BARNSTABLE COUNTY - TRADESPERSON BLANKET BID
TRADE SUMMARY SHEET
(OFF FORM TO BE COMPLETED PER TRADE CATEGORY YOUR ARE SUBMITTING TO BE QUALIFIED FOR)

TRADE CATEGORY:

# 19 CATEGORY NAME: Communications

FIRM NAME: Adams Communications
DATE: 1-17-18

ADDRESS: 128 Main St
Carver, MA 02330

NAME OF CONTACT PERSON: John Adams

CONTACT PHONE: 508-866-4086
EMAIL: john@adamscomm.net

GENERAL LIST OF SERVICES YOU PROVIDE:

Disassemble, maintain, support, troubleshoot
Services and equipment

TRADE/PROFESSIONAL LICENSES HELD (include copies):

OSHA CERTIFICATION (attached): □ Yes □ No (required for Construction) Service only: ☒ Yes □ No

CERTIFICATE OF NON COLLUSION AND TAX COMPLIANCE (attached): ☒ Yes □ No

PROOF OF INSURANCE (see page 11 for requirements) (attached certificate): ☒ Yes □ No

NAME AND ADDRESS OF BONDING COMPANY:

Minority and Woman Owned Business Certification (Massachusetts): □ MBE □ WBE □ Other
(Include copy of certification with this form)
Note: Contractors are not required to be certified. This is for tracking purposes only.

IF ANSWERING "YES" TO THE FOLLOWING, PROVIDE DETAILS ON A SEPARATE SHEET OF PAPER:

- OSHA violations in the past three years: ☒ No □ Yes
- Have you defaulted on a contract in the past three years: ☒ No □ Yes
- Are you currently debarred from any state or federal contracts: ☒ No □ Yes
REQUIRED SUBMITTAL FORM

ATTACHMENT E – PAGE 2

YEARS IN BUSINESS 13 Years (Minimum 5 years) (for trade category submitting for)

REGISTERED WITH THE SECRETARY OF STATE TO DO BUSINESS IN MASSACHUSETTS: □ Yes □ No
(Include screen print of the Secretary of State website with certification registration information or other proof of registration)

BARNSTABLE COUNTY REGION(S) YOU WILL SERVICE: (SEE PAGE 15 FOR TOWNS INCLUDED)

<table>
<thead>
<tr>
<th>Location A Upper Cape</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location B Mid-Cape</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Location C Lower Cape</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Location D Outer Cape</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

Date: 1-17-18
Name of Submitting Contractor: Adams Communications

By: [Signature]
Name & Title of Person Signing Bid: [Name]

128 Main St Ste 11
Business Address: [Address]

Carter, MA 02330
City, State, Zip Code: [City, State, Zip Code]

Telephone: 508-866-4086
Fax: 508-866-4085
E-mail address: John@AdamsComm.net
CERTIFICATE OF LIABILITY INSURANCE

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

PRODUCER

Murray & MacDonald Insurance Services, Inc.
550 MacArthur Blvd.
Bourne MA 02532

CONTACT

NAME: Andrew Roth
PHONE: (508) 240-2400
FAX: (508) 289-4111
E-MAIL: andy@nemaskadvice.com

INSURER(S) AFFORDING COVERAGE

INSURER A: Sentinel Ins Co LTD
INSURER B: Main Street America
INSURER C: Hartford Ins Co Of The Midwest

MAN #

11000
11066
37478

COVERAGES

CERTIFICATE NUMBER: 15-11-01-00-00

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.

<table>
<thead>
<tr>
<th>POLICY NUMBER</th>
<th>LIMITS</th>
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<tbody>
<tr>
<td>EACH OCCURRENCE</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>DAMAGE OCCURRED PREMISES (Ex. occurrence)</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>MED EXP (any one person)</td>
<td>$10,000</td>
</tr>
<tr>
<td>PERSONAL &amp; ADJURY</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>GENERAL AGGREGATE</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>PRODUCTS - COMPO &amp; AGG</td>
<td>$2,000,000</td>
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<tr>
<td>DBRES</td>
<td>$100,000</td>
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<tr>
<td>COMBINED SINGLE LIMIT (Ex. amount)</td>
<td>$1,000,000</td>
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<tr>
<td>BODILY INJURY (Per person)</td>
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</tr>
<tr>
<td>BODILY INJURY (Per accident)</td>
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<tr>
<td>PROPERTY DAMAGE (Per accident)</td>
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<td>HNTEI</td>
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<td>EACH OCCURRENCE</td>
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<tr>
<td>AGGREGATE</td>
<td>$1,000,000</td>
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<tr>
<td>E.L. EACH ACCIDENT</td>
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<tr>
<td>E.L. DISEASE - EA EMPLOYEE</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>E.L. DISEASE - POLICY LIMIT</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 19), Additional Remarks Schedule, may be attached if more space is required.

