



NEW HAVEN PUBLIC SCHOOLS

Operations Memorandum

To: New Haven Board of Education Finance and Operations Committee

From: Jamar Alleyne, Executive Director of Facilities

Date: April 24, 2023

Re: Award of Contract to Mechanical Heating and Air Conditioning, Inc. to provide general mechanical repairs and maintenance services.

Answer all questions and have a representative ready to present the details of each question during the Finance & Operations meeting or this proposal may not be advanced for consideration by the full Board of Education.

Company Information		
Vendor Name:	Mechanical Heating and Air Conditioning, Inc.	
Doing Business as: (DBA)		
Vendor Address:	300 Whalley Ave, Suite 201 New Haven CT 06511	
Vendor Contact Name:	Booker Washington	
Vendor Contact Email:	BookerW@mechanicalheatingac.com	
Is the contractor a minority or women owned small business?		Yes
Agreement/Contract Information		
New or Renewal Agreement/Contract?	New Contract	
Effective Dates: (mm/dd/yy) <small>Multi-yrs. require Board of Aldermen approval</small>	From 05/01/2023	To 06/30/2023
Total Amount: <small>If Multi-yr. include yr. to yr. breakdown</small>	\$200,000.00	
Funding Source Name: Acct. #:	2022-2023 Capital Projects 3C20-2074-58101	
Contract #: <small>(Local or State)</small>	50600	



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Key Questions:

1. What specific service will the contractor provide:

The work to be performed by the General Mechanical Repairs and Maintenance Services Contractor under these Specifications shall consist of furnishing all material, labor, supervision, tools, supplies and other expenses necessary to fulfill all the details of general mechanical services and related work orders issued by the New Haven Public Schools, Facilities Department, including but not limited to the following; full testing, inspection, preventative maintenance, on call repairs, emergency services, adjustments of parts for all related equipment covered under this contract and the preparation/furnishing of certifications and reports as required. Work shall include but be limited to Water Heaters, circulation and booster pumps, sewage ejector pumps and fans.

2. How was the contractor selected? **Attach appropriate supporting documents*

- ☐ Quotes
- ☒ Sealed Bid # 50600
- ☐ Sole Source # _____
- ☐ RFP# _____
- ☐ State Contract # _____
- ☐ Exempt Professional
 - ☐ Accountant
 - ☐ Actuary
 - ☐ Appraiser
 - ☐ Architect
 - ☐ Artist
 - ☐ Dentist
 - ☐ Engineer
 - ☐ Expert Professional Consultant
 - ☐ Land Surveyor
 - ☐ Lawyer
 - ☐ Physician/Medical Doctor

3. If the vendor was selected through Solicitation (Bid/RFQ/RFP) process; answer the following:

a. Please explain how the vendor was chosen? **Attach Vendor Proposal*

The solicitation was advertised through a Invitation to Bid under the Small Contractor Development Program as a Sealed Bid # 50600.

b. Who were the members of the selection committee? *(Minimum 3 members required)*

N/A – Sealed Bid



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Key Questions: - Continued

4. If this is a renewal with a current vendor, has the vendor has met all obligations under the existing agreement/contract?

N/A – New Contract

5. If this agreement/contract is a Renewal, has the cost increase? If yes, by how much? *Attach Renewal Letters

N/A – New Contract

6. If this new agreement/contract, has cost for service increased from previous years? If yes, by how much?

The services provided will be on an On Call bases and has a not to exceed amount of \$200,000.00 with no increase.

7. Is this a service that existing staff could provide? Why or why not?

The services the vendor will be providing are specialized services that the current staff can not perform. Providing this service through the Bid from Small Contractor Development Program enriches the community by selecting a local business.



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Agreement/Contract Processing Checklist

To ensure timely processing of the submitted Agreement/Contract it is imperative to collect and provide all of the required documentation noted below and provide with submission to board.

