

CONTRACT FOR PROFESSIONAL SERVICES

by and between

CITY OF HARTFORD

and

Ambassador Wheelchair Services, Inc.

for

ELDERLY TRANSPORTATION SERVICES – DIAL A RIDE

This Agreement is by and between the **City of Hartford**, a Connecticut municipal Corporation having its territorial limits within the County of Hartford and State of Connecticut, acting herein by **Luke A. Bronin, its Mayor**, duly authorized hereinafter referred to as the **City**, and **Ambassador Wheelchair Services, Inc.** whose address is **5 Glastonbury Avenue, Rocky Hill, CT 06067** acting herein by **Joseph Piscitelli, its Operations Manager**, duly authorized, hereinafter referred to as the **Provider**.

1. SCOPE OF SERVICES

The City of Hartford hereby engages Provider to provide citywide on-project title on an as-needed basis as set forth on **Exhibit A** attached hereto ("Services"), subject to the terms and conditions in this Agreement.

2. TERM

The term of this Agreement will be for one year starting project September 1, 2021 and ending August 31, 2022. The City has the option to extend this contract for (3) additional (1) year terms in the City's sole and absolute discretion.

3. COMPENSATION

For services rendered by Provider as detailed in Exhibit A of this Contract, Provider shall be paid according to the rates set forth in Exhibit B.

City's obligation to make any payments for any Services rendered hereunder is expressly contingent upon Provider having satisfactorily performed the same. In the event that City reasonably determines that Provider's work is not satisfactory, or if City reasonably believes Provider otherwise has breached any of its obligations under this Agreement, City may take corrective action, including, but not limited to, the following:

- (i) Delay of payment;
- (ii) Adjustment of payment; and/or
- (iii) Suspension or termination of this Agreement.

Payment will be made by City for any Services provided hereunder within thirty (30) days of its receipt of Provider's invoice therefor in accordance with this Section.

4. **MANAGEMENT**

The Director of Health and Human Services or his/her designee will manage this contract for the City. The City will co-manage all center operations and shall also work closely with the Provider in all aspects of the programs and services and each shall follow reasonable suggestions of the other to improve same.

5. **RELATIONSHIP BETWEEN THE PARTIES**

It is mutually agreed that the Provider including its employee(s) is an independent contractor and not an officer, employee or agent of the City, and that this Agreement is a contract for services and not a contract of employment, and that, as such, the Provider and its employee(s) shall not be entitled to any employment benefits of the City such as, but not limited to: vacation, sick leave, insurance, workers' compensation, pension and retirement benefits. All personnel matters affecting staff will be the responsibility of the Provider.

6. **HOLD HARMLESS AGREEMENT**

The Provider, its agents and assigns shall indemnify and hold harmless the City of Hartford, including but not limited to, its elected officials, officers, and agents, ("collectively, "the City Indemnities") from any and all claims made against the City Indemnities, including but not limited to, damages, awards, costs and reasonable attorneys' fees, to the extent any such claim directly and proximately results from the wrongful, willful or negligent performance of services by or on behalf of the Provider here under or under any other agreements of the Provider entered into by reason thereof. The City agrees to give the Provider prompt notice of any such claim and absent a conflict of interest, an opportunity to control the defense thereof. The foregoing indemnity shall survive the termination or expiration of this agreement.

7. **INSURANCE REQUIREMENTS**

A certificate of insurance must be presented to the City in order for this Contract to take effect. The certificate must name the City as an additional insured on the face of the document and must bear the original signature of an authorized agent for the issuing entity. Except as otherwise set forth herein, policies maintaining such insurance throughout the duration of the project. Insurance requirements are detailed in document **#1009 Professional Services Insurance Requirements** attached as Exhibit C.

8. **CONFLICT OF INTEREST**

Provider hereby represents and warrants to City as follows:

- (i) Provider has not employed or retained any company or person, other than a bona fide employee working solely for Provider, to solicit or secure this Agreement, and Provider has not paid or agreed to pay any company or person, other than bona fide employees working solely for Provider, any fee, gift or any other consideration contingent upon or resulting from the awarding or making of this Agreement;

- (ii) no member of the governing body of City, or its designees, employees or agents, and no other public official, either paid or unpaid, who exercises any functions or responsibilities with respect to this Agreement shall, during the individual's tenure or thereafter, have any personal or financial interest, direct or indirect, in any contract or subcontract, or the proceeds thereof for work and/or services to be performed in connection with this Agreement. Provider shall cause to be incorporated, in all subcontracts a provision prohibiting such interest pursuant to the provisions of this paragraph.

In the event any of the foregoing representations are untrue, or if any fact or circumstance occurs during the term hereof that cause any of the same to be untrue, then City, in addition to such other rights or remedies which may then be available to it, all of which are expressly reserved hereby, shall have the option of terminating this Agreement in accordance with Subsection 12.1.

9. PERFORMANCE OF SERVICES

All Services will be performed by Provider in a timely manner with skill and competence in accordance with generally accepted practices of, and pursuant to a standard of care exercised by, companies providing similar services under like circumstances.

10. CONFIDENTIALITY

Provider shall not, at any time during, or after the expiration of, the term of this Agreement, divulge to any person, or use for its or any other person's benefit, any information or fact relating to the conduct, management, or business of City, which shall have come to the knowledge of Provider in the course of providing the Services hereunder. Provider further agrees to treat as confidential, and to use only for the advancement of the interest of City, all data and other information submitted to or obtained by it in connection with the Project during the term of this Agreement. Except as may otherwise be agreed by City, all originals and copies of any such materials shall be returned to City upon completion of the Project or at such earlier time as is requested thereby.

11. EVENTS OF DEFAULT AND REMEDIES

11.1 Events of Default

Any of the following occurrences or acts shall constitute an Event of Default under this Agreement:

- (i) Whenever Provider shall do, or permit anything to be done, whether by action or inaction, contrary to any of the covenants, agreements, terms or provisions contained in this Agreement which on the part or behalf of Provider are to be kept or performed, and Provider fails to correct any such breach within ten (10) days after Provider's receipt of written notice of such breach from City; or
- (ii) If any determination shall have been made by competent authority such as, but not limited to, any federal, state or local government official, or a certified public accountant, that Provider's management or any accounting for its funding, from whatever source, is improper,

inadequate or illegal, as such management or accounting may relate to Provider's performance of this Agreement; or

- (iii) whenever an involuntary petition shall be filed against Provider under any bankruptcy or insolvency law or under the reorganization provisions of any law of like import, or a receiver of Provider or of or for the property of Provider shall be appointed without the acquiescence of Provider, or whenever this Agreement or the unexpired balance of the term would, by operation of law or otherwise, except for this provision, devolve upon or pass to any person, firm or corporation other than Provider or a corporation in which Provider may be duly merged, converted or consolidated under statutory procedure, and such circumstance under this subparagraph shall continue and shall remain undischarged or unstayed for an aggregate period of sixty (60) days (whether or not consecutive) or shall not be remedied by Provider within sixty (60) days; or
- (iv) whenever Provider shall make an assignment of the property of Provider for the benefit of creditors or shall file a voluntary petition under any bankruptcy or insolvency law, or whenever any court of competent jurisdiction shall approve a petition filed by Provider under the reorganization provisions of the United States Bankruptcy Code or under the provisions of any law of like import, or whenever a petition shall be filed by Provider under the arrangement provisions of the United States Bankruptcy Code or under the provisions of any law of like import, or whenever Provider shall desert or abandon the Project; or
- (v) If any competent authority shall have determined that Provider is in default of any federal, state or local tax obligation; or
- (vi) Pursuant to Resolutions passed by the Court of Common Council on March 4, 1996 and January 13, 1997, if Provider or any of its principals are in default of any tax or other financial obligations which are owed to City. Default shall be considered to have occurred under this subsection when any payment required to be made to City is more than thirty (30) days past due.

11.2 Election of Remedies

If any Event of Default hereunder shall have occurred and be continuing, City may elect to pursue any one or more of the following remedies, in any combination or sequence:

- (i) Take such action as it deems necessary, including, without limitation, the temporary withholding or reduction of payment;
- (ii) Suspend Project operation;
- (iii) Require Provider to correct or cure such default to the satisfaction of City; and/or

- (iv) Terminate this Agreement for cause in accordance with Section 12 hereof.
- (v) Deduct from the cash bond/escrow account any penalties, claims, charges or damages assessed against the Operator by the City in the City's reasonable discretion.

The selection of any remedy shall not prevent or stop City from pursuing any other remedy and shall not constitute a waiver by City of any other right or remedy.