CERTIFICATE HOLDER

Barnstable County
3185 Main Street
Barnstable MA 02630

CANCELLATION

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

Andrew Roth

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ACORD 25 (2016/03)

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ATTACHMENT B
CERTIFICATE of NON-COLLUSION AND TAX COMPLIANCE

Pursuant to MGL Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

I certify under the penalties of perjury that this bid/proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certificate, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other legal organization, entity or group of individuals.

Company: Adams Communications

Address: 128 Main St Ste 11
Carver, MA 02330

Signature of Individual Signing
Bid, or Corporate Officer: [Signature]

Telephone Number: 508-866-4086

Social Security Number Or Federal Identification Number: 76-0821-846

Date: 1-17-18

Any person or corporation which fails to execute this document will be considered a non-responsive bidder and will be rejected pursuant to MGL Chapter 149.
ATTACHMENT B

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REQUIRED SUBMITTAL FORM

ATTACHMENT C
REFERENCE FORM

Bidder must supply a list of all work completed within the last five years. This list shall include a description of the project, date work began and date work completed, contact information for the contracting officer and jurisdiction, and the name of the bonding company that issued the bonds for the project.

PROJECT NAME/DESCRIPTION: VoIP/SIP Trunks
VALUE: $12,000

WORK START DATE: 11-10-17
WORK COMPLETION DATE: 4-18-17
NAME/OWNER: Foxborough Regional
CONTACT PERSON: Ed Lucy
ADDRESS: 131 Central St Foxboro MA 02035
TELEPHONE: 508-543-2508
BONDING COMPANY: NA

PROJECT NAME/DESCRIPTION: VoIP/SIP Trunks
VALUE: $11,000

WORK START DATE: 6-11-16
WORK COMPLETION DATE: 6-11-16
NAME/OWNER: Plymouth Chamber
CONTACT PERSON: Amy Nechels
ADDRESS: 130 Court St Plymouth, MA 02360
TELEPHONE: 508-830-1620
BONDING COMPANY: NA

PROJECT NAME/DESCRIPTION: VoIP/SIP Trunks
VALUE: $13,000

WORK START DATE: 3-5-16
WORK COMPLETION DATE: 3-5-16
NAME/OWNER: Leiser Corp
CONTACT PERSON: Paul Mainella
ADDRESS: 725 Dedham St Canton, MA 02021
TELEPHONE: 781-821-1298
BONDING COMPANY: NA

PROJECT NAME/DESCRIPTION:
VALUE:

WORK START DATE: 
WORK COMPLETION DATE:

NAME/OWNER: 
CONTACT PERSON: 

ADDRESS:

TELEPHONE: 
BONDING COMPANY: 

PROJECT NAME/DESCRIPTION:
VALUE:

WORK START DATE: 
WORK COMPLETION DATE:

NAME/OWNER: 
CONTACT PERSON: 

ADDRESS:

TELEPHONE: 
BONDING COMPANY: 

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ATTACHMENT D

CERTIFICATION

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) TRAINING

In accordance with Massachusetts General Law Chapter 30, Section 39S, as amended by Chapter 306 of the Acts of 2004, effective 7/1/06, for all contracts for the construction, reconstruction, alteration, remodeling or repair of any public work or the construction, reconstruction, installation, demolition, maintenance or repair of any public building estimated to cost more than $10,000, the Contractor hereby certifies to the following:

(a) (1) that he is able to furnish labor that can work in harmony with all other elements of labor employed or to be employed in the work; (2) that all employees to be employed at the worksite will have successfully completed a course in construction safety and health approved by the United States Occupational Safety and Health Administration that is at least 10 hours in duration at the time the employee begins work and who shall furnish documentation of successful completion of said course with the first certified payroll report for each employee; and (3) that all employees to be employed in the work subject to this bid have successfully completed a course in construction safety and health approved by the United States Occupational Safety and Health Administration that is at least 10 hours in duration.

(b) Any employee found on a worksite subject to this section without documentation of successful completion of a course in construction safety and health approved by the United States Occupational Safety and Health Administration that is at least 10 hours in duration shall be subject to immediate removal.

(c) The attorney general, or his designee, shall have the power to enforce this section including the power to institute and prosecute proceedings in the superior court to restrain the award of contracts and the performance of contracts in all cases where, after investigation of the facts, he has made a finding that the award or performance has resulted in violation, directly or indirectly, of subsection (b), and he shall not be required to pay to the clerk of the court an entry fee in connection with the institution of the proceeding.

The undersigned hereby certifies under the penalties of perjury to the above:

Company: Adams Communications

Authorized Signature: [Signature]

Print Name: John L. Adams, Jr.

Title: President

Date: 1-17-18

Telephone: 508-866-4066

Fax: 508-866-4085