Forms/Documents are available in: Drive G:\F&O Agenda Minutes\Agreement Contract Checklist\2022-2023

1. Has this vendor performed service(s) in prior fiscal years?	
If Yes,	Vendor #10824
If No or New,	Vendor must provide completed W9
2. A quote or proposal submitting regarding the agreement/contract.	
If RFP	Attach Vendor Submitted
Other	Copy of State Contract, Quotes, etc.
3. <u>Certificates of Liability Insurance (COI) are required for ALL agreements/contracts, read the following and select the applicable Rider.</u> It is the submitters responsibility to request the COI from the vendor and attach with submission; the COI from the Vendor <u>must match rider specifications outlined.</u> Failure to obtain or incorrect COIs will be returned for revision and will delay its processing.	
Rider 300	Professional Services – Onsite Umbrella; w/ Auto; w/ Workers Compensation
Rider 305	Professional Services – Onsite Umbrella; No Auto; No Workers Compensation
Rider 310	Professional Services – Onsite Umbrella; w/ Auto; No Workers Compensation
Rider 315	Professional Services – Onsite Umbrella; w/ Youth under 21
Rider 320	Professional Services – Offsite; No Auto; No Workers Compensation
Rider 325	Professional Services – Offsite; No Auto; No Workers Compensation; w/ Youth under 21
Rider 330	Professional Services – Offsite Attorney; No Auto; No Workers Compensation
Rider 335	Professional Services – Onsite; Physician/Dentist; No Auto
Rider 340	Professional Services – Onsite Physician/Dentist w/ Youth under 21
Rider 345	Professional Services – Onsite Temp Nurses
Rider 350	Professional Services – Cyber – Onsite
Rider 355	Professional Services – Cyber – Offsite
4. The City of New Haven requires the information requested in the <u>Disclosure Affidavit</u> before any City agency, department, or city official seeking agreement/contract shall obtain them, notarized.	
Emailed Disclosures are acceptable.	



City of New Haven

Bureau of Purchases

200 Orange Street, Room 301

New Haven, CT 06510

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

Honorable Justin Elicker
Mayor

Shawn J. Garriss
Acting Purchasing Agent

The City of New Haven ("City") is accepting sealed Bids under the
Small Contractor Development Program for the following:

INVITATION TO BID

Project Summary

Project Name:	New Haven Public Schools General Mechanical On-Call Services											
Solicitation #:	50600			City Project #:			N/A					
Projection Description:	seeking formal bids for the entitled project from qualified contractors. Work shall include repairs, part replacements and maintenance services.											
Solicitation/Advertise Date:	January 23, 2023											
Intent to Bid Due Date	February 7, 2023											
Bid Closing Date:	February 8, 2023					Bid Opening Time:		3:00		PM		
Pre-Bid Meeting Date:	N/A					Pre-Bid Meeting Time:						
Pre-Bid Meeting Location:	N/A											
Department:	BOE-Facilities											
Solicitation Type:			Construction				Service		SCD* - Construction		X	SCD* - Service
Contract Term:			Construction		(See Specification)		Service		1	year	1	Renewals Option(s) (at the sole discretion of the CONH)
Material Markup Allowed	X	NO		Yes		If Yes enter percent markup on your Statement of Qualifications form						
Insurance Requirements:	Refer to Rider			110		(This Rider is attached)						
Local Preference:	X			YES						NO		
Bid Bond:	N/A					Percentage Amount:		NA		%		
Labor, Material and Performance Bond:	N/A											
Wage Rates:	X	Livable Wage \$18.45 FY 22/23				Prevailing Wage State				Davis Bacon Federal		

Responses must be submitted in the form and manner specified in this request.

SECTION C – PROJECT SPECIFICS-DETAILED

1. SCOPE OF WORK

The work to be performed by the General Mechanical Repairs and Maintenance Services Contractor under these Specifications shall consist of furnishing all material, labor, supervision, tools, supplies and other expenses necessary to fulfill all the details of general mechanical services and related work orders issued by the New Haven Public Schools, Facilities Department, including but not limited to the following; full testing, inspection, preventative maintenance, on call repairs, emergency services, adjustments of parts for all related equipment covered under this contract and the preparation/furnishing of certifications and reports as required. Work shall include but be limited to Water Heaters, circulation and booster pumps, sewage ejector pumps and fans.

