



BOARD OF CONTRACT AND SUPPLY
CITY OF PROVIDENCE, RHODE ISLAND

BID FORM 1: BIDDERS BLANK

1. Bids must meet the attached specifications. Any exceptions or modifications must be noted and fully explained.
2. Bidder's responses must be in ink or typewritten, and all blanks on the bid form should be completed.
3. The price or prices proposed should be stated both in **WRITING** and in **FIGURES**, and any proposal not so stated may be rejected. **Contracts exceeding twelve months must specify annual costs for each year.**
4. Bids **SHOULD BE TOTALED** so that the final cost is clearly stated, however **each item should be priced individually**. Do not group items. Awards may be made on the basis of *total bid* or by *individual items*.
5. Each bidder is required to state in their proposal their full name and address and must state the names of all persons or firms with whom they are submitting a joint bid. All bids **SHOULD BE SIGNED IN INK**.

Name of Bidder (Firm or Individual): Cell Staff, Inc

Contact Name: Grant Hargis

Address: 1715 N Westshore Blvd, Ste 410, Tampa, FL 33607

Phone #: (855) 561-1715

Agrees to bid on (Items(s) to be bid): Orientation & Mobility Services

Please visit <http://www.naics.com/search/> and identify the NAICS Code(s) for items being bid on. Enter the NAICS code(s) here or in parentheses next to each item listed immediately above: 561320

Delivery Date (when not immediate): As requested

Name of Surety Company (if applicable): See Attached; Illinois Union & Old Republic

Total Amount in Writing: \$150.00 per hour

Total Amount in Figures: One hundred & fifty dollars per hour

Additional Bidding Details (Use Additional Pages if Necessary)

[Signature]
Signature of Representative

Director
Title



BOARD OF CONTRACT AND SUPPLY
CITY OF PROVIDENCE, RHODE ISLAND

BID FORM 2: CERTIFICATION OF BIDDER

(Non-Discrimination/Hiring)

Upon behalf of Cell Staff, Inc (Bidder's Name),
I, Grant Hargis (Name of Person Making Certification),
being its Director of Operations (Title or "Self"), hereby certify that:

1. Bidder does not unlawfully discriminate on the basis of race, color, national origin, gender, sexual orientation and/or religion in its business and hiring practices.
2. All of Bidder's employees have been hired in compliance with all applicable federal, state and local laws, rules and regulations.

I affirm by signing below that I am duly authorized on behalf of Bidder,
on this 8th day of August 2016.

Grant Hargis
Signature of Representative

Grant Hargis
Printed Name

FORM D1: MBE / WBE PARTICIPATION Contractor WAIVER REQUEST FORM

Name of Bidder: Cell Staff

Contract Name/Number: Orientation & Mobility Services Bid Due Date: 8/9/2016

Goals on this contract: unknown % MBE unknown % WBE

I have achieved 0 % MBE 0 % WBE

I am requesting a waiver of 100 % MBE 100 % WBE

Is the **BIDDER** certified by the State of Rhode Island Minority Business Enterprise Program Yes No
If Yes, please check the type(s) of certification and enter the Certification number immediately below:

Type of Firm: MBE WBE

MBE/WBE Certification Number (MBCN#): N/A Expiration Date: N/A

Did the Bidder attempt to or does the Bidder intend to subcontract any portion of the proposed work/service to a MBE/WBE? Yes No

If yes, how many firms were contacted? 0 Complete the Outreach Contact form (Form E) for each firm not listed on Participation Disclosure form (Form B).

What efforts have been made to secure sufficient MBE/WBE participation to meet the stated goals and/or why is your company unable to?

This contract is to staff 1 orientation & mobility specialist at the PPSD. We would have to subcontract out the entire project to meet any % based requirement.

I acknowledge the City of Providence's goals of supporting MBE/WBE certified businesses.

[Signature] Grant Hargis 8/8/2016
Signature of Bidder Printed Name Date

Submit this form to the City of Providence MBE/WBE Office for signature and approval by either the MBE/WBE Compliance Officer or the MBE/WBE Coordinator. All requests must be made at least four (4) days prior to the bid opening date.