12. TERMINATION OF AGREEMENT

12.1 Termination for Cause

Upon the occurrence of any Event of Default, as set forth in Section 11.1 hereof, City may terminate this Agreement by giving five (5) days' written notice thereof to Provider.

12.2 Termination for Non-availability of Funds

In the event City shall not have funds available for the Project, City may terminate this Agreement following written notice thereof to Provider.

12.3 Termination at Will

City or Provider may terminate this Agreement at any time by giving thirty (30) days' prior written notice thereof to the other party.

12.4 Payment upon Termination

In the event this Agreement is terminated pursuant to any of Sections 12.2 through 12.3 above, City shall make full payment to Provider for all Services performed in accordance with this Agreement up to and including the date of termination within sixty (60) days of such date of termination and presentation of Provider's reports therefor in accordance with Section 3 above.

13. ESTABLISHMENT AND MAINTENANCE OF RECORDS; AUDITS

- 13.1 Provider agrees to establish and maintain fiscal control and accounting procedures that assure proper accounting for all funds paid by City to Provider under this Agreement. Without limiting the generality of the foregoing, Provider agrees that it will maintain accurate and complete records of (i) all charges and any other claims or demands for compensation from City, or any other person or entity, in connection with the Project (including, without limitation, any claims for or arising out of any alleged breach of this Agreement), (ii) the basis (including but not limited to, supporting documentation) therefor, and (iii) the amount and source of any and all payments or other consideration ultimately recovered in respect thereof.

- 13.2 Any and all records shall be generated by Provider in a manner which is consistent with City's requirements and shall be maintained for a period of not less than six (6) years from the date of termination of this Agreement pursuant to Section 12. Provider further shall permit (and require its Providers to permit) City and/or its duly authorized representatives to examine, review, and audit any records, books, or other documents of Provider or any and all of Provider's Providers relative to the above, and furnish copies thereof, when requested.

14. SUBCONTRACTORS

Portions of the Services may be subcontracted, provided that:

- (i) City shall have given prior approval to such subcontract in writing, which approval may be withheld in its sole and absolute discretion;
- (ii) All of the terms, covenants, conditions and provisions of this Agreement shall have been incorporated in such subcontract(s) and the subcontractor(s) shall have agreed in writing to assume, perform and be bound by this Agreement and all the terms, covenants, conditions and provisions hereof and shall have further acknowledged and agreed that City is and will be a third party beneficiary of said undertakings; and
- (iii) City shall not be liable for payment of any wages, materials, or other expenses of any subcontractors.

15. COMPLIANCE WITH LAWS

Provider shall perform all Services hereunder in accordance with and subject to all applicable federal, state and local laws, statutes, regulations, ordinances, orders and permits.

16. ANTI-DISCRIMINATION AND AFFIRMATIVE ACTION

Provider agrees to abide by the provisions of Section 2-679 *et seq.* of the City of Hartford Municipal Code (as applicable), Executive Orders Numbers 3 and 17 of the State of Connecticut; and Presidential Executive Orders Numbers 11246, 11375 and 11063. In carrying out the Project, Provider shall not discriminate against any employee or applicant for employment because of race, color, religion, age, sex, national origin, mental disability, physical handicap, or sexual preference.

Provider shall take affirmative action to ensure that applicants for employment are employed, and that employees are treated during employment without regard to their race, color, religion, age, sex, national origin, mental disability, physical handicap, or sexual preference. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training; including apprenticeship. Provider shall post in conspicuous places, available to employees and applicants for employment, notices to be provided by the federal government, setting forth the provisions of the non-discrimination clause.

Provider shall state that all qualified applicants shall receive consideration for employment without regard to race, color, religion, age, sex, national origin, mental disability, physical handicap, or sexual preference. Provider shall incorporate, or cause to be incorporated, this provision in any and all subcontracts entered into pursuant to this Agreement. Provider agrees to abide by the terms and conditions contained in the City of Hartford's *Contractor's EEO Report*.

17. AMERICANS WITH DISABILITIES ACT (ADA) OF 1990

Provider agrees to abide by the provisions of the Americans with Disabilities Act (the "Act") of 1990; Public Law 101-336, as applicable.

In compliance with this law, Provider shall not discriminate against a qualified individual with a disability because of the disability of such individual in regard to job application procedures, the hiring, advancement, or discharge of employees, employee compensation, job training, and other terms, conditions, and privileges of employment. No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of services, programs, or activities of Provider, or be subjected to discrimination by Provider. No individual shall be discriminated against on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages or accommodations provided by Provider.

Any television public service announcement that is produced or funded in whole or in part under this Agreement shall include closed captioning of the verbal content of such announcement. Provider shall not discriminate against any individual because such individual has opposed any act or practice made unlawful by the Act or because such individual made a charge, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing under the Act.

Provider shall not permit coercion, intimidation or threatening of, or interference with, any individual in the exercise or enjoyment of, or on account of his or her having exercised or enjoyed, or on account of his or her having aided or encouraged any other individual in the exercise or enjoyment of, any right granted or protected by the Act.

18. DELINQUENCY IN OBLIGATIONS

Provider hereby agrees that throughout the period of this Agreement, all taxes, contractual obligations and audit responsibilities owed to City shall be and remain current.

19. NON-WAIVER

Any failure by City or Provider to insist upon the strict performance by the other of any of the terms and provisions hereof shall not constitute a waiver of that or any other of said other party's obligations hereunder, and each party hereto, notwithstanding any such failure, shall have the right thereafter to insist upon the strict performance by the other, of any and all of the terms and provisions of this Agreement.

20. AMENDMENTS

This Agreement may be amended by written instrument executed by the parties hereto, acting therein by their duly authorized representatives.

21. DISCLAIMER OF AGENCY OR THIRD PARTY BENEFICIARY RIGHTS

City and Provider are the only parties to this Agreement and are the only parties entitled to enforce its terms. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide, any right or benefit, whether directly or indirectly or otherwise, to third persons.

22. NON-ASSIGNABILITY BY PROVIDER

This Agreement shall not be transferable or assignable by Provider, by operation of law or otherwise, without prior written consent of City, which consent may be withheld in its sole and absolute discretion.

23. SEVERABILITY

If any provision of this Agreement is held invalid, the remainder of this Agreement shall not be affected thereby if such remainder would then continue to conform to the terms and requirements of applicable law.

24. CUMULATIVE REMEDIES

All rights and remedies exercisable by City hereunder shall be cumulative and the exercise or beginning of the exercise by City of any of its rights or remedies hereunder shall not preclude City from exercising any other right or remedy granted hereunder or permitted by law.

25. GOVERNING LAW

This Agreement shall be governed by and construed, interpreted and enforced in accordance with the laws of the State of Connecticut and the ordinances of the City of Hartford without regard or resort to conflict of laws principles.

26. GENDER/NUMBER/TITLE

Words of any gender used in this Agreement shall be held and construed to include any other gender, and words in the singular shall be held and construed to include the plural, unless the Agreement requires otherwise. In the event of any discrepancy or conflict between the name and title of any person referred to in this Agreement, the title shall prevail.

27. NOTICES

All notices, approvals, demands, requests, or other documents required or permitted under this Agreement, other than routine communications necessary for the day-to-day operation of this Agreement, shall be deemed properly given if hand delivered or sent by express courier mail service or United States registered or certified mail, return receipt requested, postage prepaid, to the following addresses:

As to the City:

City of Hartford
550 Main Street
Hartford, CT 06103
Attn: Luke A. Bronin, Its Mayor

As to Provider:

Ambassador Wheelchair Services, Inc.
5 Glastonbury Avenue
Rocky Hill, CT 06067
Attn: Joseph Piscitelli, Its Director of Operations

With a Copy to:

Corporation Counsel
City of Hartford
550 Main Street
Hartford, CT 06103

Notices provided in accordance with the foregoing shall be deemed received as of the earlier of the date of delivery or the second business day following the date of their being posted with U.S. Postal Service.

30. **SUCCESSORS AND ASSIGNS**

Subject to the other provisions of this Agreement, this Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective successors and permitted assigns.

31. **MERGER/ENTIRE AGREEMENT**

This Agreement and its exhibits referenced herein and attached hereto, contain the entire understanding between the parties hereto and supersede any and all prior understandings, negotiations, and agreements whether written or oral, between them respecting the written subject matter hereof.

IN WITNESS THEREOF, the CITY OF HARTFORD and the PROVIDER have executed this Contract as of this 8 day of August, 2021.