- a. All work to meet or exceed all local and state building codes.
- b. All work to meet or exceed manufacturer's recommendations.
- c. All electrical work required to complete the mechanical repair must be performed by a licensed electrical journeyman.
- d. The Contractor must include all related costs such as gas, travel, etc. as set forth in the calculation sheet rates. It is the Contractor's responsibility to bring the necessary labor, tools, materials, etc., to the work location. No specialized equipment may be billed without the expressed prior authorization of the Facilities Department. It is expected the contractor to have all the tools necessary to perform his/her trade daily.
- b. It is intended that the successful low bidder have the expertise to service all equipment as required however in certain instances proprietary manufacturers' repairs will be required. In these cases, the contractor shall be allowed to subcontract these proprietary repairs as required at the specific hourly rate of the manufacturer of the equipment being serviced. OEM/Subcontractor services are limit to a 5% maximum markup.
- c. The security and protection of all materials, tools and equipment stored at any work location are the sole responsibility of the Contractor.
- d. Intent of these General Conditions and Specifications are to ensure Repairs and Maintenance
- e. Services are complete in every respect. Details of requirements and services not explicitly stated in these specifications but necessarily attendants thereto are deemed to be understood by the Contractor and included herein. Furnish all material and equipment usually furnished with such service, in accordance with Industry Standards.
- f. All material and equipment furnished shall be new and in excellent condition and not end of life. No equipment shall be abandoned in place.
- g. The City of New Haven's interpretation of the General Conditions and Specifications shall be final and binding upon the Contractor.

SECTION D – Board of Education Location(s)

New Haven School Addresses 2020-2021

High Schools	Addresses
Adult and Continuing Education Center	580 Ella Grass Blvd.
Coop Arts & Humanities High School	177 College St.
Engineering & Science University Magnet School	500 Boston Post Road
High School in the Community	175 Water St.
Hill Regional Career High School	140 Legion Ave.
Hillhouse High School	480 Sherman Parkway
Metropolitan Business Academy	115 Water St.
New Haven Academy	444 -448 Orange St
Riverside Education Academy	103 Hallock Ave
Sound (Anderson)	60 Water St.
Sound (Emerson)	82 South Water St.
Sound Aquaculture Center (Foote)	17 Sea St.
Sound (McNeil)	60 South Water St.
Sound (Thomas)	40 South Water St.
Wilbur Cross High School	181 Mitchell Drive
Elementary and K-8 Schools	Addresses
Barack Obama Magnet School	69 Farnham Ave.
Barnard Magnet School	170 Derby Ave.
Beecher School	100 Jewell St.
Betsy Ross Arts Magnet School	150 Kimberly Ave.
Bishop Woods School	1481 Quinnipiac Ave.
Brennan K. School	199 Wilmont Ave.
Celentano Museum Academy/Polly T. McCabe Center	400 Canner St.
C. Rogers School	200 Wilmont Ave.
Clemente Leadership Academy	360 Columbus Ave.
Clinton Ave. School	293 Clinton Ave.
Columbus Family Academy	255 Blatchley Ave.
Conte West Hills Magnet School	511 Chapel St.
Davis Street Magnet School	35 Davis St.
East Rock Magnet School	133 Nash St.
Edgewood Magnet School	737 Edgewood Ave.
Elm City Montessori School	495 Blake St.
Fair haven School	164 Grand Ave.
Hill Central Music Academy	140 DeWitt St.
W.Hooker Elementary School	180 Canner St.
W. Hooker Middle School	691 Whitney Ave.
Jepson Magnet School	15 Lexington Ave.
John C. Daniels Magnet School	569 Congress Ave.
John S. Martinez Magnet School	100 James St.
King/Robinson Magnet School	150 Fournier St.
Lincoln-Bassett School	130 Bassett St.
Mauro/Sheridan Magnet School	191 Fountain St.
Dr. Reginald Mayo Early Learning Center/ECAT	185 Goffe St.
Nathan Hale School	480 Townsend Ave.