Signature of MBE/WBE Officer Printed Name Date



BOARD OF CONTRACT AND SUPPLY
CITY OF PROVIDENCE, RHODE ISLAND

REQUEST FOR PROPOSALS

Item Description: RFP FOR ORIENTATION AND MOBILITY SERVICES-3 YEAR CONTRACT/PROVIDENCE SCHOOL DEPARTMENT-SPECIAL EDUCATION/FEDERAL PROGRAMS-IDEA

Date to be opened: AUGUST 9, 2016

Bids may be submitted up to **2:15 P.M.** on the above meeting date at the **Department of the City Clerk, Room 311, City Hall**. At 2:15 P.M. all bids will be publicly opened and read at the Board of Contract Meeting in the City Council Chambers, on the 3rd floor of City Hall.

INSTRUCTIONS

Potential vendors must submit sealed bids in an envelope labeled with the above captioned **Item Description**.

Communications to the Board of Contract and Supply that are not competitive sealed bids (i.e. product information/samples) should have "NOT A BID" written on the envelope or wrapper.

The bid envelope and information relative to the bid must be addressed to:

Board of Contract and Supply
Department of the City Clerk – City Hall, Room 311
25 Dorrance Street
Providence, RI 02903

Bid Package Checklist

Forms are available in the City of Providence Purchasing Department Office or online at <http://providenceri.com/public-property/vendor-center/forms>

The bid package must include the following, in order:

- Required:** Bid Form 1: Bidder's Blank as the cover page/ 1st page
- Required:** Bid Form 2: Certification of Bidder as 2nd page
- Required:** Forms from the Minority and Women Business Enterprise Program, based on Bidder Category
- Optional:** Bidder's Proposal/Packet, including additional pricing information and details related to the good(s) or service(s) being provided, if Bidder's Blank (Bid Form 1) is not adequate

N/A **Financial Assurance**, as indicated, if checkbox 1a or 1b is checked under Bid Terms on Page RFP-3 of this document



BOARD OF CONTRACT AND SUPPLY
CITY OF PROVIDENCE, RHODE ISLAND

NOTICE TO VENDORS

1. The Board of contract and Supply will make the award to the lowest responsible bidder.
2. No proposal will be accepted if made in collusion with any other bidder.
3. A bidder who is an out-of-state corporation shall qualify or register to transact business in this State, in accordance with R.I. General Laws (as amended) in the Rhode Island Business Corporation Act, RIGL Section 7-1.2-1401, et seq.
4. The Board of Contract and Supply reserves the right to reject any and all bids.
5. In determining the lowest responsible bidder, cash discounts based on preferable payment terms will not be considered.
6. Where prices are the same, the Board of Contract and Supply reserves the right to award to one bidder, or to split the award.
7. Competing bids may be viewed in person at the Department of the City Clerk, City Hall, Providence, immediately upon the conclusion of the formal Board of Contract and Supply meeting during which the bids were unsealed/opened. Bids may also be accessed electronically on the internet via the City's Open Meetings Portal.
8. As the City of Providence is exempt from the payment of Federal Excise Taxes and Rhode Island Sales Tax, prices quoted are not to include these taxes.
9. In case of error in the extension of prices quoted, the unit price will govern.
10. The contractor will NOT be permitted to: a) assign or underlet the contract, b) assign either legally or equitably any monies hereunder or its claim thereto without the previous written consent of the City Purchasing Director.
11. Delivery dates must be shown in your bid. If no delivery date is specified, it will be assumed that an immediate delivery from stock will be made.
12. A certificate of insurance may be required of a successful vendor.
13. Bids may be submitted on an "equal" in quality basis. We reserve the right to decide equality. Bidders must indicate brand or the make being offered and submit detailed specifications if other than brand requested.
14. For contracts involving construction, alteration and/or repair work, the provisions of State Labor Laws concerning payment of prevailing wage rates apply (See R.I. General Laws Sec. 37-13-1 et seq. As amended)
15. No goods should be delivered or work started without a Purchase Order.
16. **Submit an ORIGINAL and three (3) copies of your bid to the City Clerk, unless the specification section of this document indicates otherwise.**
17. Vendor must certify that it does not unlawfully discriminate on the basis of race, color, national origin, gender, gender identity or expression, sexual orientation and/or religion in its business and hiring practices and that all of its employees are lawfully employed under all applicable federal, state and local laws, rules and regulations.