PROVIDER

By: Joseph Piscitelli
Joseph Piscitelli
its Director of Operations

CITY OF HARTFORD

By: _____
Luke A. Bronin
its Mayor

APPROVALS:

As to Form and Legality:

By: _____
Howard G. Rifkin
Its Corporation Counsel

_____/_____/_____
Date

EXHIBIT A – Detailed Scope of Services

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 - f. Attachment 6 – ACORD Certificate of Insurance**
 - g. Attachment 7 – Letter of agreement by any partners or subcontractors**

5 Glastonbury Ave
Rocky Hill, CT 06067

DOT# 2564



PH - 860-257-0885
Fax - 860-257-0835
www.Ambassadorwheelchair.com

SECTION

1

RESPONSE FORMS



**CITY OF HARTFORD
WAGE CERTIFICATION FORM**

I, Salvatore Marotta of Ambassador WheelChair Services, Inc.

Officer, Owner, Authorized Rep.

Company Name

do hereby certify that the

Ambassador WheelChair Services, Inc.

Company Name

5 Glastonbury Avenue

Street

Rocky Hill, CT 06067

City

~~and all of its subcontractors will pay all workers on the~~

Dial - A - Ride -- Elderly Transportation Services

Project Name and Number

City of Hartford, Connecticut

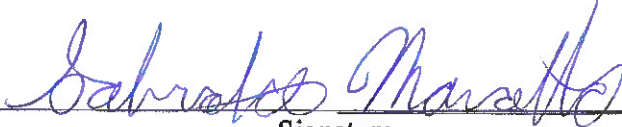
Street and City

the following wages as required for such project (a copy of the rates which is attached hereto):

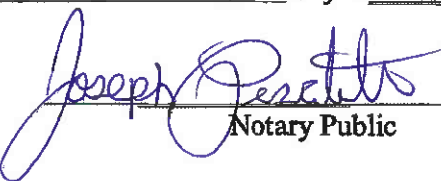
☐ State of Connecticut Prevailing wage rates

☐ Federal Prevailing wage rates

☒ City of Hartford Living wage rates


Signature

Subscribed and sworn to before me this 14th day of July, 20 21


Notary Public

Section 1 RESPONSE FORMS

1.1 RESPONSE INFORMATION & SIGNATURE FORM

Vendor Name - Ambassador WheelChair Services, Inc.				
Trade Name -				
Address - 5 Glastonbury Avenue, Rocky Hill, CT 06067				
Phone # - 860-257-0885		Fax # - 860-257-0835		Email Address - Joep@AutumnTransportation.com
Contact Person - Joseph Piscitelli			Tax ID# - 06-1280949	
Delivery / Service Start Date: Unknown			# Calendar days after receipt of executed contract: Unknown	
Bid Surety - 10%	For electronic bonds enter bond number, otherwise check the appropriate box	Electronic Bond #	<input type="checkbox"/> Bond (hard copy)	<input type="checkbox"/> Cashiers / Certified Check
		N/A		
Cost of Performance Bond included in base bid (if applicable) N/A			\$	Per thousand
EEO Certification Status (check one) See General Information for Preparing a Response paragraph 3.6.3			<input type="checkbox"/> Current & on file	<input checked="" type="checkbox"/> EEO form attached
DAS Prequalified Contractor? (non highway construction projects >\$500,000) http://das.ct.gov/cr1.aspx?page=10 N/A			<input type="checkbox"/> Certificate attached	<input type="checkbox"/> Update Statement attached
Insurance Agent Name	N/A		Phone #	
Insurance Agent Address				

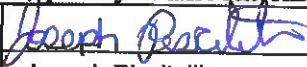
Vendor acknowledges receipt of all addenda issued during the bidding period (if applicable) and understands that they are a part of the bidding documents.

The undersigned hereby declares that he/she or they are thoroughly familiar with the specifications, the various sites, the City's requirements, and the objectives for each element of the project item or service and understands that in signing this proposal all right to plead any misunderstanding regarding the same is waived. The undersigned further understands and agrees that he will furnish and provide all the necessary material, machinery, implements, tools, labor, services, and other items of whatever nature, and to do and perform all the work necessary under the aforesaid conditions, to carry out the contract and to accept in full compensation therefore the amount of the contract as agreed to by the Contractor and the City.

The undersigned hereby declares that no reason or persons other than those named herein are interested in this proposal, which is made without any connection with any other person or persons making any proposal for the same work and is in all respects fair and without collusion or fraud; that no person acting for or employed by the City of Hartford is directly or indirectly interested therein, or in the supplies or works to which it relates, or will receive any part of the profit or any commission there from in any manner which is unethical or contrary to the best interest of said City of Hartford.

The undersigned additionally declares that they are not debarred or suspended, or otherwise excluded from, or ineligible for, participation in City of Hartford, State of Connecticut or federally funded projects (Executive Order 12549).

The undersigned certifies under penalty of false statement that the information provided in this response is true.

Submitted by (Signature)		
Printed name and title	Joseph Piscitelli	Date 7/14/2021

(Authorized Agent of Company)

1.2 RESPONSE PRICING - HHS 2021 -50 - 6031R RFP Dial - A - Ride - Elderly Transportation Services

PLEASE FOLLOW ATTACHMENT ONE (1) 2021 RFP BUDGET MODEL

The City of Hartford is exempt from all sales and use tax; bid prices shall not incorporate such taxes.

Upon request by the successful respondent, a sales tax exemption certificate will be issued.

1.3 STATEMENT OF QUALIFICATIONS

Please complete the following information. Failure to respond to all items may result in the rejection of your response.

1. Number of years in business - 30 D-U-N-S Number: 11-609-2181

2. Number of personnel employed Part time - 90 , Full time - 45 ,

3. List up to six past contracts of this type/size your firm has completed within the last three (3) years:

Project	Date	Contact Person	Phone No.
New Haven Senior Center	Current	Migdalia Castro	860-462-9391
Veyo	Current	Amber Copeland	860-837-0677
Hartford Public Schools	Current	Bill Mason	860-695-8899
CREC	Current	Gianni Zarrilli	860-794-3974

4. DAS CONTRACTOR PREQUALIFICATION <i>(required for construction / infrastructure projects only)</i> DAS prequalified? <input type="checkbox"/> Yes <input type="checkbox"/> No	You certify that there has been no substantial change in your financial position or corporate structure since your most recent prequalification certificate was issued or renewed, other than those changes noted in the update statement (attached). <div style="text-align: center;">N/A</div>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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5. ORGANIZATIONAL STRUCTURE OF BUSINESS ENTITY (select one)	<input type="checkbox"/> General partnership (GP)
	<input type="checkbox"/> Limited partnership (LP)
	<input type="checkbox"/> Limited liability corporation (LLC)
	<input type="checkbox"/> Limited liability partnership (LLP)
	<input checked="" type="checkbox"/> Corporation
	<input type="checkbox"/> Individual doing business under a trade name (sole proprietor)
<input type="checkbox"/> other (specify)	

6. CITY OF HARTFORD TAX STATUS / OTHER FINANCIAL OBLIGATIONS	Hartford Businesses – All City of Hartford taxes & financial obligations (real, motor & personal property) are current and paid in full or subject to a current and approved payment plan. Please attach RFR Affidavit.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Non-Hartford Businesses - All City of Hartford financial obligations are current and paid in full or subject to a current and approved payment plan. Please attach RFR Affidavit.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
7. STATUS OF THE BUSINESS AND ITS CURRENT STANDING WITH THE SECRETARY OF STATE'S OFFICE	Connecticut businesses – Are all required filings current with the Secretary of State and will the Secretary of State be able to issue a Certificate of Legal Existence?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Out-of-State (foreign) businesses – Have you filed a Certificate of Authority / Application of Registration with the Connecticut Secretary of State? If so, submit a copy of your filing with your response. If not, submit a copy of your Certificate of Good Standing from your state of incorporation.	Yes <input type="checkbox"/> N/A	No <input type="checkbox"/>

8. Is your local organization an affiliate of a Parent company? If so, Indicate the principal place of business of the parent company and the name of agent for service.				
Business Name	N/A			
Address				
City		State		Zip
Name of Agent				

9. List all Affiliated Businesses (attach additional sheets as necessary):

Business Name	Address	Ownership Interest %
Autumn Transportation, Inc.	5 Glastonbury Avenue, Rocky Hill, CT 06067	100

10. Based on the organizational structure of your business, provide a current listing of all corporate officers, principals, general or managing partners, limited partners, managers and members. If sole proprietorship or general partnership, attach trade name certificate filed with the town clerk's office.

