



REQUEST FOR QUOTATION - This Is Not an Order

DECEMBER 7, 2024

RFQ-2024-4364

TO: Prospective Bidders

(3 PAGES)

PLACE OF PERFORMANCE: Saunders High School Palmer Road YONKERS NY

All price quotes must be firm, i.e., no price adjustments are allowed. All quotes are deemed F.O.B. Destination. Payment terms are **Net 30 Days**, unless a discount is offered for prompt payment. NOTE: The New York State Tax Law exempts the City of Yonkers from the payment of sales and use taxes on all purchases – tax exemption numbers are not issued to governmental entities. The Tax Law states that vendors are not required to collect tax when they are presented with the City's official Purchase Order or Contract document.

Estimated Start of Work	Quote Not Later Than	F. O. B.
ASAP	December 20, 2024	DESTINATION

NOTICE TO CONTRACTOR: If this work involves the employment of laborers, workmen, or mechanics under Articles 8 or 9 of the NYS Labor Law, the Contractor and its Subcontractors (if any) must pay these employees at least the Prevailing Wage rate and supplements, and these employees may not work more than the number of hours and days as set forth by the NYS Department of Labor per the Labor Law. The current NYS Prevailing Wage Schedule can be found at <http://wpp.labor.state.ny.us/wpp/showFindProject.do?method=showIt>. All Plumbing and Electrical Contractors engaged on this project must be licensed by Westchester County (914-995-2000). Licensing information can be obtained at: <http://consumer.westchestergov.com/trades/plumbers-and-electricians>. Bidder warrants under penalty of perjury that it's Quote was arrived at independently and without collusion aimed at restricting competition. Any resultant contract shall be construed in accordance with the laws of the State of New York. The Contractor will be required to provide at his own cost and expense any and all safety devices as may be required by the Project Manger. All work must comply with applicable Federal, State, and local laws, rules, and regulations. Contractor shall be responsible for removal of all waste material from the job site and for its lawful disposal. The Contractor shall, on a daily basis, thoroughly clean and keep clean the work site, all roadways, sidewalks, and other indoor and outdoor areas in connection with this Work. **Required Insurance coverage:** A) The Contractor shall provide Worker's Compensation Insurance and Employer's Liability Insurance as required under the New York State Worker's Compensation Law. B) The Contractor shall maintain Commercial General Liability Insurance, listing YONKERS as an additional insured, in the minimum amount of \$1,000,000 in the aggregate, \$500,000 each incident, with a company or companies licensed in New York State with an A or better Best Rating. The Certificate of Insurance for the above coverage **must** bear a notation evidencing a **minimum of 30-day cancellation notice** to YONKERS, and list the City of Yonkers/Yonkers Public Schools as additional insured with a waiver of subrogation in favor of the additional insured.

NY STATE PREVAILING RATE CASE NUMBER: **2023014130** THE RESULTANT CONTRACT SHALL BE REGISTERED WITH THE DEPT. OF LABOR. CERTIFIED PAYROLLS MUST BE SUBMITTED WITH PAYMENT REQUISITIONS. To access the prevailing wage rate schedule for this project, enter the PRC number at the following New York State Dept. of Labor webpage:

<http://wpp.labor.state.ny.us/wpp/showFindProject.do?method=showIt> Complete NYSDOL requirements can be viewed at <http://www.labor.state.ny.us/workerprotection/publicwork/PWContents.shtm>

Pre-Bid / Site Inspection: **APPLICABLE**
Date: **Wednesday December 13, 2024** **Time: 11:00 AM**
Location: **Saunders Trade and Technical High School**
183 Palmer Road
YONKERS NY 10701
(Meet in front of building, Main office)

SCOPE OF WORK: Bathroom Partitions for Saunders High School boys 2nd floor auditorium bathroom.

- Oversized ADA
- (5) Standard Compartment
- 34" Wall Hung Privacy Screens
- High –Density Polyethylene (HDPE) Material with textured finish
- Floor Mounted
- Overhead Braced
- Stainless Steel Shoes / Brackets
- Continuous Aluminum Brackets
- 8" Aluminum Wrap around hinges
- Vandal Resistant Stainless Steel fasteners
- Fire Code Compliant (NFPA 286 fire test criteria
- Color to be determined
- To include inside delivery
- To include removal/disposal of existing and installation of the new partitions.

Manufacturer: Scranton Products

Make: Hiny Hiders Bathroom Partitions

Model: NFPA 286

Lead time: 60 Days

Please provide manufactures brochure.

QUOTATION: (To be entered by Contractor) The undersigned CONTRACTOR, with a complete understanding of the aforementioned requirements, specifications, and the existing conditions at the Work Site (if required), and having inspected the Work Site (if required) and having become familiar with all conditions likely to be encountered affecting the cost and scheduling of the work, and having a complete understanding of the work specifications and insurance requirements hereby offers the amount set forth below as full compensation for all costs and expenses of completing the work in accordance with the terms, conditions and specifications presented herein and at the site inspection (if required), including, but not limited to all labor, materials, tools, equipment, overhead, fees and profit.