BOARD OF CONTRACT AND SUPPLY
CITY OF PROVIDENCE, RHODE ISLAND

BID TERMS

1. Financial assurances may be required in order to be a successful bidder for Commodity or Construction and Service contracts. If either of the first two checkboxes below is checked, the specified assurance **must accompany** a bid, or the bid will not be considered by The Board of Contract and Supply. The third checkbox indicates the lowest responsible bidder will be contacted and required to post a bond to be awarded the contract.
 - a) A certified check for \$_____ must be deposited with the City Clerk as a guarantee that the Contract will be signed and delivered by the bidder.
 - b) A bid bond in the amount of _____ per centum (%) of the proposed total price, to be deposited with the City Clerk as a guarantee that the contract will be signed and delivered by the bidder; and the amount of such bid bond shall be retained for the use of the City as liquidated damages on account of default.
 - c) A performance and payment bond with a satisfactory surety company will be posted by the successful bidder in a sum equal to one hundred per centum (100%) of the awarded contract.
 - d) No financial assurance is necessary for this item.
2. It is hereby mutually understood and agreed that no payment for extra work shall or will be claimed or made unless ordered in writing by the Board of Contract and Supply.
3. Awards will be made within sixty (60) days of bid opening. All bid prices will be considered firm, unless qualified otherwise. Requests for price increases will not be honored.
4. Failure to deliver within the time quoted or failure to meet specifications may result in default action in accordance with the general specifications. It is agreed that deliveries and/or completion are subject to strikes, lockouts, accidents and Acts of God.

The following entry applies only for COMMODITY BID TERMS:

5. Payment for partial delivery will not be allowed except when provided for in blanket or term contracts.

The following entries apply only for CONSTRUCTION AND SERVICE BID TERMS:

6. Only one shipping charge will be applied in the event of partial deliveries for blanket or term contracts.
7. The successful bidder shall, prior to commencing performance under the contract, attach and submit evidence that they have complied with the provisions of the Rhode Island Worker's Compensation Act Title 28, Chapter 29, Section 1, et seq. (R.I.G.L.). If the successful bidder is exempt from compliance under the Worker's Compensation Act, an officer of the successful bidder shall so state by way of sworn Affidavit, which shall accompany the signed contract.
8. The successful bidder shall, prior to commencing performance under the contract, attach and submit a certificate of insurance, in a form and in the amount satisfactory to the City by which the successful bidder will indemnify and hold harmless the City during the term of the contract from and against all loss or damages arising from the performance under the contract including all claims for personal injury or damages to property sustained by third persons, or their agents, servants and/or those claimed under them.



BOARD OF CONTRACT AND SUPPLY
CITY OF PROVIDENCE, RHODE ISLAND

DESCRIPTION AND / OR SPECIFICATIONS

PLEASE BID AS PER ATTACHED SPECIFICATIONS

HOURLY RATE Yr 1 \$ 150.00

HOURLY RATE Yr 2 \$ 150.00

HOURLY RATE Yr 3 \$ 150.00

Total Amount for Package Year 1

\$175,000.00 estimated annual cost

Total Amount for Package Year 2

\$175,000.00 estimated annual cost

Total Amount for Package Year 3

\$175,000.00 estimated annual cost

Maximum Hour Total Per Week: (7/1/16-6/30/17) Year 1
(Or Last Day of School)

\$4,500.00 per week based on 30 hours

Maximum Hour Total Per Week: (7/1/17-6/30/18) Year 2
(Or Last Day of School)

\$4,500.00 per week based on 30 hours

Maximum Hour Total Per Week: (7/1/18-6/30/19) Year 3
(Or Last Day of School)

\$4,500.00 per week based on 30 hours

Maximum Number of Students Served Per Week: Year 1
(7/1/16-6/30/17 Or Last Day of School)

\$ No max

Maximum Number of Students Service Per Week: Year 2
(7/1/17-6/30/18 Or Last Day of School)

\$ No max

Maximum Number of Students Service Per Week: Year 3
(7/1/18-6/30/19 Or Last Day of School)

\$ No max

Request For Proposal
Orientation and Mobility Services
3 year contract

Orientation and Mobility Services

A. Work to be Performed:

- ◇ Provide direct Orientation and Mobility services to students consistent with their IEP requirements. This may include individual, small group, or classroom based provision of services.
- ◇ Provide complete orientation and mobility evaluations or students referred for initial assessments or triennial review.
- ◇ Provide written reports, as required by the Special Education Department.
- ◇ Complete any and all paper work associated with the referral and assessment process, and the provision of services including IEP development and Medicaid reimbursement forms.
- ◇ Attend IEP Conferences for students who are receiving services and /or ant students who may need services.
- ◇ Provide quarterly reports for Providence Department School Board.
- ◇ Provide direct vision service to children if necessary.

B. Target Population:

Visually Impaired Students 3-21 who are enrolled in Special Education Programs throughout the City of Providence.