Rosario Fazzino, President
Salvatore Moratta, Treasure/Secretary

11. Submit copies of all required business (trade & occupational) licenses with your response.

12. Your company may be asked to submit information relative to your company's financial statements and/or a Dun & Bradstreet report may be obtained prior to receiving an award. This information will be protected to the fullest extent required by law.

13. Additional information/documentation may be requested subsequent to your responding to this solicitation.

5 Glastonbury Ave
Rocky Hill, CT 06067

DOT# 2564



PH - 860-257-0885
Fax - 860-257-0835
www.Ambasssadorwheelchair.com

SECTION

2

ABSTRACT

ABSTRACT

The Hartford Dial-A-Ride Program is an essential service to ensure the elderly population are able to be transported to various locations to support their life's needs including medical services, shopping needs, senior citizen centers, etc.

Ambassador Wheelchair Services, Inc. understands that the service provider must be able to meet these needs to all Hartford residents age 60 and older including disabled individuals. The service provider must be able to meet these needs in a rapid and efficient basis to ensure no wait times by the client.

To this end, Ambassador Wheelchair Services, Inc. offers a strong history of experience and local presence to meet these needs. Ambassador Wheelchair Services, Inc. currently provides extensive service throughout Connecticut and, in particular, the greater Hartford area. Ambassador Wheelchair Services, Inc. currently has a large Hartford based operation providing extensive transportation service under Medicare, Medicaid and various school contracts.

The Hartford Dial-A-Ride Program has grown extensively and continues to grow. This growth requires a great deal of flexibility from the contractor. Ambassador Wheelchair Services, Inc. has a large operation based in Hartford. While we will have six vans dedicated to this program as the RFP states, we are able to offer the availability of many other vehicles and drivers as back-up. Scheduled transportation service will not be missed.

Ambassador Wheelchair Services, Inc.'s management will immediately respond to the City of Hartford management at all times to ensure that we react to the needs of a changing service in an efficient and effective manner. We will work together on a routine bases to ensure top performance.

Ambassador Wheelchair Services, Inc.'s extensive experience in transporting students with special needs as well as transporting Medicare and Medicaid clients ensures that we have the highest standards in safety, and caring service. We have a comprehensive understanding of the needs surrounding the Hartford Dial-A-Ride Program clients. Our long-term large presence in the Greater Hartford Area ensures that we know and understand the culture of the local population. Our customer service center staff and drivers are largely from Hartford. A major portion of our staff are bilingual.

Ambassador Wheelchair Services, Inc. is fully prepared to provide the seven (6 daily service vehicles and 1 back-up vehicle) sixteen passenger vans with the capacity to accommodate two mobility devices.

All vehicles are equipped with Global Positioning Tracking Systems. All vehicles are equipped with accident event recorders. All vehicles are equipped with two-way communication equipment.

All drivers are properly licensed. Motor vehicle and criminal background checks and substance abuse checks are completed on all drivers before they are put into service. All drivers receive extensive training not only to

ensure excellent operating skills but to ensure complete sensitivity to the client's needs. This training is routinely reinforced with additional and updated training programs.

All drivers will be provided with uniforms and picture identification to allow clients to be comfortable knowing who is transporting them.

Our Customer Service Center is located in Hartford. We will maintain a dedicated telephone number for the Hartford Dial-A-Ride Program.

Ambassador Wheelchair Services, Inc. utilizes the Route Genie system to handle all reservations, routing and scheduling for the Dial-A-Ride Program. This system will produce performance metric reports including demographic data with monthly/quarterly and year-end summaries.

The City of Hartford is welcome to visit our office to observe our current operations as part of your selection process. You are welcome to visit our Customer Service/Call Center Operations, maintenance facility, and business office in action at any time.

SECTION

3

ORGANIZATIONAL CAPACITY AND COMMITTMENT

ORGANIZATIONAL CAPACITY

We understand the ultimate importance of having a strong, talented and experienced management team who knows the business at hand and has the ability to work with a diverse population of employees and clients to ensure the day-to-day needs of the Hartford Dial-A-Ride program.

The key personnel we are presenting is what separates us from all other proposers and will ensure complete success for the Hartford Dial-A-Ride program for the long term. This proposed management team will have routine communication and interaction with all employees to ensure all clients' needs are met. This proposed management team will also ensure that employees and/or group of employees (i.e.: drivers) have the routine opportunity to hear from management to ensure the staff understands the needs of the Hartford Dial-A-Ride clients.

The Operations Manager will be the key contact for your leadership of this program for any issues that need immediate attention. Your staff will be able to contact our customer service center as well for all routine needs. You are always welcome to contact the owner of Ambassador Wheelchair Services, Inc., Mr. Salvatore Marotta at any time.

KEY PERSONNEL

OPERATIONS MANAGER

Mr. Joseph Piscitelli

Mr. Piscitelli oversees all Ambassador's operations. His duties include:

- Oversees all departments and daily aspects of the business
- Builds and maintains customer service with our clients
- Ensures all vehicles are properly maintained, registered, insured and inspected.
- Ensures all drivers are properly trained, developed, background checked and properly licensed
- Oversees all new start-ups including service/maintenance, office, staffing, facilities and vehicles

VEHICLE MAINTENANCE MANAGER

Mr. Michael Davis

Mr. Davis has over twenty years of experience in large vehicle repairs and maintenance as well as passenger vehicle automobiles. He was trained at a technical school as well as the Baran Institute of Technology in automotive/diesel mechanics over 25 years ago.

Mr. Davis has a vast amount of experience as a mechanic in his earlier years and as a supervisor/manager/trainer of mechanic services in his more recent years.

Mr. Davis currently works for Ambassador Wheelchair, Inc. as a vehicle maintenance repair manager. Mr. Davis will be an integral part of ensuring that the Hartford Dial-A-Ride vehicles are impeccable.

SAFETY MANAGER

Ms. Shawn Piscitelli

Ms. Piscitelli is the Safety Manager for Ambassador Wheelchair Services, Inc. She has over 25 years of experience in the transportation field. Ms. Piscitelli's responsibilities include:

- Recruiting, interviewing and hiring new drivers
- Oversee background checks
- Oversee substance abuse testing
- Conduct driver training programs
- Oversee driver assignments
- Conduct routine driver safety inspections and training updates
- Oversee accident investigations and process accident reports
- Conduct intermittent road patrols to observe drivers

HEAD DISPATCHER/TRANSPORTATION COORDINATOR

Ms. Rosa Rodriguez

Ms. Rodriguez will oversee the daily customer service intake and transportation dispatch for the Hartford Dial-A-Ride program. Ms. Rodriguez has been with Ambassador Wheelchair Services, Inc. for the past 25 years. Her ability to coordinate impeccable customer service is second to none.

This team has worked effectively together on many different projects for many years. There will be no "break-in period" to get familiar with each other and be prepared to meet the needs of the Hartford Dial-A-Ride program.

Please see Attachment 3 for the resumes of the above mentioned leaders.

5 Glastonbury Ave
Rocky Hill, CT 06067

DOT# 2564



PH - 860-257-0885
Fax - 860-257-0835
www.Ambassadorwheelchair.com

SECTION

4

SERVICE HISTORY AND PERFORMANCE

SERVICE HISTORY AND EXPERIENCE

Ambassador Wheelchair Services, Inc. has been in operation since 1991 providing wheelchair and livery services to many school districts to provide transportation services to the most delicate students. In addition, we provide an extensive level of elderly transportation, non-emergency medical transportation, and Veteran's transportation services throughout Connecticut with a strong presence in the greater Hartford area.

Ambassador Wheelchair Services, Inc.'s clients include the city of Hartford, Bristol, Rocky Hill, Wolcott, Watertown, Cromwell East Haven, West Haven, Waterbury, Newington, Guilford, Madison, North Branford, Vernon, Central Connecticut State University, Newington Veterans Hospital, Connecticut Department of Social Services and Connecticut Department of Children and Families.

Ambassador Wheelchair Services, Inc. currently holds the contract for Senior Transportation Services with the City of New Haven. This contract was awarded to Ambassador on January 1, 2019 as a four-year contract.

All of the above outlined clients are served through "Formal Linkages" (executed contracts).

Ambassador Wheelchair Services, Inc. currently operates 125 vans and 25 wheelchair vehicles.

Our service performance is excellent with all of our contracts. Any potential contractor will say that to you. We are willing to offer any and all of the above outlined contracts as references. You can pick the ones you would like to contact and we will provide the contact information to you.

