



# CONTRACT INFO SHEET

Monroe County Division of Purchasing  
200 County Office Building, Rochester NY 14614

**DATE:** **APRIL 4, 2024**

## CONTRACT EXTENSION

**BID TITLE:** **PORTABLE TOILET RENTAL SERVICE**

**CONTRACT #:** **0308-20 (4700007580) #4**

**CONTRACT DATES:** **04/30/2024 – 04/30/2025**

**BUYER:** **Catherine Shafer**  
**PHONE:** **585-753-1183**  
**FAX:** **585-753-1104**

**VENDOR(S):** **Vendor #11120868**  
**RELIABLE ONSITE SERVICES**  
**ATTN: ROBERT TURK**  
**6089 LOOMIS ROAD**  
**FARMINGTON NY 14425**

**CHANGES AS FOLLOWS:** **CONTRACT HAS BEEN EXTENDED THROUGH APRIL 30, 2025; WITH NO INCREASE**

A handwritten signature in blue ink, appearing to read "C. Shafer", is written over the printed name and title of the buyer.

Catherine Shafer  
Buyer

**XC:** **BP FOLDER**  
**VENDOR**  
**BUYER**

**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION AND RESPONSIBILITY**

The undersigned certifies, to the best of his/her knowledge and belief, that the Contractor and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded by any Federal department or agency;
2. Have not within a three (3) year period preceding this transaction/application/proposal/contract/agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 2 of this certification; and
4. Have not within a three (3) year period preceding this transaction/application/proposal/contract/agreement had one or more public transactions (Federal, State or local) terminated for cause or default.

**CERTIFICATION REGARDING MONROE COUNTY PROCUREMENT POLICY  
AND CONSEQUENCES FOR VIOLATION**

The undersigned certifies, to the best of his/her knowledge and belief, that the Contractor and its principals:

5. Have read and understand the Monroe County Procurement Policy and agree to abide by its terms (<http://www2.monroecounty.gov/purch-overview.php>);
6. Understand that any violation of the Monroe County Procurement Policy may result in the exclusion of any response to a public bid, Request for Proposals (RFP) or Request for Qualifications (RFQ) submitted on our behalf; and
7. Understand that any contract or agreement entered into subsequent to a violation of this policy during the procurement process is null and void.

Date: 4/10/20

United Rentals (North America), Inc dba Reliable Onsite Services

[Print Name of Contractor]

By: 

[Signature]

Aaron Turk

[Print Name]

Branch Manager

[Print Title/Office]

CRA

## INSTRUCTIONS TO BIDDERS

- All public bids must be submitted to purchasing in sealed envelopes which clearly identify the bid project number and the title of the service/product being bid. Any other writing on the envelope, with the exception of Company logos, etc. may result in bids being misplaced and otherwise rejected.
- Unsigned bids may be rejected as informal.
- Questions regarding ambiguities or the propriety of these specifications should be addressed, in writing, to the Buyer, prior to the formal bid opening. Such questions will not be entertained after said bid opening.
- Where a Bid Security is indicated on the face of the proposal, the security must be attached to the Proposal as an earnest of good faith. In this case, any bid without a bid security may be rejected as informal.

The Purchasing Manager reserves the right to reject any and all bids, to waive any informality in the bids and to make awards in the best interest of Monroe County.

### NON-COLLUSION BIDDING CERTIFICATION

By submission of this bid, each bidder and each person signing on behalf of any bidder, certifies and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

1. The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.
2. Unless otherwise required by law, the prices, which have been quoted in its bid, have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor.
3. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit a bid for the purpose of restricting competition.

**TERMS AND CONDITIONS**

**BID ITEM:** PORTABLE TOILET RENTAL SERVICE

**FOR:** Monroe County Departments

**PURCHASING  
CONTACT:** Catherine Shafer, (585) 753-1183

The Buyer, identified below, is the sole point of contact regarding this Bid from the date of issuance until the bids are opened and the results made public.

Catherine Shafer  
Monroe County Division of Purchasing  
200 County Office Building  
39 West Main Street  
Rochester, NY 14614

Email: [cshafer@monroecounty.gov](mailto:cshafer@monroecounty.gov)

All requests for bid clarification must be submitted in writing to the Buyer referenced above and received no later than noon (12:00 PM Eastern Standard Time) on **Friday, April 3, 2020.**

All questions will be answered and documented in writing as an Addendum to the Bid. These will be sent out to all Bidders who received the original Bid no later than **Tuesday, April 7, 2020**

**DUPLICATE COPIES:** **PLEASE SUBMIT YOUR BID IN DUPLICATE; THE ORIGINAL AND ONE (1) COPY.**

**BID INFORMATION:** At the time of bid, the bidder shall supply detailed specifications covering the item(s) contained herein and shall clearly indicate any areas in which item or items offered do not fully comply with the specifications contained herein.