C. Location:

Services will be provided in various Elementary, Middle and High Schools in Providence.

D. Schedule:

Up to 30 hours per week of service beginning July 1, 2016 to June 30, 2017

Up to 30 hours per week of service beginning July 1, 2017 to June 30, 2018

Up to 30 hours per week of service beginning July 1, 2018 to June 30, 2019

Provider will work maximum of 30 hours per week in the school setting and the community. **Total hours awarded are contingent upon funding and student's need.** Up to 20 hours to provide orientation and mobility and up to 10 hours to provide vision services when needed.

E. Service Provider:

1. Must have certification per R.I. Regulations
Orientation and Mobility Certification & Teacher of Visually Impaired
2. Must have experience working with students ages 3-21 with varying disabilities.

3. Must have capability to work as an itinerant with own means of transportation
4. Must provide weekly PPSD payroll sheets signed by classroom teacher and/or parent/guardian to PPSD for payment. Provider will provide services as outlined in the IEP. Work collaboratively with other vision specialists and must have flexible scheduling to accommodate various needs.

F. Evaluation:

Student:

- a. Service Provider will provide Annual Progress Reports on individual student performances.
- b. Service Provider will document on Easy IEP's quarterly reports for students being serviced.

G. Bidder Will:

1. Specify process through which work will be performed as outlined in proposal.
2. Provide complete description of qualification, as requested.
3. Specify individual rates per hour and total amount of hours to be worked per week. Bidder may submit bit for all part of the hours required in this bid package.
4. If successful bidder is not incorporated, then payment may be received through the Providence School Department Payroll Office consistent with IRS guidelines for temporary employees.

H. Cancellation:

Cancellation shall be made upon termination of work to be performed as determined by the Special Education Department of the Providence School System. Cancellation will be initiated if job performance of the successful bidder does not meet minimum standards of this proposal. If successful bidder is unable to fulfill requirements to Providence School Department will be able to utilize the next bidder or contract agency. **Cancellation of part or entire award will be initiated as staff recruited by the Providence School Department for the services.**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/14/2016

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

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

PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA. LIC # 0726293 505 N Brand Blvd, Suite 600 Glendale CA 91203		CONTACT NAME: Kim Tran PHONE (A/C, No, Ext): 818-539-2300 E-MAIL ADDRESS: Kim_Tran@ajg.com FAX (A/C, No): 818-539-2301	
INSURED CELLSTA-01 Cell Staff, LLC 1715 N. West Shore Blvd, #410 Tampa, FL 33607		INSURER(S) AFFORDING COVERAGE INSURER A: Illinois Union Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 27960	

COVERAGES **CERTIFICATE NUMBER: 266827648** **REVISION NUMBER:**

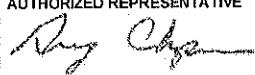
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR Retroactive date 2/28/2014 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MLPG27171886-003	11/28/2015	11/28/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			MLPG27171886-003	11/28/2015	11/28/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Sublimit Each Occ/Agg \$1,000,000
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XFLG27171898-003	11/28/2015	11/28/2016	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$ PER STATUTE OTH-ER
	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				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability Retro Date-02/28/2014			MLPG27171886-003	11/28/2015	11/28/2016	Each Occurrence \$1,000,000 Aggregate Limit \$3,000,000

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

Excess Liability retroactive date 2/28/2014 for the first \$1M Limit
Excess Liability retroactive date 7/12/2016 for the next \$3M Limit

Abuse and Molestation under General Liability with \$1,000,000 Aggregate Sublimit subject to \$10K Deductible
Abuse & Molestation Liability retroactive date: 02/28/2014
Evidence of Coverage

CERTIFICATE HOLDER	CANCELLATION
Evidence of Coverage	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 

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/14/2016

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.

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PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA. LIC # 0726293 505 N Brand Blvd, Suite 600 Glendale CA 91203	CONTACT NAME: Kim Tran PHONE (A/C, No, Ext): 818-539-2300 FAX (A/C, No): 818-539-2301 E-MAIL ADDRESS: Kim_Tran@ajg.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED PREMHEA-06 Cell Staff, LLC 1715 N. West Shore Blvd, #410 Tampa, FL 33607	INSURER A: Old Republic Insurance Company 24147	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 555009408

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.

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			MWC30763700	6/1/2016	6/1/2017	<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)

Evidence of Coverage

CERTIFICATE HOLDER**CANCELLATION**

Evidence of Coverage

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

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