It should be noted that Ambassador Wheelchair Services, Inc. has a wholly owned sister company, Autumn Transportation, Inc., that provides yellow school bus transportation for various towns including Hartford, and Wethersfield. We also operate 76 buses under a contract with the Hartford based Capital Region Education Council. Autumn Transportation, Inc. is owned and operated by the same people of Ambassador Wheelchair Services, Inc. Our overall experience in Hartford and the entire state of Connecticut is extensive.

While Ambassador Wheelchair Services, Inc. is headquartered in Rocky Hill, our largest operations facility is based in Hartford.

Our staff is highly trained and experienced in meeting the needs of the elderly, medically fragile and children (and others) with special needs. Approximately sixty-five percent of our staff (including drivers) are bilingual (Spanish). Our current customer service center includes Spanish and Albanian speaking staff.

Drivers go through an intensive training program before they are put on the road. They are initially put on the road with a supervisor (mentor) until the driver can demonstrate full competence to provide the required level of service. Scheduled updated training is provided on a routine basis.

5 Glastonbury Ave
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DOT# 2564



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SECTION

5

CERTIFICATIONS AND LICENSES



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF PUBLIC TRANSPORTATION
2800 BERLIN TURNPIKE, P.O. BOX 317546
NEWINGTON, CONNECTICUT 06131-7546



860-594-2865

APPLICATION NUMBER
1902-AVWO-22-L

APPLICATION OF AMBASSADOR WHEELCHAIR SERVICES, INC., HOLDER OF PERMIT
NUMBER 2564, TO OPERATE TWO (2) ADDITIONAL MOTOR VEHICLES IN GENERAL
LIVERY SERVICE FROM A HEADQUARTERS IN ROCKY HILL WITHOUT A HEARING.

FINAL DECISION

March 1, 2019



STATE OF CONNECTICUT
DEPARTMENT OF TRANSPORTATION
BUREAU OF PUBLIC TRANSPORTATION
2800 BERLIN TURNPIKE, P.O. BOX 317546
NEWINGTON, CONNECTICUT 06131-7546



March 1, 2019

Mr. Rosario Fazzina
Ambassador Wheelchair Services, Inc.
5 Glastonbury Avenue
Rocky Hill, CT 06067

Re: Application 1902-AVWO-22-L

Dear Mr. Fazzina:

Find enclosed the Final Decision issued by the Connecticut Department of Transportation related to the above referenced application. Please read the decision thoroughly and take note of any restrictions or deadlines for action you must take to maintain this favorable decision. Feel free to contact me at the phone number or email address noted below.

Sincerely,

A handwritten signature in cursive script that reads "Linda Sidote".

Linda Sidote
License & Applications Analyst
Regulatory & Compliance Unit
Bureau of Public Transportation
Phone: (860) 594-2828
linda.sidote@ct.gov

LIVERY PERMIT NUMBER 2564
FOR THE OPERATION OF MOTOR VEHICLES IN LIVERY SERVICE

Ambassador Wheelchair Services, Inc. is hereby permitted and authorized to operate:

1. Twenty (20) motor vehicles, each having a seating capacity of ten (10) passengers or less in general livery service from a headquarters in Rocky Hill.
2. Seventeen (17) van type motor vehicles, each having a seating capacity of ten (10) passengers or less in restricted handicapped and elderly livery service from a headquarters in Rocky Hill.
3. Five (5) motor vehicles, each having a seating capacity of ten (10) passengers or less in restricted government livery service.

In addition, Ambassador Wheelchair Services, Inc. is also permitted and authorized to operate bus-type motor vehicles, each having a seating capacity of fifteen (15) passengers or more.

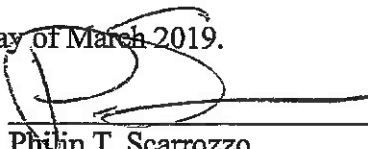
Finally, Ambassador Wheelchair Services, Inc. is also permitted and authorized to operate motor vehicles as a common carrier of passengers, in charter and special operations, in interstate commerce under such authorization as issued or amended by the Federal Motor Carrier Safety Administration in the issuance of Certificate No. MC-254224-C.

This permit may not be sold or transferred until it has been operational, i.e., a vehicle registered with livery plates thereunder, for not less than twenty-four (24) consecutive months from the date of this final decision. If at any time during the twenty-four (24) month period the applicant enters into a contract for sale and transfer of any of the vehicles authorized under application 1902-AVWO-22-L, the authority granted herein will be revoked.

This permit shall remain in effect until it is amended, suspended or revoked by the department. Failure of the permit holder to maintain proper insurance and/or to comply with all pertinent motor vehicle laws and other State statutes and/or the rules, regulations, and orders of the department, shall be considered sufficient cause to amend, suspend, or revoke this permit. This permit is transferrable only with the approval of the department. **Vehicles authorized herein must be registered within thirty (30) days of the date of this decision.**

A memorandum of the permit bearing the seal of the department shall be kept conspicuously posted in the motor vehicles operated hereunder.

Dated at Newington, Connecticut, this 1st day of March 2019.


Philip T. Scarrozzo
Transit Manager
Bureau of Public Transportation



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

LICENSE - L11901

FOR

AMBASSADOR WHEELCHAIR SERVICES, INC.
5 GLASTONBURY AVE
ROCKY HILL, CT 06067-2606

The above organization is hereby authorized to operate 16 vehicle(s) in a BA category beginning 01/01/2021 and ending 12/31/2021.

The licensed ambulance service, which the licensee is authorized to operate, shall consist of the provision of all forms of medical service allowed by law through the use of the following ambulance vehicles:

Of the 16 authorized vehicles, the licensee will be permitted to equip and use not more than 0 ambulance(s), 16 invalid coach(es), as defined by Chapter 368d, Section 19a-175 of the Connecticut General Statutes, and 0 as non-transporting emergency medical service vehicle(s) as defined in Section 19a-180-1(b)(4) of the Regulations of Connecticut State Agencies. Licensee is also authorized to operate 0 branch locations. Addresses of the authorized branch locations are on file in the Department of Public Health.

This license is transferable only with the prior approval of the Department of Public Health and is issued subject to payment of such fees as required by law, compliance by licensee with all motor vehicle laws and statutes of the State of Connecticut, and orders as the Department of Public Health may from time to time promulgate. The licensee above-named is permitted by this license to operate emergency medical service from its principal place of business indicated above.

A copy of this certificate shall be displayed prominently in the above stated operational headquarters and at each location from which the provider is granted to operate under this certificate.

Dated: January 05, 2021

Deidre S. Gifford, MD, MPH
Acting Commissioner



Phone: (860) 509-8100
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12EMS
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

5 Glastonbury Ave
Rocky Hill, CT 06067

DOT# 2564



PH - 860-257-0885
Fax - 860-257-0835
www.Ambasssadorwheelchair.com

SECTION

6

BUDGET CONTENT

SECTION

7b

ATTACHMENT 2

IMPLEMENTATION

AND

QUALITY IMPROVEMENT PLAN



LUKE A. BRONIN
Mayor

CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

131 Coventry Street
Hartford, Connecticut 06112
VOX: (860) 757-4700
FAX: (860) 722-6851
http://www.hartford.gov/Human_services/default.htm



LIANY ARROYO
Director

ATTACHMENT 2 IMPLEMENTATION AND/OR QUALITY IMPROVEMENT PLAN

Long Range Goal:	To perpetually provide the best transportation service for the Hartford Dial A Ride program.
Problem Statement:	To provide efficient, ontime transportation service to a growing and diverse elderly population. <small>Type text here</small>
Annual Goal:	To meet the challenges created by perpetual growth/utilization of the transportation service.
Objectives:	To develop systems and programs to continuously meet the transportation needs of the elderly population, knowing that excellent service encourages this growth in utilization - good service breeds more utilization.
Action Steps:	<ul style="list-style-type: none">#1. Study daily and weekly transportation patterns.#2. Look for commonalities among client trips.#3. Seek programs/routes to encourage multi-loading, to utilize vehicles to full capacity.