Quinnipiac School	460 Lexington Ave.
Ross/Woodward School	185 Barnes Ave.
Strong School @ Mauro	130 Orchard St.
Troup School	259 Edgewood Ave.
Truman School/Truman Head Start Program	114 Truman St.
West Rock Author's Academy	311 Valley St.
Wexler/Grant School	55 Foote St.
Others	Addresses
Facilities & Maintenance Offices/Old Montessori school	375 Quinnipiac Ave.
Central Kitchen	75 Barnes Ave.
Gateway Center/NHPS BoE Central Offices	54 Meadow St.
The Shack/WRAA	333 Valley St.
Storage/ Conte New Light	21 Wooster Place
Floyd Little Fieldhouse	480 Sherman Parkway
Parish Hall/Betsy Ross	150 Kimberly Ave.
Old Strong/ Storage	69 Grand Ave.

Statement of Award (SOA)	
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[illegible]

CITY OF NEW HAVEN

New Haven, Connecticut 06510



DISCLOSURE & CERTIFICATION AFFIDAVIT

1. EVERY SECTION MUST BE COMPLETED

Contractor/Vendor Name: Mechanical Heating and Air Conditioning, Inc.

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: 300 Whalley Ave - Suite 201 New Haven CT 06511
Address City State Zip

Mailing Address: (complete only if different from principal place of business): Address City State Zip

Telephone #:

Email Address:

Contact Person:

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, **Booker Washington**

Type your name above

being first duly sworn, hereby deposes and says that:

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. ☒ I am the corporate secretary or majority owner (including sole proprietorship) of: Mechanical Heating and Air Conditioning Inc.

Type company name above

2b. ☐ 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. ☒ 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. ☐ 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. ☐ 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. ☒ 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.	1316939 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.	N/A			
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.	Mechanical Heating and Air Conditioning Inc.		70230081-001
6b.	Mechanical Heating and Air Conditioning Inc.		70230074-002
6c.	Mechanical Heating and Air Conditioning Inc.		70230075-002
6d.	Mechanical Heating and Air Conditioning Inc.		70220032-000

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.			

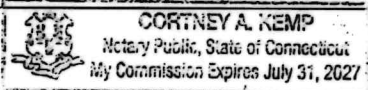
8. The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation, list the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use additional sheet if necessary (must be on company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

	Name	Title	% of Ownership	DOB
8a.	Booker Washington	Principal	100	12/16/1974
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.	Mechanical Heating and Air Conditioning Inc.	Connecticut	300 Whalley Ave- Suite 201 New Haven, CT 06511
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:	Booker Washington <i>B. Washington</i>		
Title of person completing this form:	Principal		
Contractor/Vendor Name:	Mechanical Heating and Air Conditioning Inc.		
Date:	02/08/2023		
THIS FORM MUST BE NOTARIZED		 NOTARY SEAL (if available)	
Signature of Notary:		Cortney A. Kemp <i>Cortney A. Kemp</i>	
Subscribed and sworn to, before me on this:		8th	Day of February 20 23
My Commission Expires:		7/31/2027	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/03/2023

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 ARA Insurance and Financial Services LLC 235 West Main Street 2nd Flr New Britain CT 06052		CONTACT NAME: Angel Rivera PHONE (A/C, No. Ext): (860) 357-5166 FAX (A/C, No): (866) 904-9851 E-MAIL ADDRESS: angelrivera@araagency.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: MAIN STREET AMERICA ASSURANCE	
		INSURER B: NGM INSURANCE COMPANY	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	MPP4777U	06/15/2022	06/15/2023	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000						
	MED EXP (Any one person) \$ 10,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	B1P4814U	06/15/2022	06/15/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$						
	BODILY INJURY (Per accident) \$						
	PROPERTY DAMAGE (Per accident) \$						
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10000	Y	Y	CUJ1088E	06/15/2022	06/15/2023	EACH OCCURRENCE \$ 1,000,000
	AGGREGATE \$						
	PR/COMP OPS AGG \$ 1,000,000						
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	N/A	Y	WCP4806U	06/15/2022	06/15/2023	<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)

City of New Haven is listed as an additional insured

CERTIFICATE HOLDER**CANCELLATION**

City of New Haven 200 Orange Street Rm 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 <i>Angel Rivera</i>
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