

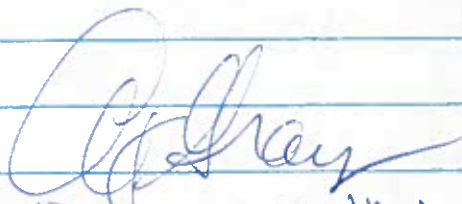
Instrumentation maintenance and
Calibration

Bid # 13-41

June 11, 2015

① EIS

② Luv'ollette Controls


J. Gray
Sawyer Mill
6-11-15

BID FORM**1 OF 1 PAGES TO BE SUBMITTED**

Times & Material Rates for Maintenance & Service	YEAR ONE PRICING FY 2016	YEAR TWO PRICING FY 2017	YEAR THREE PRICING FY 2018
Annual Calibration Service Wastewater Schedule A (see attached) – lump sum	\$7,800.00	\$8,530.00	\$9,390
Annual Calibration Service Water Schedule B & C (see attached) – lump sum	B) \$1,175.00 C) \$900.00	B) \$1,220.00 C) \$950.00	B) \$1,280.00 C) \$1000.00
Demand Services (straight time) – unit price	\$90.00/hr.	\$90.00/hr.	\$90.00/hr.
Emergency services (overtime) – unit price	\$135.00/hr	\$141.00/hr.	\$148.00/hr.
Mileage Charge – unit price	\$0.50/mi.	\$0.50/mi.	\$0.50/mi.
Parts, Percent Markup	15%	15%	15%

Bid results will be posted after 48 hours on the City of Rochester's web site: www.rochesternh.net or will be available by request via e-mail at the following address: purchasing@rochesternh.net

Was site visit attended. Yes or No: Wastewater Plant Only

Bidder Name: Environmental Instrument Services Inc.

Bidder Address: 98 Washington Street
Groveland, Massachusetts 01834

Telephone: 888-556-3040 Cell Phone: 978-804-8322

Fax#: 978-352-8221 E-Mail: jim.law@eis-web.com



Signature

President & CEO

Title

9 June 2015

Date

BID FORM

1 OF 1 PAGES TO BE SUBMITTED

Times & Material Rates for Maintenance & Service	YEAR ONE PRICING FY 2016	YEAR TWO PRICING FY 2017	YEAR THREE PRICING FY 2018
Annual Calibration Service Wastewater Schedule A (see attached) – lump sum	\$ 11,090.00	\$ 11,090.00	\$ 11,090.00
Annual Calibration Service Water Schedule B & C (see attached) – lump sum	B) \$ 3,010.00 C) \$ 3,010.00	B) \$ 3,010.00 C) \$ 3,010.00	B) \$ 3,010.00 C) \$ 3,010.00
Demand Services (straight time) – unit price	\$ 70.00	\$ 70.00	\$ 70.00
Emergency services (overtime) – unit price	\$ 70.00	\$ 70.00	\$ 70.00
Mileage Charge – unit price	No Charge	No Charge	No Charge
Parts, Percent Markup	15 %	15 %	15 %

Bid results will be posted after 48 hours on the City of Rochester's web site: www.rochesternh.net or will be available by request via e-mail at the following address: purchasing@rochesternh.net

Was site visit attended, Yes or No: Yes

Bidder Name: Laviollette Controls

Bidder Address: 87 Rocky Hill Road
Somersworth NH 03878

Telephone: 603-692-7224 Cell Phone: 603-235-2505

Fax#: 603-692-0413 E-Mail: Lcontrols@comcast.net

Signature

Title

Date

Customers with the same type of equipment and agreement

1. **Somersworth NH Wastewater**- the equipment they use are IDP10s, Gas detection, and Flow meters.
2. **Danvers Water**- mag Flowmeters,Hydrorangers,Idp10s, and Gas detectors
3. **Milford water and waste water**- Mag flow meters,IDP10s, and Hydrorangers
4. **New Fields waste**-Calibration of all inline analyzers and open channel flow meters
5. **Devens-(United Water)**-Mag flowmeters, Hydrorangers, Open channel flowmeter, and Gas detection

Client#: 513993

LAVIOCON1

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/09/2015

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 USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	CONTACT NAME: PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): E-MAIL: ADDRESS:																					
INSURED Richard J. Laviolette dba Laviolette Controls 87 Rocky Hill Rd Somersworth, NH 03878	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> </thead> <tbody> <tr> <td>INSURER A:</td><td>Essex Insurance Company</td><td>39020</td></tr> <tr> <td>INSURER B:</td><td>Massachusetts Bay Insurance Com</td><td>22306</td></tr> <tr> <td>INSURER C:</td><td></td><td></td></tr> <tr> <td>INSURER D:</td><td></td><td></td></tr> <tr> <td>INSURER E:</td><td></td><td></td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Essex Insurance Company	39020	INSURER B:	Massachusetts Bay Insurance Com	22306	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		IT807102	10/01/2014	10/01/2015	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> Professional Liability					PERSONAL & ADV INJURY \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY					\$
	ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				\$
	DED	RETENTION \$				EACH OCCURRENCE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input checked="" type="checkbox"/> Y <input type="checkbox"/> N/A	WDV879789904	09/13/2014	09/13/2015	WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$100,000
						E.L. DISEASE - POLICY LIMIT \$500,000

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

** Workers Comp for State of NH Information **

This Certificate is issued for insured operations usual to controls

CERTIFICATE HOLDER

CANCELLATION

Town of Rochester
 45 Old Dover Rd
 Rochester, NH 03867

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

On behalf of the broker