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DOT# 2564



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SECTION

7c

ATTACHMENT 3

JOB DESCRIPTIONS/RESUMES

Joseph A. Piscitelli

38 Old Kiln Rd

North Haven, CT 06473

(203) 927-7813

WORK HISTORY

Vice President, Autumn Transportation, September 2018 – Current

Responsibilities:

- Oversee Daily Operations
- Process accounts payables
- Invoice clients
- Submit and verify workman comp and automobile insurance claims
- Process and review accident reports with employees & insurance company
- Spec & purchase vehicles
- Manage customer concerns/complaints
- Oversee approximately 150 employees
- Process weekly payroll
- Produce prospective customer bids/contracts
- Purchasing
- Oversee Safety Department

Senior Operations Manager, Premier Limo, May 2016 – September 2018 (Full-Time)

Responsibilities:

- Oversee Daily Operations
- Produce monthly P&L
- Schedule and process vehicle maintenance
- Submit and Verify Insurance Claims
- Process and review accident reports with employees & insurance company
- Spec & purchase vehicles
- Manage customer concerns/complaints
- Manage approximately 150 – 210 employees

Owner/Operator, Cap Auto Rental, February 2015 – May 2016 (Full-Time)

Responsibilities:

- Oversee Daily Operations
- Process Customer Rental Agreements
- Schedule and process vehicle maintenance
- Process Accounts Receivable & Payable
- Submit and Verify Insurance Claims
- Invoice Customers

Director of Maintenance, Safety & Compliance, Premier Bus Lines June 2014 – January 2015 (Full-Time)

Responsibilities:

Oversee maintenance personnel and drivers
Verify company is in compliance with state and federal regulations
Problem solve any out of compliance situations
Create & Maintain department budget

**Transportation Coordinator, North Haven Public Schools,
September 2010 - June 2013 (Full-Time)**

Responsibilities:

School Bus Routes
Calculate & Produced Annual Budgets
Communicate directly with vendor
Customer Service relations with Parents
Liason between schools and bus vendor
Work closely with all levels of Board of Education
Residency Issues
Investigate requested Bus Stop Changes
Attend BOE and State Hearings
Process vendor invoices

Manager, M&J Bus Inc., May 2010 - September 2010 (Full-Time)

Responsibilities:

Oversee daily operations for 200+ employees
Instruct Dispatchers
Driver Routing
Communicate directly with drivers on safety issues
Oversee payroll
Customer Service

**Manager/School Bus Instructor, Winkle Bus Company,
August 2006 - May 2010 (Full-Time)**

Responsibilities:

Oversee daily operations for 60+ employees
Instruct Dispatchers
Driver Routing
Communicate directly with drivers on safety issues

**Fleet Supervisor, Connecticut Motor Club, December 2004 –
August 2005 (Full-Time)**

Responsibilities:

Oversee the Towing, field, dispatch Departments
Instruct Dispatchers
Interviewed & trained new drivers.
Upkeep driver's DQF and road service files

**General Manager, Lombard Motors, August 2003 - December 2004
(Full-Time)**

Responsibilities:

- Support owner in supervising daily operations
- Calculate & Produce Annual Budgets
- Processed Accounts Payable
- Provide automobile assistants, recovery & repairs
- Assist customers, local & stated departments
- Instruct dispatchers & tow truck driver's of three locations
- Drive tow, roll-off, flat-bed, heavy duty & rotator trucks

**Assistant Contract Manager, First Student Bus Company,
May 2001 - August 2003 (City contract assumed from Dattco Bus
Company) (Full-Time)**

Responsibilities:

- Oversee daily operations for 300+ employees
- Support Contract Manager with daily operations
- Provide assistance to internal & external customers
- Coach employees for optimal performance
- Manage entire operation in the absence of Contract Manager
- Handle Board of Education on complaints, billing issues & budgets
- Calculate & Produce Annual Budgets
- Processed Accounts Payables
- Attend bi-weekly meetings with the Transportation Department

**Operations Manager, Dattco Bus Company,
September 1991 - May 2001 (Full-Time)**

Responsibilities:

- Supervise approximately 300 drivers
- Oversee & instruct dispatchers
- Route management
- Communicate directly with drivers on safety issues
- Conduct monthly safety meetings
- Assist in payroll & human resource issues
- Handle Board of Education complaints, billing issues
- Attend bi-weekly meetings with Transportation Department
- Assist in creating bell times & mass mailing of startup post cards

CERTIFICATIONS

Dattco certified to investigate accidents
Certified Connecticut School Bus Driver Instructor
State of Connecticut CDL Instructor
NSA/Connecticut State certified to perform controlled substance & alcohol collections
Certified for Connecticut State and FBI finger printing
Notary of Public
Student Restraint

LICENSE

Connecticut CDL, Class B with P/S Endorsements

EDUCATION

High School Diploma for General Studies

SKILLS

I possess a positive attitude, superb computer skills include Windows, Livery Coach, Outlook, Touch Point, RentWare, Map Net NT, Trapeze, Bus Boss, Transfinder, Munis, PowerSchool, Word, Excel, Works & Tenex. I am an effective problem solver with strong written and verbal communication skills who is able to work well alone or as a member of a team. My work shows that I am detail oriented, well organized and a self-starter.

MICHAEL DAVIS

103 Burnham st, Hartford, CT 06112 | H: (860) 461-1264 | C: (860) 840-6847 natural2712@gmail.com

Career Overview

Heavy duty mechanic skilled in repairs of automotive and diesel diagnosis and repairs able to read electrical schematics and follow diagnostic flow charts.

Back round include working in sanitation trucks , Interstate Ford heavy duty dept.

Currently working on school buses and public livery transport vehicles

Mechanic with extensive hands-on experience in engine repairs and replacement. Certified in automotive and air brakes, front end steering and suspension.

Technician with 20 years in engine repair, rebuilding and replacement. Strong leader who educates other mechanics using my expertise.

Skills

- Diagnosis and repair
- Preventative maintenance
- Suspension and alignment
- Electrical systems
- Brake systems expertise
- Skid loaders
- Brake repair and replacement
- Engine replacement specialist
- Brake repair and replacement
- Small engine mechanics

Professional Experience

Mechanic

Jun 1997 to Aug 2000

All waste - Hartford, CT

Followed checklists to verify that all important parts were examined and replaced if need.

To also complete safety inspection prior to DMV inspection

Worked on a variety of vehicles, including semi-trucks and Bobcat machines.

200-2005 Worked with LaidLaw Education Services working on school buses to complete inspections and repair all defects found.

2006-2009 Worked with Autumn Transportation also school bus maintenance and repairs

2009- Present working with Ambassador Wheelchair Services to inspect maintain and repair public transport vehicles

Education and Training

High School Diploma & Tech School Diploma, Automotive / Diesel Mechanic

1995

Baran Institute OF Technology - Windsor, CT, USA

Coursework in Automotive/Diesel and Industrial Technology

Car Mechanic Certificate

Heating and Air Conditioning coursework

Preventative Maintenance Inspection training

Fuel and Ignition Systems coursework

Shawn Marie Piscitelli

38 Old Kiln Road
North Haven, Connecticut 06473
203-988-8060

OBJECTIVE

To secure a position within your organization with the opportunity for career advancement and educational growth.

WORK HISTORY

Safety Director, Autumn Transportation, 2018-Current

Responsibilities:

- Phone screen all candidates
- Interview and hire new applicants; review the position and application packet (application, background consent form, tax forms, etc.)
- Enroll unlicensed drivers into our training program
- Provide weekly classroom training/Review CT DMV CDL Manual and quiz each unlicensed driver
- Send unlicensed applicant for fingerprinting & DOT physicals and review
- Complete and review each unlicensed driver's DMV paperwork for Knowledge testing (R7, R229, waiver, etc.)
- Send all new applicants (licensed or permitted) for drug testing with proper forms
- Assign each permitted applicant to a trainer, at multiple terminals, for Skills training
- Assign each licensed applicant to a terminal and arrange for road observation and orientation
- Process each licensed applicant for background check and driver's history
- Report the training process for each applicant to the Vice President and Owner of Autumn Transportation on a weekly basis
- Keep employee DQFs up-to-date; notify drivers of soon to be expired DOT Physicals & Commercial Driver's Licenses
- Conducted minimum 6 state required safety meetings per school year
- Process/file Passing a Standing School Bus, R335 forms to DMV
- Accident investigations, accident reports, etc.
- Road patrol; observe drivers road skills with students onboard and complete reports
- Miscellaneous safety issues (i.e. assist with student harnesses, building safety, etc.)

