalulic Excavator/operator	1	Daily	\$600.0000		\$600.00	
#3-3	Standard 2400lb. Bobcat Skid Steer/ope	1	Daily	\$600.0000		\$600.00	
#3-4	Ford 350 or similar dump truck/driver	1	Daily	\$600.0000		\$600.00	
#3-5	Tri Axle Dump truck/driver	1	Daily	\$600.0000		\$600.00	
#3-6	Air Compressor with attachments, ham	1	Daily	\$200.0000		\$200.00	
#3-7	Hand tools	1	Daily	\$200.0000		\$200.00	
#3-8	Cut off saw	1	Daily	\$600.0000		\$600.00	
#3-9	Electric Jack Hammer	1	Daily	\$300.0000		\$300.00	
#3-10	Electric Chipping Hammer	1	Daily	\$300.0000		\$300.00	
#3-11	Scaffolding (price per section)	1	Daily	\$300.0000		\$300.00	
#3-12	Trailers to pull equipment	1	Daily	\$500.0000		\$500.00	
#4-1	Standard mid Size back hoe/operator	1	Weekly	\$800.0000		\$800.00	
#4-2	45-49 k hydalulic Excavator/operator	1	Weekly	\$1,400.0000		\$1,400.00	
#4-3	Standard 2400lb. Bobcat Skid Steer/ope	1	Weekly	\$1,400.0000		\$1,400.00	
#4-4	Ford 350 or similar dump truck/driver	1	Weekly	\$1,200.0000		\$1,200.00	
#4-5	Tri Axle Dump truck/driver	1	Weekly	\$1,300.0000		\$1,300.00	
#4-6	Air Compressor with attachments, ham	1	Weekly	\$500.0000		\$500.00	
#4-7	Hand tools	1	Weekly	\$400.0000		\$400.00	
#4-8	Cut off saw	1	Weekly	\$1,000.0000		\$1,000.00	
#4-9	Electric Jack Hammer	1	Weekly	\$700.0000		\$700.00	
#4-10	Electric Chipping Hammer	1	Weekly	\$700.0000		\$700.00	
#4-11	Scaffolding (price per section)	1	Weekly	\$700.0000		\$700.00	
#4-12	Trailers to pull equipment	1	Weekly	\$800.0000		\$800.00	
	All quantities are Estimated						
	Total contract award may differ from bid amount for On-Call Contracts						

The contractor is registered with the Secretary of State.

DISCLOSURE

August 02, 2022

On Call Equipment Rental

21692-3-5




Assessor's Authorization

Michael Condon - 25-Aug-2022 14:30 EDT



Tax Collector's Authorization

Tamara Kirby - 25-Aug-2022 14:37 EDT

CITY OF NEW HAVEN New Haven, Connecticut 06510		DISCLOSURE & CERTIFICATION AFFIDAVIT		
1. EVERY SECTION MUST BE COMPLETED				
Contractor/Vendor Name:	Concrete Creations LLC			
DBA (if applicable)				
If you are a DBA, please be advised you must file a Trade Name Certificate with the CONH City/Town Clerk				
Physical principal place of business:	281 Chapel Street	New Haven	CT	06513
	Address	City	State	Zip
Mailing Address: (complete only if different from principal place of business):				
	Address	City	State	Zip
Telephone #:	(475) 254-8941			
Email Address:	admin@concretecreations281.com			
Contact Person:	Ralph Mauro			

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, purchase order, Memorandum of Understanding, or other 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 "CONH"
(d)	"Affiliate Entity" means any entity listed in sections 5 or 6 below or any entity under common management with the Contractor.
(e)	"DOB" means Date of Birth for individuals

State of	Connecticut	County of	New Haven
I, Ralph Mauro	being first duly sworn, hereby deposes and says that:		
	Type your name above		
2.	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. (click 2a or 2b)		
2a.	<input checked="" type="checkbox"/> I am the corporate secretary or majority owner (including sole proprietorship) of:	Concrete Creations LLC	
		Type company name above	
2b.	<input type="checkbox"/> Or I am an individual and my name is:		
		Type individual name above	

3.	Please click 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		
3a.	<input checked="" type="checkbox"/> 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.		
3b.	<input 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 CONH for the most recent grand list and does not owe any back taxes to the CONH, either directly or through a lease or other agreement.		
3c.	<input type="checkbox"/> 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 CONH 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.		
3d.	<input checked="" type="checkbox"/> Other than as may be described in section 3a-c 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.		

