REQUARED 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)
ANSWER ALL QUESTIONS

TRADE CATEGORY:

# 1 CATEGORY NAME: Fire Alarms  (Both from list on page 1):

General Description of services you provide: Fire Alarm Testing, maintenance, and installation of systems

FIRM NAME: American Service Company Inc  DATE: 8-13-2018

ADDRESS: 35 Hannon St, Quincy, MA, 02169

TRADE/PROFESSIONAL LICENSES HELD (include copies):

GENERAL LIST OF SERVICES YOU PROVIDE:
Fire Alarm systems - Provide equipment for system testing, maintenance & monitoring.

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

Payment bonds are required for work estimated to cost over $25,000. Are you eligible to be bonded: ☑ Yes

Minority and Woman Owned Business Certification (Massachusetts): □ MBE □ WBE □ Other N/A

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)
REQUIRED SUBMITTAL FORM

Date: 8-13-2018  Name of Submitting Contractor: American Service Company, Inc.

YEARS IN BUSINESS: 78 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: [Signature]

(Authorized Signature) James T. Michal

(Print Name)

(Name & Title of Person Signing Bid)

35 Hanan St

(Business Address)

Quincy, MA 02169

(City, State, Zip Code)

Telephone: 617-471-5953

Fax: 617-471-7475

E-mail address: skelly@americanservicecompany.com (Sarah Kelly - Admin. Assistant)
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: Fire Alarms Testing & maintenance $ VALUE: $50,000
Prior contracts since 2008 with Somerville Housing & Redevelopment Authority
WORK START DATE: 1/1/2015 WORK COMPLETION DATE: 8/28/2018
NAME/OWNER: Somerville Housing Authority CONTACT PERSON: Anthony Crespo
ADDRESS: 5 Memorial Rd Somerville MA 02145
TELEPHONE: 617-593-3900 BONDING COMPANY: Jury Insurance Group/ Casualty Ins

PROJECT NAME/DESCRIPTION: Fire Alarms Testing & Maintenance $ VALUE: $50,000+ yr
Prior contracts since 1993 with Children's Hospital & Current Contract
WORK START DATE: 10/1/2016 WORK COMPLETION DATE: 9/30/2017
NAME/OWNER: Massachusetts General Hospital CONTACT PERSON: Michael Brack
ADDRESS: 1 Inwood St Boston MA 02114
TELEPHONE: 617-730-8247 BONDING COMPANY: Jury Ins Group

PROJECT NAME/DESCRIPTION: Fire Alarms Testing & Maintenance $ VALUE: $300,000+ yr
Prior contracts since 2000 & Current Contract
WORK START DATE: 1/1/2017 WORK COMPLETION DATE: 12/31/2017
NAME/OWNER: Cape Cod Healthcare CONTACT PERSON: Craig Manson
ADDRESS: 25 Communications Hwy Hyannis MA 02601
TELEPHONE: 508-862-5710 BONDING COMPANY: Jury Ins Group

PROJECT NAME/DESCRIPTION: Fire Alarms Testing & Maintenance $ VALUE: $4,999+ yr
Prior contracts since 2009
WORK START DATE: 7/1/2017 WORK COMPLETION DATE: 6/30/2018
NAME/OWNER: Plymouth County Sheriffs Dept CONTACT PERSON: Capt Eugene Irvine
ADDRESS: 232 Long Pond Rd Plymouth MA 02360
TELEPHONE: 508-830-6200 BONDING COMPANY: Jury Ins Group

PROJECT NAME/DESCRIPTION: Fire Alarms Testing & Maintenance $ VALUE: $320,000+
Prior contracts since 1996
WORK START DATE: 8/11/2015 WORK COMPLETION DATE: 6/30/2018
NAME/OWNER: Boston City Hall CONTACT PERSON: John Sinagra 617-635-4109
ADDRESS: 1 City Hall Square Boston MA 02201
TELEPHONE: 617-635-4109 BONDING COMPANY: Jury Ins Group
REQUIRED SUBMITTAL FORM

ATTACHMENT E

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

TRADE CATEGORY:

# 2 CATEGORY NAME Security

(Both from list on page 1):

General Description of services you provide:


FIRM NAME: American Service Company, Inc
DATE: 8-13-98

ADDRESS: 35 Hanover St
, MA 02169
Mailing/Street
Town
State Zip Code

TRADE/PROFESSIONAL LICENSES HELD (include copies):

13736 7940

GENERAL LIST OF SERVICES YOU PROVIDE:

Security 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

Payment bonds are required for work estimated to cost over $25,000. Are you eligible to be bonded: Yes

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)
REQUIRED SUBMITTAL FORM

Date: 8-12-2015  Name of Submitting Contractor: American Service Company, Inc.

YEARS IN BUSINESS 72  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: [Signature]

JAMES J. MEANAN
President

(Name & Title of Person Signing Bid)

35 Hannacutt
(Business Address)

Quincy, MA 02169
(City, State, Zip Code)

Telephone: 617-471-5953
Fax: 617-471-7475

E-mail address: skelly@americanservicecompany.com (Sarah Kelly, Admin Assistant)
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: Video Access Control Systems
VALUE: $265,000
WORK START DATE: March 2015 WORK COMPLETION DATE: May 2016
NAME/OWNER: Trinity Financial CONTACT PERSON: Kelly Encyclopedia
ADDRESS: 35 Northampton Square Bostn MA

TELEPHONE: 617-398-2610 BONDING COMPANY: Trinity Insurance Group

PROJECT NAME/DESCRIPTION: Video Access Control
VALUE: $167,000
NAME/OWNER: Beacon Companies CONTACT PERSON: Jillian Pinola
ADDRESS: 35 Temple O’De’i’ll St Bostn MA

TELEPHONE: 617-268-2160 BONDING COMPANY: Trinity Ins Group

PROJECT NAME/DESCRIPTION: Riverway Video Access Control
VALUE: $150,000
NAME/OWNER: Riverway CONTACT PERSON: Lanny Mahoney - Contractor
ADDRESS: 80 Fenway St Bostn MA 02115

TELEPHONE: 617-261-2410 BONDING COMPANY: ULA

PROJECT NAME/DESCRIPTION: Marion Day Rondosers Video Access Control
VALUE: $136,200
NAME/OWNER: Boardman Management CONTACT PERSON: Brian Bailey
ADDRESS: 550 Victory Rd Quincy MA 02171

TELEPHONE: 617-459-4040 BONDING COMPANY: Trinity Ins Group

PROJECT NAME/DESCRIPTION: Masconomet Schools Cameras Upgrad
VALUE: $26,352
WORK START DATE: 3/27/2017 WORK COMPLETION DATE: 10/03/2017
NAME/OWNER: Masconomet School District CONTACT PERSON: Dr. Shirl Bonfield
ADDRESS: 20 Endicott Rd Boxford MA 01921

TELEPHONE: 978-837-2273 BONDING COMPANY: Trinity Ins Group