**SUBMITTAL OF  
FORMAL  
PROPOSAL:** Bid proposal must be legible and submitted in the original form, bearing an original signature. **EMAILS AND FACSIMILES ARE NOT ACCEPTABLE.**

All bidders must submit proof that they have obtained the required **Workers' Compensation and Disability Benefits Insurance** coverage or **PROOF** that they are exempt. (Visit [www.wcb.ny.gov](http://www.wcb.ny.gov) for forms.)

**SPECIFICATION  
ALTERATIONS:**

Specifications will be construed to be complete and be considered the entire description of the goods or services upon which Monroe County is now seeking bids. **Only formal written addenda can materially alter this set of specifications.** No verbal statement made by a Monroe County employee or anyone else is binding nor shall such statement be considered an official part of this public bid proposal.

**QUANTITIES:**

The quantities listed are the estimated annual requirements and should not be construed to represent either maximum or minimum quantities to be ordered during the contract term. **Estimates are based upon actual annual usage for 2019 by County departments only.**

**BRAND REFERENCE:**

References to a manufacturer's product by brand name or number are done solely to establish the minimum quality and performance characteristics required. Bidders may submit bids on alternates, but must attach two (2) copies of manufacturer specifications for any alternate at the time of the bid. Further, the bidder must demonstrate that the alternate proposed has a sufficient operating track record to show the equipment will perform per the specified brand. The acceptance of a bidder's alternate rests solely with Monroe County.

**QUALIFIED BIDDER:**

Each bidder must be prepared to present satisfactory proof of his capacity and ability to perform this contract. Such proof may include, but is not limited to, an inspection of the bidder's facilities and equipment, financial statements, references and performance of similar contracts. **The Purchasing Manager reserves the right to reject any bid where the bidder cannot satisfy the County as to their ability to perform.** Monroe County reserves the right to reject any and all bids if the Monroe County Purchasing Manager deems said action to be in the best interests of Monroe County.

**METHOD OF  
AWARD:**

Monroe County intends to award the bid to the lowest responsive and responsible bidder, based on the **TOTAL**. **Bidder must bid on all items in order to be considered.** **The County reserves the right to reject any and all bids if the Purchasing Manager deems said action to be in the best interest of the County.**

**CONTRACT TERM:**

Contract will start with the date of the contract award and run through **April 30, 2021**, with the option to renew the contract up to four (4) additional twelve (12) month periods with the mutual consent of both parties.

**PRICE CHANGES:**

Price changes may be proposed by either party no later than forty-five (45) days prior to contract extension, based upon manufacturer price changes which must be supported with documentation. Should price changes not be acceptable to both parties, the contract will not be extended. Prices may change only at the time of extension.