Reservationist Specialist, Premier Limousine, 2017-2018

Responsibilities:

- Provide customer service to worldwide clients (via phone, email, online reservations and in person); quote and create, update & cancel ground transportation reservations.
- Farm out reservations to affiliates across the globe

- Perform 2 hour & 24 hour reconfirmations with our affiliates

School Bus Safety Supervisor, M&J Bus, Inc., 2011-2017

Responsibilities:

- Provide safe transportation to and from schools for public school children as a spare driver
- Complete Student Write Ups for misbehaving children
- Provide solutions how children are to ride the bus safely for the schools
- Interview applicants, process DMV applications and drug test
- Train applicants for Student Transportation Vehicles (Van), School Buses & Handicap Buses
- Complete hiring process/paperwork and perform detailed orientation
- Provide weekly reports to headquarters regarding training status
- Supervise approximately 60 drivers
- Keep employee DQF up-to-date
- Conducted minimum 6 state required safety meetings per school year
- Accident investigations; Complete and forward accident reports to public school officials and supervisors
- Collect urine specimen, complete Chain of Custody forms and forward to MRO
- Review bus videos and work with children, drivers, dispatch, management and school officials in providing safe transportation
- Road patrol; observe drivers road skills with students onboard and complete reports
- Perform bi-annual safety assemblies in public school district
- Assist Dispatch when necessary

School Bus Driver, Winkle Bus Company, 2008-2011

Responsibilities:

- Provide safe transportation to and from schools for public school children
- Complete Student Write Ups for misbehaving children
- Provide solutions on how for children to ride the bus safely

Production Control Supervisor, George Schmitt & Company, Inc., 2001-2003

Responsibilities:

- Order entry of customer purchase orders, change orders and releases
- Accommodate customer with expected ship dates and price corrections
- Organize product specifications with customers and quality assurance department
- Purchase raw materials
- Forward incoming packing slips with purchase orders and supplier invoices to accounting for payment
- Produce job documents for production
- Liaison between customer/sales and factory
- Instruct the warehouse of outgoing shipments
- Produce shipping documents and invoices for outgoing shipments
- Provide sales reports for sales department and accounting
- Update internal price changes for finished goods items
- Maintain inventories of obsolete customer and company owned materials

- Responsible for WIP, finished goods and movement of supplies & inventory
- Generate weekly/monthly production reports
- Process weekly payroll hours and pay increases with Stromberg's Time In a Box software
- Record paid vacation and sick time
- Purchase materials and produce purchase orders

1996-2001

Responsibilities:

- Order entry customer purchase orders, change orders and releases
- Accommodate customer with expected ship dates
- Organize/update product specifications with customers
- Purchase manufacturing supplies and raw materials
- Process incoming packing slips with purchase orders and supplier invoices to accounting for payment
- Produce job documents for production
- Liaison between customer/sales and factory
- Instruct the warehouse of outgoing shipments
- Produce shipping documents and invoices for outgoing shipments
- Provide sales reports for accounting department
- Update internal price changes & notify customers of price changes
- Maintain inventories of obsolete customer and company owned materials
- Responsible for WIP, finished goods and movement of supplies & inventory
- Generate weekly/monthly production reports
- Produce and correct computerized labor costing reports
- Safety Circle Administrator
- Purchase materials and produce purchase orders

1994-1996

Responsibilities:

- Supervise office employees and shipping/receiving department
- Stand-in plant manager
- Schedule materials, production and employees
- Order entry customer purchase orders, change orders and releases
- Accommodate customer with expected ship dates
- Organize/update product specifications with customers
- Produce job documents for production
- Liaison between customer/sales and factory
- Instruct the warehouse of outgoing shipments
- Provide sales reports for sales department
- Update internal price changes & notify customers of price changes
- Maintain inventories of obsolete customer and company owned materials
- Responsible for WIP, finished goods and movement of supplies & inventory
- Generate weekly/monthly production reports
- Maintain inventories of obsolete customer and company owned materials

- Safety Circle Coordinator
- Purchase materials and produce purchase orders

Customer Service Representative, George Schmitt & Company, Inc., 1991-1994

Responsibilities:

- Order entry customer purchase orders, change orders and releases
- Accommodate customer with expected ship dates
- Organize/update product specifications with customers
- Update internal price changes & notify customer
- Produce job documents for production
- Liaison between customer/sales and factory
- Instruct the warehouse of outgoing shipments
- Provide sales reports for sales department
- Update internal price changes & notify customers of price changes
- Maintain inventories of obsolete customer and company owned materials
- Responsible for WIP, finished goods and movement of supplies & inventory
- Generate weekly/monthly production reports
- Maintain inventories of obsolete customer and company owned materials
- Project sales reports for sales department
- Assist Purchasing Agent with inventory and purchase orders

1990-1991

Responsibilities:

- Order entry of customer purchase orders, change orders and releases
- Support Production with customer requested release dates and accommodate customer with expected ship dates
- Instruct the warehouse of outgoing shipments
- Produce shipping documents and invoices for outgoing shipments
- Liaison between customer/sales and production
- Provide shipping reports for customers
- Update internal price
- Produce and correct computerized labor costing reports
- Maintain inventories of obsolete customer and company owned materials
- Provide sales reports for sales department
- Assist Purchasing Agent with inventory and purchase orders

Administrative Assistant, George Schmitt & Company, Inc., 1989-1990

Responsibilities:

- Provide Administrative/Secretarial support to three managers
- Produce and submit employee payroll to outside vendor with Kronos' TimeKeeper software
- Safety Coordinator (Worker's Compensation)
- Employee Benefits Administrator
- Schedule employee annual reviews and prepare documents
- Assist Purchasing Agent with purchase orders

EDUCATION

P.M.T (Physical/Psychological Management –Restraint Training), 2012 & 2013
Trained for Safety Supervisor (Accident Investigations, Handicap Transportation, etc.), 2011
Tested and received DMV's Airbrake Endorsement, July 2011
Tested and received DMV's CDL Class B, P and S Endorsements, February 2008
Attended a variety of customer service and payroll administrator seminars, 1989-2002
Certificate for Word Processing, The Academy for Business Careers, 1987
Diploma of General Studies, East Haven High School, 1986

SKILLS

I possess a positive attitude, superb computer skills, good working knowledge of the entire customer service process, safety aspects, as well as, many other facets of office duties including Supervisory Skills, Driver's Qualification File (DQF), payroll and Human Resource functions. I am an effective problem solver with strong written and verbal communication skills who is able to work well alone or as a member of a team. My work shows that I am detail oriented, well organized and a self-starter. My computer skills include knowledge of QuickBooks 2015, Microsoft's 365 Office, Word, Excel, Outlook, Google's Chrome, Maps and Drive, as well as, familiarity with Microsoft's Internet Explorer, Windows 8, XP & 10, Access, NetMeeting, Lotus, Eyeball Chat, Kronos' TimeKeeper and Stromberg's Time In a Box software.

References supplied upon request.

5 Glastonbury Ave
Rocky Hill, CT 06067

DOT# 2564



PH - 860-257-0885
Fax - 860-257-0835
www.Ambasssadorwheelchair.com

SECTION

7d

ATTACHMENT 4

U.S. IRS W-9

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Ambassador Wheelchairservice, Inc	
2 Business name/disregarded entity name, if different from above 5 Glastonbury Ave Rocky Hill, CT 06067	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-			-		
or								
Employer identification number								
0	6	-	1	2	8	0	9	4

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► <i>Salvatore Marotta</i>	Date ► 7.14.21
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

SECTION

7e

ATTACHMENT 5

EEO OPPORTUNITY REPORT AND POLICY

BIDDERS EEO REPORT**Part I - IDENTIFICATION OF VENDOR**

1. NAME
&
ADDRESS
(As shown on BID)

Ambassador WheelChair Services, Inc.
5 Glastonbury Avenue
Rocky Hill, CT 08067

2. CHIEF EXECUTIVE OFFICER FOR ABOVE BIDDER (NAME)

Salvatore Marotta

4. ADDITIONAL LOCATIONS IN
CONNECTICUT

ADDRESS

TELEPHONE #

170 Weston Street, Hartford, CT 06120

860-461-7913

Part II: NONDISCRIMINATION POLICIES AND PRACTICES

1a. Have you put into effect a company wide equal opportunity program to promote nondiscrimination?

Yes ☒ No ☐

1b. If "Yes" have all your employees been informed of this in writing?

Yes ☒ No ☐

2a. Do you sponsor or promote any educational or training programs for your employees or prospective employees?

Yes ☒ No ☐

2b. If "Yes" are all such persons given the opportunity to participate in accordance with your nondiscrimination statement?

Yes ☒ No ☐

3a. Have all your recruitment sources been notified that all qualified applicants will be considered without discrimination?

Yes ☒ No ☐

3b. Has this been done in writing?

Yes ☒ No ☐

3c. Do all your employee recruitment advertisements state a nondiscrimination policy?

Yes ☒ No ☐

4a. Do you have a collective bargaining agreement or other contract or understanding with a labor union representing the employee employed by you?

Yes ☒ No ☐

4b. If "Yes" does each such agreement assure full compliance nondiscrimination requirements?

Yes ☒ No ☐

4c. If "No" check here, and explain on a separate attached sheet.

