REQUIRED SUBMITTAL FORM

ATTACHMENT E

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

TRADE CATEGORY:

# 1 CATEGORY NAME ALARMS (FIRE) (Both from list on page 1):
General Description of services you provide: DESIGN - PRICE - SELLOUT - INSTALL - SERVICE - INSPECTION & MONITORING

FIRM NAME: CAPE COD ALARMS, INC DATE: 01-10-2017
ADDRESS: 204 OLD TOWN HOUSE ROAD, WEST YARMOUTH, MA. 02673
Mailing/Street Town State Zip Code

TRADE/PROFESSIONAL LICENSES HELD (Include copies): SYSTEM CONTRACTOR - 1592C

GENERAL LIST OF SERVICES YOU PROVIDE:
FIRE SYSTEMS, CARBON MONOXIDE SYSTEMS
SECURITY SYSTEMS, CLOUDBRA SYSTEMS, ACCESS CONTROL SYSTEMS

OSHA CERTIFICATION (attached): ☒ Yes ☐ No (required for Construction) Service only: ☐ Yes ☐ No
CERTIFICATE OF NON COLLUSION (attached): ☒ Yes ☐ No

TAX CERTIFICATION (attached): ☒ Yes ☐ No

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

NAME AND ADDRESS OF BONDING COMPANY: TAUNTON - ROGER'S GRAY

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.

OSHA VIOLATIONS IN THE PAST THREE YEARS: ☐ No ☒ Yes Please provide details: NONE

HAVE YOU DEFAULTED ON A CONTRACT DURING THE PAST THREE YEARS: ☒ No ☐ Yes Please provide details:

ARE YOU CURRENTLY DEBARRED FROM ANY STATE OR FEDERAL CONTRACTS: ☒ No ☐ Yes Please provide details:

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)
REQUIRED SUBMITTAL FORM

Date: 1-12-17  Name of Submitting Contractor: \textit{Cape Cod Alarm, Inc.}

YEARS IN BUSINESS 35 Years (Minimum 5 years) (for trade category submitting for)

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

\begin{itemize}
  \item \textbf{Location A Upper Cape} \quad \square \text{Yes} \quad \square \text{No}
  \item \textbf{Location B Mid-Cape} \quad \square \text{Yes} \quad \square \text{No}
  \item \textbf{Location C Lower Cape} \quad \square \text{Yes} \quad \square \text{No}
  \item \textbf{Location D Outer Cape} \quad \square \text{Yes} \quad \square \text{No}
\end{itemize}

By: \textit{William Fallon} \hspace{2cm} \textit{William Fallon}

\begin{itemize}
  \item (Authorized Signature)
  \item \textit{William Fallon} \textit{Sales Manager}
  \item (Name & Title of Person Signing Bid)
\end{itemize}

\textit{204 Old Town House Road,}

\textit{(Business Address)}

\textit{West Yarmouth, MA. 02673}

\textit{(City, State, Zip Code)}

Telephone: 508-398-6316

Fax: 508-398-5166

E-mail address: Bill@CapeCodAlarm.com
REQUIRED SUBMITTAL FORM

ATTACHMENT 

BARNSTABLE COUNTY - TRADESPERSON BLANKET BID
TRADE SUMMARY SHEET

(ONE FORM TO BE COMPLETED PER TRADE CATEGORY YOUR ARE SUBMITTING TO BE QUALIFIED FOR)

TRADE CATEGORY:

# 2 CATEGORY NAME  ALARMS (SECURITY)  (Both from list on page 1):

General Description of services you provide: DESIGN - PRICE - SELL - INSTALL - SERVICE - INSPECTIONS - MONITORING

FIRM NAME: CAPE COD ALARM, INC  DATE: 01/10/2017

ADDRESS: 240 OLD TOWNHOUSE ROAD, WEST YARMOUTH, MA 02673

TRADE/PROFESSIONAL LICENSES HELD (include copies): SYSTEM CONTRACTOR - 1596-C, SECURITY SYSTEM CERTIFICATE OF CLEARANCE - SSC 303387

GENERAL LIST OF SERVICES YOU PROVIDE:
FIRE DETECTION SYSTEMS, CARBON MONOXIDE DETECTION SYSTEMS, ENVIRONMENTAL DETECTION SYSTEMS, SECURITY SYSTEMS, CAMERA SYSTEMS, ACCESS CONTROL SYSTEMS, INTERCOM SYSTEMS

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

CERTIFICATE OF NON COLLUSION (attached): ☐ Yes ☐ No

TAX CERTIFICATION (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.

OSHA VIOLATIONS IN THE PAST THREE YEARS: ☐ No ☐ Yes  Please provide details:

HAVE YOU DEFAULTED ON A CONTRACT DURING THE PAST THREE YEARS: ☐ No ☐ Yes  Please provide details:

ARE YOU CURRENTLY DEBARRED FROM ANY STATE OR FEDERAL CONTRACTS: ☐ No ☐ Yes  Please provide details:

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)

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REQUIRED SUBMITTAL FORM

Date: 1-12-17  Name of Submitting Contractor: Cape Cod Alarm, Inc.

YEARS IN BUSINESS 35  Years (Minimum 5 years) (for trade category submitting for)

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

Location A Upper Cape  ☑ Yes  ☐ No
Location B Mid-Cape  ☑ Yes  ☐ No
Location C Lower Cape  ☑ Yes  ☐ No
Location D Outer Cape  ☑ Yes  ☐ No

By: William Fallon  William Fallon

(Authorized Signature)  (Print Name)

William Fallon Sales Manager  

(Name & Title of Person Signing Bid)

204 Old Town House Road.  

(Business Address)

West Yarmouth, MA. 02673

(City, State, Zip Code)

Telephone: 508-398-6316  

Fax: 508-398-5666

E-mail address: Bill@CapeCodAlarm.com