PLEASE TYPE OR PRINT:

Price in figures:

\$ 17,237.00

Price in words:

\$ Seventeen Thousand Two Hundred Thirty Seven and ⁰⁰/₁₀₀ Dollars

CONTRACTOR:

Legal Name of Company Young Equipment Solutions, Inc Federal ID # 11-2803327

Address 525 Rabro Drive, Suite 1, Hauppauge, NY 11788

Date: 12/14/23 Office Telephone No: 631-582-5900 Cell No: 631-838-3071

Name of person quoting (please print) James Dipollina Title Sales Manager

Signature _____

E-Mail Jamie@YoungEquipment.com



325 Rabro Dr.
 Hauppauge, NY 11788
 Phone: (631) 582-5900
 Fax: (631) 582-9520
 www.YoungEquipment.com

QUOTATION

Date	Quote #
12/15/23	YESQ77058

Sold To: Yonkers PS
 Al Dilello
 Central Administration
 One Larkin Center
 Yonkers, NY 10701
 RY

Phone: (914)376-8010
Fax: (914)376-8620/1

Ship To: Saunders Trades-Tech High School
 Al Dilello
 183 Palmer Road
 Yonkers, NY 10701

Phone:
Fax:

Qty	Description	Ext. Price
	Scranton Products Bathroom Partitions NFPA 286 Fire Rated HDPE Material, Floor Mounted Overhead Braced, Stainless Steel Shoes, Continuous Aluminum Brackets, 8" Aluminum Wrap Around Hinges. Vandal Resistant Stainless-Steel Fasteners. Color To Be Determined. RFQ-2024-4364 Boy's 2nd Floor Auditorium Bathroom Pricing Includes Removal Of Existing, Supply And Install Of New (1) Oversized, (5) Standard Bathroom Compartments And (1) 72" Privacy Panel NFPA 286 HDPE Fire Rated Material	\$17,237.00
Grand Total		\$17,237.00

PO with signed quote

We look forward to being of service to you.
 Very truly yours,
 James Cipollina

Continuously striving to provide the Best in the World products and installations
 in your classroom, corridor, library, cafeteria, gymnasium, auditorium, stage and bathroom areas.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/2023

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).

PRODUCER Bradley & Parker, Inc. 320 South Service Road Melville, NY 11747 www.bradley-parker.com	CONTACT NAME: Bradley & Parker, Inc. PHONE (A/C, No., Ext): 800-445-3393 FAX (A/C, No): 631-981-7681 E-MAIL ADDRESS: certificates@bradley-parker.com
	INSURER(S) AFFORDING COVERAGE
INSURED Young Equipment Solutions, Inc. 325 Rabro Drive Hauppauge NY 11788	INSURER A : Ohio Casualty Insurance Company NAIC # 24074
	INSURER B : St Paul Fire and Marine Insurance Co 24767
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 77695369 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BKO57792068	4/21/2023	4/21/2024	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			BAS57792068	4/21/2023	4/21/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	USO57792068	4/21/2023	4/21/2024	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/>	XWO57792068	2/24/2023	2/24/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
B	Excess Umbrella			ZUP15S8335623	4/21/2023	4/21/2024	\$5,000,000 excess of \$5,000,000

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

The City of Yonkers, Yonkers City School District and the Yonkers Board of Education are included as additional insured
A waiver of subrogation applies in favor of the additional insured
30 days notice of cancellation is included except where prohibited by law
project: Saunders Trade and Technical HS, 183 Palmers Rd, Yonkers, NY 10701

CERTIFICATE HOLDER **CANCELLATION**

City of Yonkers Yonkers City School District Yonkers Board of Education One Larkin Center 3rd Floor Yonkers NY 10701	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 Wynne D. Nowland

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CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

Form with fields for: 1a. Legal Name & Address of Insured, 1b. Business Telephone Number of Insured, 1c. NYS Unemployment Insurance Employer Registration Number of Insured, 1d. Federal Employer Identification Number of Insured or Social Security Number, 2. Name and Address of Entity Requesting Proof of Coverage, 3a. Name of Insurance Carrier, 3b. Policy Number of Entity Listed in Box "1a", 3c. Policy effective period, 3d. The Proprietor, Partners or Executive Officers are

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy).

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Wynne Nowland (Print name of authorized representative or licensed agent of insurance carrier)

Approved by: Wynne Nowland (Signature) 05-02-2023 (Date)

Title: CEO

Telephone Number of authorized representative or licensed agent of insurance carrier: 631-981-7600

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.



CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only)
Young Equipment Solutions Inc
325 Rabro Drive
Suite 1
Hauppauge, NY 11788
1b. Business Telephone Number of Insured
631 582-5900
1c. Federal Employer Identification Number of Insured or Social Security Number
112803327
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)
City of Yonkers
One Larkin Centers 3F
Yonkers, NY 10701
3a. Name of Insurance Carrier
Standard Security Life Ins Co of NY
3b. Policy Number of Entity Listed in Box "1a"
R93998000
3c. Policy effective period
01-01-2023 to 01-01-2024

4. Policy provides the following benefits:
[X] A. Both disability and paid family leave benefits.
[] B. Disability benefits only.
[] C. Paid family leave benefits only.
5. Policy covers:
[X] A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
[] B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance c

Date Signed 05-02-2023 By Wynne Nowland
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)
Telephone Number 631-981-7600 Name and Title Wynne Nowland - CEO

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York
Workers' Compensation Board
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.
Date Signed By
(Signature of Authorized NYS Workers' Compensation Board Employee)
Telephone Number Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