<b><u>MINIMUM ORDER:</u></b>	No minimum order is specified for this contract. Agencies must be able to order as needed. <b><u>Political subdivisions and others authorized by law may participate in this contract.</u></b>
<b><u>DELIVERY:</u></b>	All deliveries to be F.O.B. Monroe County to agency as specified by a Purchase Order. Delivery costs must be built into the unit prices bid. Deliveries must be made within <b>two (2) days</b> after receipt of purchase order number. The County reserves the right to terminate the contract in the event the specified delivery time is not met.
<b><u>SECURITIES AND INSURANCE:</u></b>	Any Certificates of Insurance, Bonds or other forms of security required by this bid are to be submitted to the Purchasing Manager no later than ten (10) normal business days following the date of notification of award. Documents must be received by the close of business, 5:00 pm, on that day.
<b><u>PURCHASE ORDER ISSUANCE:</u></b>	Delivery of services may be directed by the receipt of a Purchase Order only. <b>Items that are not part of this bid <u>will not be paid for by Monroe County.</u></b> As to all purchase orders issued by Monroe County, exceptions may <u>only</u> be authorized, in writing, by the Purchasing Manager or her authorized agent <u>prior to delivery.</u>
<b><u>BILLING PROCEDURE:</u></b>	All invoices for items sold any authorized agency as a result of this contract must be billed in the following manner: Purchase Order #, Quantity, Description of Item Purchased, BP#, Item #, Extension and Total. <b>ALL INVOICES MUST BE MARKED WITH THE <u>PURCHASE ORDER NUMBER.</u></b> <b>INVOICES WITHOUT THIS INFORMATION WILL NOT BE PROCESSED FOR PAYMENT.</b>
<b><u>WARRANTY/ GUARANTEE:</u></b>	All warranties by manufacturer shall apply. Bidder shall, as part of its proposal, furnish its warranty/guarantee for all goods/services to be furnished hereunder. As a minimum, Bidder shall warrant all goods for a period of one (1) year from date of acceptance. Bidder shall be obligated to repair or replace all defects in material or workmanship, which are discovered or exist during said period. All labor, parts and transportation shall be at Bidder's expense.
<b><u>UNCONTEMPLATED PURCHASES:</u></b>	Monroe County reserves the right to request separate bids for such quantities of items on this contract that may be best procured via separate public bid offering and to otherwise act in furthering its own best interests.
<b><u>SUBCONTRACT:</u></b>	The Contractor shall not subcontract any work without first obtaining the written consent of the Monroe County Purchasing Manager.
<b><u>RELATED ITEMS:</u></b>	The County reserves the right to add miscellaneous related items to this contract during the contract term upon agreement by both parties as to the price. Approval must be given in writing by the Purchasing Manager or her Designee.

**REPORT OF  
PURCHASE:**

The Contractor must, upon request, provide the County Purchasing Manager with detailed information showing how much of each item was delivered to any and all agencies under this contract. This includes deliveries to not only the County but any other municipality or agency which orders from this contract.

**OTHER AGENCIES:**

The Contractor(s) must honor the prices, terms and conditions of this contract with political subdivisions or districts located in whole or in part within Monroe County. In addition, the contractor may, but is not required to, extend the prices, terms and conditions of this contract to any other political subdivision or district. Usage of this contract by any of these other political subdivisions or districts will have to be coordinated between that subdivision or district and the contractor. Orders placed against this contract between any subdivision or district will be contracts solely between the Contractor(s) and those entities. Monroe County will not be responsible for, nor will it have any liability or other obligation for, such contract between the Contractor(s) and any third party.

**INDEMNIFICATION:**

The Contractor agrees to defend, indemnify and save harmless the County, its officers, agents, servants and employees from and against any and all liability, damages, costs or expenses, causes of action, suits, judgments, losses and claims of every name not described, including attorneys' fees and disbursements, brought against the County which may arise, be sustained or occasioned directly or indirectly by any person, firm or corporation arising out of or resulting from the performance of the services by the Contractor, arising from any act, omission or negligence of the Contractor, its agents and employees or arising from any breach or default by the Contractor under this Agreement. Nothing herein is intended to relieve the County from its own negligence or misfeasance or to assume any such liability for the County by the Contractor.

**PORTABLE TOILET RENTAL SERVICE  
SPECIFICATION**

- A) At a minimum, units will be serviced on a weekly basis.
- B) Tanks must be emptied and all contents including any objects such as bottles, cans, etc. are to be removed and disposed offsite by the bidder.
- C) The tank and interior are to be scrubbed at each service in order to keep units in usable and odor-free condition.
- D) The tank is to be re-charged with a min. 4-6 oz. of chemical and 4-6 gallons of water each trip.
- E) Paper holder(s) to be re-filled to the appropriate level. No extra paper to be left in the unit beyond what the holders will hold.
- F) User department reserves the right to make final determination as to the proper level of service.
- G) Contractor to provide hand sanitizer dispenser and hand sanitizer refill at each weekly service.
- H) Additional service calls for cleaning, emptying, and re-charging of chemical and water shall be provided within 24 hours of request.
- I) Additional portable toilet units shall be provided within 24 hours of request.
- J) Units shall be forest green or other **approved** earth-tone color.