4.	Please click the applicable representation about the Contractor's business registration:		
4a.	<input checked="" type="checkbox"/>	Contractor is a Connecticut corporation, partnership, limited liability company or sole proprietorship.	0695667 Type State registration # above
4b.	<input type="checkbox"/>	Contractor is a foreign corporation, partnership, limited liability company or sole proprietorship but is registered to do business in the State of Connecticut.	Type State registration # above
4c.	<input type="checkbox"/>	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:	Type State name above
4d.	Contractor has confirmed with the Connecticut Secretary of the State that the services it will provide pursuant to the Contract 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 affirm they have and will maintain the following State of Connecticut registrations, certificates, or approvals relevant to the Agreement (attach if Applicable) (if not applicable, state N/A).		

5. 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
5a.	NONE			
5b.				

6. Contractor must disclose all existing and recent contracts with the City. 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
6a.	On Call Duct Cleaning		21693-2-4
6b.	On Call Equipment Rental		21692-2-5
6c.	Lighthouse Park Bldg Maintenance		21778
6d.	West River Pedestrian Bridge		21784

7. 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
7a.	NONE		
7b.			



8. 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
8a.	NONE			
8b.				

9. 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
9a.	NONE		
9b.			

I hereby certify that I am duly authorized to sign this Affidavit and that the person who will sign the Agreement (if required) 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 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 all agreements the Contractor has with the City of New Haven and disqualification of the Contractor to further contract with the City.

Signature of person completing this form:			
Title of person completing this form:		Owner	
Contractor/Vendor Name:		Concrete Creations LLC	
Date:		8-21-2022	
THIS FORM MUST BE NOTARIZED		NOTARY SEAL (if available)	
Signature of Notary:			
Subscribed and sworn to, before me on this:		3	Day of August 2022
My Commission Expires:		12/31/2022	



CITY OF NEW HAVEN

Department of Finance

200 ORANGE STREET
NEW HAVEN, CONNECTICUT 06510
TELEPHONE (203) 946-8300

Contractor:	Concrete Creations, LLC	Contract Name:	On Call Equipment Rental
Address:	281 Chapel Street	Renewal Contract #:	21692-3-5
City:	New Haven	Award Date:	August 25, 2022
State:	Connecticut	Contractor Contact:	Ralph Mauro
Zip Code:	06513	Contract Term:	July 1, 2022-June 30, 2023
Vendor #:	30752	Contract Value:	\$150,000.00
Fiscal Year:	22-23	Livable Wage:	\$18.45

To whom it may concern:

The work you are performing for the City of New Haven is considered a "service" under the City's Living Wage Ordinance. The ordinance, passed by the Board of Alderman in April 1997, as part of an initiative to assure that all who work on City contracts made enough money by their labors to rise out of poverty and obtain vital health care for themselves and their families.

In accordance with this goal, you have been awarded the above referenced contract and have agreed to pay a set minimum wage to your employees who participate in said work. In addition, you are required to meet certain other requirements set forth in the Ordinance.

The enclosed package includes the following:

- A brief description of the City's Living Wage Ordinance.
- Measures you must undertake when hiring individuals to perform this work.
- Information which must be posted at any work sites on City property.
- Wage report forms, which must be based on your payroll ending dates (weekly, biweekly, etc.).
You may use your own form if the required information is included.
- It is your responsibility to retain all the certified payroll for this contract. We will only request them from you if there is a complaint.
- A detailed description of the measures the City may take to assure compliance with this ordinance.

Very truly yours,

City of New Haven
Controller

NOTICE TO EMPLOYEES ON THIS SITE

Work performed for the above-cited contract requires you to be compensated at no less than

\$18.45	Per hour	For Fiscal Year	22-23
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This is required by the City's Living Wage Ordinance, as enacted by the New Haven Board of Aldermen on April 24, 1997, Article XVII, Section 2-221 to Section 2-240.

The Living Wage Ordinance provides for:

- Non-technical, non-trade, non-union (carpenter, plumber, etc.) service workers be provided the wage rate listed above,
- An hourly wage may not be reduced to achieve the stipulated living wage.
- Employees being informed of the appropriate minimum wage they should receive under the ordinance.
- The contractor submits wage reports based on your payroll ending dates (weekly, biweekly, etc.) within one week of the end of payroll of the payroll period to the City of New Haven detailing hourly wage paid to all employees under the above cited contract;
- An employee's right to file a complaint with the City of New Haven regarding an employer's non-compliance with this ordinance.
- Restitution to the employee of wages owed under the ordinance, should review of contractor records reveal non-compliance with the Living Wage Ordinance or should a finding be made in favor of a complaining employee; and
- Fines and penalties in the event an employer remain non-compliant.

If you feel that your employer has not complied with the Living Wage Ordinance, please detach the form below and return it to the City of New Haven, Controller, 200 Orange Street, New Haven, CT 06510.