Yes ☐ No ☐

5a. Is there a person in your employ who is responsible for assuring equal employment opportunities?

Yes ☒ No ☐

5b. If "Yes" give Name and Title

Yes ☐ No ☐

Joseph Piscitelli, Regional Operations Manager

Part III-HIRING AND RECRUITMENT

1. Which of the following recruitment sources are used by you? (Check "Yes" of "No" Estimate % if not known)

SOURCE	Yes	No	% of all applicants provided by this source.
State Employment Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5
Private Employment Agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	75

2. Check any of the following that you use as hiring qualifications.

- (x)
- ☒ Work Experience
- ☒ Ability to speak or write English c
- ☐ Written Tests

3a. Describe any other practice which show that you hire, train and promote employees without discrimination.

Schools and Colleges	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> High School Diploma
Newspaper Advertisements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> College Degree
Walk-ins	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/> Union Membership
Present Employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5	<input checked="" type="checkbox"/> Personal Recommendation
Labor Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/> Car Ownership
Minority/Community Organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5	
Employment Resource Development Agency	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
OTHER (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

PART IV – STATISTICS – Employment at bidder's location (as shown on bid submittal). In lieu of completing this section, bidder may submit copy of its most recent Federal EEO-1 report for the reporting location or a copy of its consolidated report for the total organization, if filed within the last year.

EMPLOYMENT FIGURES WERE OBTAINED FROM

☐ Visual Check ☒ Employment Record ☐ Other

CLOSING DATE OF REPORT PERIOD

6/30/2021

JOB CATEGORIES	OVERALL TOTALS (Sum of all columns A-E Male & Female)	A WHITE (Not of Hispanic Origin)		B BLACK (Not of Hispanic Origin)		C HISPANIC		D ASIAN or Pacific Islander		E AMERICAN INDIAN or ALASKAN NATIVE	
		Male	Female	Male	Female	Male	Female	Male	Female	Female	Male
Officials and Managers	4	3	1								
Professionals											
Technicians											
Sales Workers											
Office and Clerical	9	1	3	1		1	3				
Craft Workers (Semi-Skilled)	10	1		3		6					
Operatives (Semi-Skilled)	138	24	7	6	2	30	69				
Laborers (Unskilled)											
Service Workers	23	8	2			4	9				
TOTALS ABOVE	184	37	13	10	2	41	81				
TOTALS ONE YEAR AGO											
ON THE JOB TRAINEES (Enter figures for the same categories as shown above)											
Apprentices											
Trainees											

PART V- DOCUMENTATION AND COMMITMENT REQUIRED

1. Please submit as part of this EEO report, a copy of your Company Policy Statement of Equal Employment Opportunity.

2. For companies employing more than 10 persons, please submit as part of this EEO report a written commitment to hire minority and female workers if your work force statistics are not representative of the minority and female work force availability in your labor market area.
3. If your company is not located in Connecticut, please submit a copy of your local labor market area statistics.

AFFIDAVIT

The Bidder understands and agrees that its failure to meet the equal opportunity requirements established by section 2-573 of the Code will preclude such bid from being considered. The bidder agrees to the procedures set forth in section 2-573 of the Code in regard to the determination of whether such bidder is an equal opportunity employer. The Bidder also understands and agrees that the equal opportunity documents will become a part of the contract, and that a breach of the provision of the equal opportunity documents will constitute a breach of the contract subject to such remedies as provided by law.

NAME OF PERSON SUBMITTING BID	TITLE	DATE SIGNED	TELEPHONE NO. (Include Area Code)
 X Salvatore Marotta	Treasurer/ Secretary	7/14/2021	860-257-0885

SECTION

7f

ATTACHMENT 6

ACORD CERTIFICATE OF INSURANCE

5 Glastonbury Ave
Rocky Hill, CT 06067

DOT# 2564



PH - 860-257-0885
Fax - 860-257-0835
www.Ambasssadorwheelchair.com

SECTION

7g

ATTACHMENT 7

LETTER OF AGREEMENT BY ANY PARTNERS/SUBCONTRACTORS

5 Glastonbury Ave
Rocky Hill, CT 06067

DOT# 2564



PH - 860-257-0885
Fax - 860-257-0835
www.Ambassadorwheelchair.com

LETTER OF AGREEMENT BY ANY PARTNERS/SUBCONTRACTORS

NOTE: Ambassador Wheelchair Services, Inc. will have NO partners or subcontractors to this contract.

EXHIBIT B – Compensation

5 Glastonbury Ave
Rocky Hill, CT 06067

DOT# 2564



PH - 860-257-0885
Fax - 860-257-0835
www.Ambasssadorwheelchair.com

BUDGET CONTENT

**NOTE: BUDGET DATA IS PRESENTED IN SECTION 7a, ATTACHEMENT 1 – RFP
BUDGET MODEL**

5 Glastonbury Ave
Rocky Hill, CT 06067

DOT# 2564



PH - 860-257-0885

Fax - 860-257-0835

www.Ambassadorwheelchair.com

SECTION

7a

ATTACHMENT 1

RFP BUDGET MODEL



LUKE A. BRONIN
Mayor

CITY OF HARTFORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES

131 Coventry Street
Hartford, Connecticut 06112
VOX: (860) 757-4700
FAX: (860) 722-6851



LIANY ARROYO
Director

Estimated Project Budget CITY OF HARTFORD DIAL-A-RIDE TRANSPORTATION SERVICES

Expense Categories for Period	Period Covered: 8/1/2021 to 7/31/2022
<p>Dial A Ride Transportation Services @ <u>\$76.00</u> Per Hour.</p> <p><u>Included in Hourly Rate</u></p> <ol style="list-style-type: none"> 1) Acquisition of Vehicles 2) Vehicle Non-Preventive Maintenance 3) Communication, Software/Hardware Maintenance 4) Staffing 5) Insurance 6) Indirect Cost Allocation 7) Automated Vehicle Locator (AVL) (AER)/ Global Positioning System (GPS) Operating Costs 8) Fuel and Fuel Surcharge Incidental Fuel Surcharge Pricing as a component of expenses based upon a base fuel cost of \$5.00 (Diesel) per gallon (US) as published by the United States Department of Energy each Monday for the New England Region. For each twenty-five cents (\$.25) per gallon increase in this cost, the Hourly Rate will be increased by one percent (1%) 9) Living Wage Adjustment – In the event that the City's Living Wage increases by more than three percent (3%) during the term of this Agreement, the pricing included herein will be increase by amount equal to fifty percent (50%) of the percentage increase in living wage in excess of three percent (3%). 	\$
Total	

EXHIBIT C – Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/13/2021

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 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 PA Post / Hilb Group of New Jersey One International Boulevard Suite 405 Mahwah NJ 07495		CONTACT NAME: Garrett Post PHONE (A/C, No, Ext): (201) 252-3010 E-MAIL ADDRESS: gpost@papost.com FAX (A/C, No): (201) 252-3011															
INSURED Autumn Transportation, Inc 5 Glastonbury Ave Rocky Hill CT 06067		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Falls Lake National Insurance Company</td> <td>31925</td> </tr> <tr> <td>INSURER B: General Star Indemnity</td> <td>37362</td> </tr> <tr> <td>INSURER C: Berkleynet</td> <td></td> </tr> <tr> <td>INSURER D: Great American Insurance Co.</td> <td>16691</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: Falls Lake National Insurance Company	31925	INSURER B: General Star Indemnity	37362	INSURER C: Berkleynet		INSURER D: Great American Insurance Co.	16691	INSURER E:		INSURER F:	
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INSURER F:																	

COVERAGES

CERTIFICATE NUMBER: 20-21

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:			WFCOL0000000071-02	8/17/2020	8/17/2021	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 \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			WFCAL0000000355-02	8/17/2020	8/17/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined single \$ 50,000
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			TXG420448F	8/17/2020	8/17/2021	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 10,000,000
C	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	W41847-5	8/28/2020	8/28/2021	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
D	Property w/ BI&EE			MAC E246337-02	8/23/2020	8/23/2021	BI&EE 45,000 BPP 30,000

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

The City of Hartford and the Hartford Public Schools is included as an additional insured. Waiver of subrogation applies in favor of the holder per the policy provisions if required as such in a written contract with the Named insured which has been executed prior to loss/claim (Optional Language AIIMA on a primary non-contributory basis as required per the policy provisions, if required as such in written contract with the named insured which has been executed prior to loss claim.)

CERTIFICATE HOLDER

CANCELLATION

City of Hartford 550 Main Street Hartford, CT 06103	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 Garrett Post/JOE
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