**BP PORTABLE TOILET RENTAL SERVICE  
FOR MONROE COUNTY PARKS – 2020**

January 1 - December 31

Webster Park - Holt Lodge	2 Standard units
Ontario Beach Park - Main Parking Lot	1 Standard unit & 1 Handicapped
Webster Park – Scout Campgrounds	4 Standard units
Webster Park- Creek Parking lot	1 Standard unit
Black Creek Park – Morgan Lodge	1 Standard unit

April 1 – November 30

Northampton Scout Camping Area	1 Standard unit
Mendon Ponds Park – Beach Parking Lot SW corner	2 Standard unit & 1 Handicapped
Churchville Park – Boat Launch	1 Standard unit
Genesee Valley Park - Crittenden Road Ballfield	2 Standard units

May 1 - October 31

Webster Pier Parking Lot	1 Standard unit
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April 15 - August 31

Ontario Beach Park - Ball Diamond	1 Standard unit & 1 Handicapped
Powder Mills Park- Oak Tree Lodge	1 Standard unit & 1 Handicapped

May 1 - September 30

Northampton Park - Salmon Creek Road - Picnic Area	1 Standard unit
Northampton Park - Flying Field Parking Lot	1 Standard unit
Highland Park-The Flats on Goodman Street	1 Standard unit

May 1 - October 15

Powder Mills Park - Shady Rest	2 Standard units
Powder Mills Park - West Area	2 Standard units
Ellison Park - South Tennis Courts	1 Standard unit
Ellison Park - South Lodge	1 Standard unit
Churchville Park - Westview Shelter	1 Standard unit
Ellison Park - South Lodge	1 Standard unit
Churchville Park - Westview Shelter	1 Standard unit

May 1 - October 31

Webster Park - Ridge Shelter	1 Standard unit
Mendon-Boy Scout Camp Grounds	1 Standard unit
Mendon- Southview Shelter	1 Standard unit
Mendon- Devils Bath Tub	1 Standard unit
Mendon- Algonquin	1 Standard unit
Ellison-Bay West	1 Standard unit
Genesee Valley Boathouse	2 Standard units

May 1 - September 30

Highland Park - The Castle (green in color, please) 1 Standard unit

June 1 - September 30

Seneca Zoo Parking Lot 1 Standard unit  
(Green in color, please)

May 15<sup>th</sup> – October 15<sup>th</sup>

Mendon Ponds Park Lookout Shelter (Green) 1 Handicapped

January 1<sup>st</sup> – December 31<sup>st</sup>

Northampton Park – Ski Lodge Parking Lot 1 Handicapped  
Hubbell Road

Mendon- Cavalry Lodge 1 Standard unit & 1 Handicapped

Mendon- Rugby Field 1 Standard unit

Mendon- Nature Center 1 Standard unit

Ellison- Abe Lincoln Lodge 2 Handicapped

BP 0308-20  
PORTABLE TOILET RENTAL SERVICE  
UNIT PRICE SHEET

<u>ITEM</u>	<u>DESCRIPTION</u>	<u>ESTIMATED QUANTITY</u>	<u>UNIT PRICE</u>	<u>EXTENSION</u>
1.	Monthly Rental, Standard Size	500	\$ <u>60.00</u>	\$ <u>30,000.00</u>
2.	Daily Rental, Standard Size	50	\$ <u>33.00</u>	\$ <u>1,650.00</u>
3.	Monthly Rental, Handicap Accessible	100	\$ <u>115.00</u>	\$ <u>11,500.00</u>
4.	Daily Rental, Handicap Accessible	10	\$ <u>94.00</u>	\$ <u>940.00</u>

TOTAL \$ 44,090.00 ✓

ADDITIONAL PRICING

Charge for an additional cleaning \$ 35.00 /per toilet  
 Charge for Weatherization/Brine \$ 6.00 /per toilet

### COMPLIANCE WITH FEDERAL SINGLE AUDIT ACT

In the event the Contractor is a recipient through this contract, directly or indirectly, of any funds of or from the United States Government, Contractor agrees to comply fully with the terms and requirements of Federal Single Audit Act [Title 31 United States Code, Chapter 75], as amended from time to time. The Contractor shall comply with all requirements stated in Federal Office of Management and Budget Circulars A- 102, A-110 and A-133, and such other circulars, interpretations, opinions, rules or regulations that may be issued in connection with the Federal Single Audit Act.

If on a cumulative basis the Contractor expends Seven Hundred and Fifty Thousand and no/100 Dollars (\$750,000.00) or more in federal funds in any fiscal year, it shall cause to have a single audit conducted, the Data Collection Form (defined in Federal Office of Management and Budget Circular A-133) shall be submitted to the County; however, if there are findings or questioned costs related to the program that is federally funded by the County, the Contractor shall submit the complete reporting package (defined in Federal Office of Management and Budget Circular A-133) to the County.