Living Wage Complaint Form

Job Site:	Contractor
Weeks(s) of Pay Affected:	
Job Title	Job Description
Employee Name (Print):	Employee Phone
Employee Address	Best Time to call
Please Describe Complaint:	
Employee Signature:	Date of Complaint

100	City of New Haven Risk Template <small>(rev. 04/2022)</small>
Construction / Service / Repair & On Calls Umbrella	
Standard Construction Service & On Call work, no Professional or Pollution	
Contractor/Vendor shall agree to maintain in force at all times during the contract the following minimum coverage and shall name the City of New Haven as an Additional Insured (1) on a primary and non-contributory basis to all policies except Workers Compensation. All policies should also include a Waiver of Subrogation (1). Insurance shall be written with Carriers approved in the State of Connecticut and with a minimum AM Best's rating of "A-VIII".	

		Minimum Limits (dollar amount indicates required minimum)	Additional Insured (Y indicates required)	Waiver of Subrogation (Y indicates required)
General Liability				
	Each Occurrence	\$1,000,000	Y	Y
	Combined Aggregate	\$2,000,000	Y	Y
	Products/Completed Operations Aggregate	\$2,000,000	Y	Y
	Abuse & Molestation	---	---	---
Auto Liability (includes all owned, hired & non-owned autos)	Combined Single Limit Each accident including endorsements	\$1,000,000	Y	Y
Excess/Umbrella Liability				
	Each Occurrence	\$1,000,000	Y	Y
	Combined Aggregate	\$1,000,000	Y	Y
Workers' Compensation & Employers' Liability (EL)	Statutory Limits			
	EL EACH	\$500,000	---	Y
	EL DISEASE	\$500,000	---	Y
	EL POLICY	\$500,000	---	Y
Professional Liability		---	---	---
Pollution Liability		---	---	---
Cyber Liability		---	---	---
Medical Malpractice		---	---	---
Garage Keepers Liability		---	---	---
Drone Liability		---	---	---

If any policy is written on a "Claims Made" basis, the policy must be continually renewed for a minimum of two years from the completion date of this contract. If the policy is replaced and/or the retroactive date is changed, then the expiring policy must be endorsed to extend the reporting period for claims for the policy in effect during the contract for two) years from the completion date.

Original, completed Certificates of Insurance must be presented to the City of New Haven via CTRAXX prior to contract issuance. Contractor/Vendor agrees to provide replacement/renewal certificates at least 30 days prior to the expiration date of the policies. Should any of the policies be cancelled, limits reduced, or coverage altered, 30 days written notice must be given to the City.

Notes

- (1) Additional Insured & Waiver of Subrogation boxes must be checked off on the COI.
- (2) If contractor/vendor will be working with children or serving youth under the age of 21, Abuse and Molestation coverage must be included.
- (3) City of New Haven is the Certificate holder and the additional insured.

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



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 08/03/2022

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 Associated Insurance Services 106 West Main Street P.O. Box 630 Plainville, CT 06062-0630 Associated Insurance Services	860-793-9601	CONTACT NAME: Associated Insurance Services PHONE (A/C, No, Ext): 860-793-9601 FAX (A/C, No): 860-747-3580 E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Selective Insurance</td> <td>12572</td> </tr> <tr> <td>INSURER B : Berkley Net</td> <td>10510</td> </tr> <tr> <td>INSURER C : Guard Insurance</td> <td>42390</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Selective Insurance	12572	INSURER B : Berkley Net	10510	INSURER C : Guard Insurance	42390	INSURER D :		INSURER E :		INSURER F :	
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INSURED Concrete Creations, LLC. 281 Chapel Street New Haven, CT 06513																

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <div style="display: flex; justify-content: space-between;"> <div> <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 type="checkbox"/> LOC OTHER: </div> <div> <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY </div> </div>	X	X	COBP266865	11/23/2021	11/23/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000												
A	AUTOMOBILE LIABILITY <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY </div> <div> <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY </div> </div>	X	X	S 2515127	06/09/2022	06/09/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ </div> <div> <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY </div> </div>	X	X	COUM274411	11/23/2021	11/23/2022	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000												
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		X	BNUWC0149331	10/09/2021	10/09/2022	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>PER STATUTE</th> <th>OTH-ER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> <td>500,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> <td>500,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> <td>500,000</td> </tr> </tbody> </table>		PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	500,000	E.L. DISEASE - EA EMPLOYEE	\$	500,000	E.L. DISEASE - POLICY LIMIT	\$	500,000
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of New Haven is included as additional insured on a primary and non-contributory basis for all policies except workers compensation. Waiver of Subrogation in favor of the additional insured applies to all policies.

CERTIFICATE HOLDER

CANCELLATION

City of New Haven
 200 Orange Street
 Room 301
 New Haven, CT 06510

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