If on a cumulative basis the Contractor expends less than Seven Hundred and Fifty Thousand and no/100 Dollars (\$750,000.00) in federal funds in any fiscal year, it shall retain all documents relating to the federal programs for three (3) years after the close of the Contractor's fiscal year in which any payment was received from such federal programs.

All required documents must be submitted within nine (9) months of the close of the Contractor's fiscal year end to:

Monroe County Internal Audit Unit  
304 County Office Building  
39 West Main Street  
Rochester, New York 14614

The Contractor shall, upon request of the County, provide the County such documentation, records, information and data and response to such inquiries as the County may deem necessary or appropriate and shall fully cooperate with internal and/or independent auditors designated by the County and permit such auditors to have access to, examine and copy all records, documents, reports and financial statements as the County deems necessary to assure or monitor payments to the Contractor under this contract.

The County's right of inspection and audit pursuant to this contract shall survive the payment of monies due to Contractor and shall remain in full force and effect for a period of three (3) years after the close of the Contractor's fiscal year in which any funds or payment was received from the County under this contract.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

## 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	ADDITIONAL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>					
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/> Y				EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b>	<input checked="" type="checkbox"/> Y				COMBINED SINGLE LIMIT (Ea accident) \$
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$ 1,000,000
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$ 1,000,000
						\$
	<b>UMBRELLA LIAB</b>					EACH OCCURRENCE \$
	<b>EXCESS LIAB</b>					AGGREGATE \$
	<b>DED</b> <b>RETENTIONS</b>					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	If yes describe under DESCRIPTION OF OPERATIONS below					E L EACH ACCIDENT \$
						E L DISEASE EA EMPLOYEE \$
						E L DISEASE POLICY LIMIT \$

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

BP0308-20 Portable Toilet Rental Service

MONROE COUNTY MUST BE NAMED AS ADDITIONAL INSURED AND THE POLICY(IES) MUST BE ENDORSED

## CERTIFICATE HOLDER

## CANCELLATION

MONROE COUNTY  
ATTN: CATHERINE SHAFER BUYER  
39 WEST MAIN STREET, ROOM 200  
ROCHESTER NY 14614

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

UNITED RENTALS (NORTH AMERICA), INC.

POWER OF ATTORNEY

Know all men by these presents, that the undersigned, a Delaware corporation (the "Corporation"), hereby constitutes and appoints those individuals employed by the company with the title Branch Manager, Area General Manager or District Manager, its true and lawful attorney-in-fact to:

1. execute and submit, in the name and on behalf of the Corporation, bid documents and contracts arising out of such bid documents in relation to any state and local government solicitations provided that the Corporation's legal department has reviewed and approved such bid documents and contracts; and
2. take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by, the Corporation in connection with such execution and submission.

The Corporation hereby grants to the attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever requisite, necessary and proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the Corporation might or could do, hereby ratifying and confirming all that such attorney-in-fact shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

Unless sooner terminated by the Corporation, this Power of Attorney shall remain in effect for a period of the earlier of (i) one (1) year from the date hereof; and (ii) the date the person appointed ceases to be employed as a Branch Manager, Area General Manager or District Manager of the Corporation.

IN WITNESS WHEREOF, the undersigned has caused this Power of Attorney to be executed as of this 10th day of January, 2020.

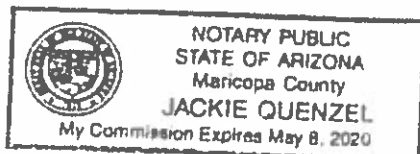
UNITED RENTALS (NORTH AMERICA), INC.

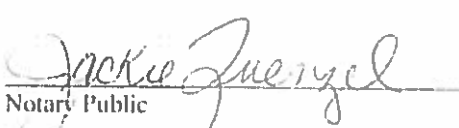
By:   
Name: Gregg L. Christensen  
Title: Vice President - National Accounts

STATE OF ARIZONA                    )  
  )       ss.  
COUNTY OF MARICOPA            )

On this 10th day of January, 2020, before me personally came Gregg L. Christensen, to me known, and known to me to be the person who executed the foregoing instrument, and who being by me duly sworn, did depose and say that he is the Vice President-National Accounts of United Rentals (North America), Inc., a Delaware corporation, and that said instrument was executed by him for and on behalf of said corporation for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal this 10th day of January, 2020.



  
Notary Public

# MEMORANDUM OF INSURANCE

DATE  
9/17/2019

THIS MEMORANDUM OF INSURANCE IS FOR AUTHORIZED VIEWERS ONLY. USE, DUPLICATION OR ALTERATION OF THIS DOCUMENT, WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE INSURED, IS EXPRESSLY PROHIBITED. THIS MEMORANDUM IS FOR INFORMATIONAL PURPOSES ONLY AND DOES NOT EXTEND, ALTER OR AMEND THE COVERAGE NOTED OR CONFER RIGHTS UPON ANY VIEWER OR OTHER PARTY. COVERAGE DESCRIBED BELOW IS AS OF THE ABOVE DATE.

<b>PRODUCER</b> Lockton Companies 2100 Ross Ave., Ste. 1400 Dallas, TX 75201	<b>COMPANIES AFFORDING COVERAGE</b>
<b>INSURED</b> United Rentals (North America), Inc.; United Rentals, Inc. & Subsidiaries 100 First Stamford Place, Suite 700 Stamford, CT 06902	<b>COMPANY A:</b> ACE American Insurance Company <b>COMPANY B:</b> ACE Property & Casualty Insurance Co <b>COMPANY C:</b> North American Capacity Insurance Co <b>COMPANY D:</b> Indemnity Insurance Co of North America <b>COMPANY E:</b> ACE Fire Underwriters Insurance Company

## COVERAGES

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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY OCCURRENCE	XSL G71448241	10/01/2019	10/01/2020	EACH OCCURRENCE	\$ 3,000,000
					FIRE DAMAGE (Any one fire)	\$ 2,000,000
					MED EXP (Any one person)	\$ XXXXXXXX
					PERSONAL & ADV INJURY	\$ 3,000,000
					GENERAL AGGREGATE	\$ 6,000,000
					PRODUCTS - COMP/OP AGG	\$ 6,000,000
A	AUTOMOBILE LIABILITY ANY AUTO HIRED AUTOS NON-OWNED AUTOS	ISA H25285918	10/01/2019	10/01/2020	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
					BODILY INJURY (Per person)	\$ XXXXXXXX
					BODILY INJURY (Per accident)	\$ XXXXXXXX
					PROPERTY DAMAGE (Per accident)	\$ XXXXXXXX
B	EXCESS LIABILITY OCCURRENCE	XOOG27905997 005	10/01/2019	10/01/2020	EACH OCCURRENCE	\$ 25,000,000
					AGGREGATE	\$ 25,000,000
						\$
						\$
D A	WORKERS COMPENSATION/ EMPLOYER'S LIABILITY WLR C66041876 (AOS) WLR C66041918 (AZ, CA, MA)	SCF C66041992 (WI)	10/01/2019	10/01/2020	E.L. EACH ACCIDENT	\$ 2,000,000
					E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
					E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
A C	Excess Workers Compensation TX Non-Subscriber	WCU C66041955 (WA) EEG0000367-05	10/01/2019	10/01/2020	S2M EACH ACC EMP AGG 55MM CSL/TOT IND OCC	

## ADDITIONAL INFORMATION

SEE ATTACHMENT FOR ADDITIONAL INFORMATION

**UNITED RENTALS, INC. AND ALL SUBSIDIARIES CERTIFICATE CONTINUATION  
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY  
ENDORSEMENT/SPECIAL PROVISIONS CONT.**

RE: ALL OPERATIONS PERFORMED FOR THE CERTIFICATE HOLDER.

BLANKET ADDITIONAL INSURED - ANY PARTY, WHERE REQUIRED BY WRITTEN CONTRACT, APPLIES TO GENERAL LIABILITY FORM XS-21164a (04/13) AND AUTO LIABILITY FORM DA-9U74c (03/16).

BLANKET WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - ANY PERSON OR ORGANIZATION, WHERE REQUIRED BY WRITTEN CONTRACT, APPLIES TO GENERAL LIABILITY, AUTO LIABILITY AND WORKERS' COMPENSATION POLICIES. PER STATE LAWS, WAIVER OF SUBROGATION DOES NOT APPLY IN NEW JERSEY, NEW HAMPSHIRE AND KENTUCKY FOR WORKERS COMPENSATION.

COVERAGE IS PRIMARY AND NON-CONTRIBUTORY PER TERMS OF ENDORSEMENT XS-20288a (05/14).

**GENERAL LIABILITY POLICY INCLUDES:**

ADDITIONAL INSURED WHERE REQUIRED BY WRITTEN CONTRACT FORM XS-21164a (04/13):  
ADDITIONAL INSURED - OWNERS, LESSEES, OR CONTRACTORS - COMPLETED OPERATIONS.

CONTRACTUAL LIABILITY  
"XCU" HAZARDS  
BROAD FORM PROPERTY DAMAGE COVERAGE  
INDEPENDENT CONTRACTORS COVERAGE

**WORKERS' COMPENSATION SELF INSURED/STATE FUND POLICIES:**

STATE OF WASHINGTON - SELF INSURED CERTIFICATE # 601, 908, 516  
STATE OF NORTH DAKOTA - STATE FUND EMPLOYER ACCT # 821330  
STATE OF OHIO - STATE FUND POLICY # 1303683  
STATE OF WYOMING - STATE FUND POLICY # 00134808

ALL OTHER STATES (AOS) INCLUDES: ITEM 3 A . WORKERS' COMPENSATION INSURANCE:  
PART ONE OF THE POLICY APPLIES TO THE WORKERS' COMPENSATION LAW OF THE STATES LISTED HERE: AK, AL, AR, CO, CT, DE, FL, GA, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, UT, VA, VT, WV.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/1/2020

4/6/2020

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 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).

<b>PRODUCER</b> LOCKTON COMPANIES 2100 ROSS AVENUE, SUITE 1400 DALLAS TX 75201 214-969-6700	<b>CONTACT</b> NAME: _____ PHONE (A/C, No, Ext): _____ E-MAIL: _____ ADDRESS: _____		<b>FAX</b> (A/C, No): _____
	<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURED</b> 1472555 UNITED RENTALS (NORTH AMERICA), INC.; UNITED RENTALS, INC. & SUBSIDIARIES 100 FIRST STAMFORD PLACE, SUITE 700 STAMFORD CT 06902	<b>INSURER A:</b> ACE American Insurance Company		<b>NAIC #</b> 22667
	<b>INSURER B:</b> North American Capacity Insurance Co		25038
	<b>INSURER C:</b> Indemnity Insurance Co of North America		43575
	<b>INSURER D:</b> _____		_____
	<b>INSURER E:</b> _____		_____
<b>INSURER F:</b> _____		_____	

**COVERAGES \*\*UNIRE12\*\* CERTIFICATE NUMBER: 16686778 REVISION NUMBER: XXXXXXXX**

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 INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$2,000,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. <input type="checkbox"/> JECT <input type="checkbox"/> LOC OTHER _____	Y	N	XSL G71448241	10/1/2019	10/1/2020	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COM/OP AGG \$ 6,000,000 \$ _____
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	ISA 1125285918	10/1/2019	10/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ _____			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
C A A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N	WLR C66041876 (AOS) WLR C66041918 (AZ, CA, MA) SCF C66041992 (WI)	10/1/2019 10/1/2019 10/1/2019	10/1/2020 10/1/2020 10/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 2,000,000 E L DISEASE - EA EMPLOYEE \$ 2,000,000 E L DISEASE - POLICY LIMIT \$ 2,000,000
A B	Excess Workers Compensation Tx Non-Subscriber	N	N	WCU C66041955 (WA) FEG0000367-05	10/1/2019 10/1/2019	10/1/2020 10/1/2020	\$2M EACH ACC/EMP/AGG \$5MM CSL/TOI/IND/OCU

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 ADDITIONAL INFORMATION ATTACHED RE RENTED/LEASED EQUIPMENT

## CERTIFICATE HOLDER

## CANCELLATION See Attachment

**16686778**  
 MONROE COUNTY  
 DEPARTMENT OF PURCHASING  
 39 WEST MAIN ST  
 ROCHESTER NY 14614

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

*James E. Sweeney*

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**UNITED RENTALS, INC. AND ALL SUBSIDIARIES CERTIFICATE CONTINUATION  
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY  
ENDORSEMENT/SPECIAL PROVISIONS CONT.**

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BLANKET WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US - ANY PERSON OR ORGANIZATION, WHERE REQUIRED BY WRITTEN CONTRACT, APPLIES TO GENERAL LIABILITY, AUTO LIABILITY AND WORKERS' COMPENSATION POLICIES. PER STATE LAWS, WAIVER OF SUBROGATION DOES NOT APPLY IN NEW JERSEY, NEW HAMPSHIRE AND KENTUCKY FOR WORKERS COMPENSATION.

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