

**CITY OF CHICAGO  
DEPARTMENT OF PROCUREMENT SERVICES  
ROOM 403, CITY HALL, 121 N. LASALLE STREET**

| FOR NCRB USE ONLY  |                          |
|--------------------|--------------------------|
| Date               | <u>5-6-13</u>            |
| Recommend Approval | <input type="checkbox"/> |
| Return To Dept.    | <input type="checkbox"/> |
| Reject             | <input type="checkbox"/> |
| Vote               | <u>Yes</u>               |

**NON-COMPETITIVE REVIEW BOARD (NCRB)  
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT**

**COMPLETE THIS SECTION IF NEW CONTRACT**

For contract(s) in this request, fill in each of the four (4) major subject areas below in accordance with the **Instructions for Preparation of Non-Competitive Procurement Form** on the reverse side. Complete "Other" subject area if additional information is needed. Subject areas must be fully completed. Responses merely referencing attachments will not be accepted.

Request that negotiations be conducted only with <<name of person or firm>> for the product(s) and/or service(s) described herein.

This is a request for:

One-Time Contractor Requisition #: <<Reg No>>, copy attached or  Term Agreement or  Delegate Agency (Check one).

If Delegate Agency, this request is for "blanket approval" for all contracts within the <<proj description/name>> (Attach List).

Pre-Assigned Specification No.: \_\_\_\_\_

Pre-Assigned Contract No.: \_\_\_\_\_

**COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT**

Describe in detail the change in terms of dollars, time period, scope of services, etc., its relationship to the original contract and the specific reasons for the change. Indicate both the original and the adjusted contract amount and/or expiration date with this change, as applicable. Attach copy of all supporting documents. Request approval for a contract amendment or modification to the following:

Contract #: 16460

Company or Agency Name: 5Alarm Fire and Safety

Specification #: 59256

Contract or Program Description: Hurst Hydraulic Tools, Parts and Equipment

Modification #: \_\_\_\_\_

(Attach List, if multiple)

Robert Anthony  
Originator Name  
(mm/dd/yr)

744-3209  
Telephone

Chief R Anthony  
Signature

Fire  
Department

<<Date>>  
Date

**PROCUREMENT HISTORY**

- Describe the requirement and how it evolved from initial planning to its present status.  
The previous contract has been needed since 4/30/2006 when the previous contract expired. Being that 5 Alarm is a "sole source" distributor for Hurst, this equipment should be purchased through 5 Alarm Fire & Safety Equipment, Inc.
- Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.  
The previous contract was with Chicago United, #T24185, Tools, Parts and Service for Hurst Hydraulic. This contract is necessary for the purchase of new equipment, replacement/repair parts and service for CFDs' Hurst Tool/"Jaws of Life" equipment.
- Explain attempts made to competitively bid the requirement. (Attach copy of notices and list of sources contacted)  
The previous contract should not have been awarded to Chicago United, solely based on the fact the 5 Alarm is the Midwest distributor for this equipment and any purchases of new equipment or replacement/repair parts may have had some type of warranty void going through a "middle man", such as Chicago United. That is why this contract was originally processed as a Non Competitive Contract. As this is no longer the case we have requested the replacement contract be put out for competitive bid.
- Describe all research done to find other sources. (List other cities contacted, companies in the industry contacted, professional organization periodicals and other publications used).  
The manufacturer was contacted and informed us that the sole authorized distributor/repair center was 5 Alarm Fire and Safety when this contract was originally requested. With in the last year the manufacturer has allowed more then one vendor to supply these products and services.
- Explain future procurement objectives. Is this a one-time request or will future requests be made for doing business with the same source?
- This is not a one time request. We are requesting a vendor limit increase be approved to provided these parts and services, until the replacment contract can be awarded as this is an ongoing requirement for fire rescue purposes.
- Explain whether or not future competitive bidding is possible. If not, why not?  
This is no longer a Non-Competive contract requirement. There is more then one (1) vendor that can supply these products and

services. We have provided paperwork to Procurement Services to request competitive bids for the replacement contract.

**ESTIMATED COST**

1. What is the estimated cost for this requirement (or for each contract, if multiple awards contemplated)? What is the funding source  
The current contract limit for this is \$990,000 the end date is June 30, 2013. As this contract limit has been reached it is estimated that we will require an addition \$99,000 will be need to obtain the required equipment and supplies covered by this contract.
2. What is the estimated cost by fiscal year, if the job project or program covers multiple years?  
The 2013 estimated costs to be expended against this contract are \$94,500.
3. Explain the basis for estimating the cost and what assumptions were made and/or data used (i.e., budgeted amount, previous contract price, current catalog or cost proposal from firms solicited, engineering or in-house estimate, etc.)  
The average annual expenses made against this contract were determined and divided by 2. This gives us an estimated six (6) month average expense of \$99,000.
4. Explain whether the proposed Contractor or the City has a substantial dollar investment in original design, tooling or other factors which would be duplicated at City expense if another source was considered. Describe cost savings or other measurable benefits to the City which may be achieved.  
The City does have substantial investment in the Hurst tools and this contract is for equipment and parts. There currently is a request for a replacement contract with the Department of Procurement that will be put out to bid for a replacement contract.
5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.  
No negotiations have been made as we are only requesting to increase the vendor limit to allow the city time to award a replacement contract that will be competitively bid.

**SCHEDULE REQUIREMENTS**

1. Explain how the schedule was developed and at what point the specific dates were known.  
D/N/A as this is a contract for equipment parts and supplies that are required on an as needed basis.
2. Is lack of drawings and/or specifications a constraining factor to competitive bidding? If so, why is the proposed Contractor the only person or firm able to perform under these circumstances? Why are the drawings and specifications lacking? What is the lead time required to get drawings and specifications suitable for competition? If lack of drawings and specifications is not a constraining factor to competitive bidding, explain why only one person or firm can meet the required schedule.  
No this is not relevant to this contract
3. Outline the required schedule by delivery or completion dates and explain the reasons why the schedule is critical.  
This contract is for equipment and parts on an as needed basis.
4. Describe in detail what impact delays for competitive bidding would have on City operations, programs, costs and budgeted funds.  
New contract will be bid.

**EXCLUSIVE OR UNIQUE CAPABILITY**

1. If contemplating hiring a person or firm as a Professional Service Consultant, explain in detail what professional skills, expertise, qualifications, and/or other factors make this person or firm exclusively or uniquely qualified for the project. Attach a copy of the cost proposal, scope of services, and temporary consulting services form.  
D/N/A this is not relevant to this contract
2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?  
This contract is no longer a Sole Source contract and the replacement contract request is with Procurement being prepared for competitive bid. In the meantime supplies are still required and a vendor limit increase is requested to allow us to obtain parts and supplies to maintain our equipment until the replacement contract can be awarded.
3. What prior experience of a highly specialized nature does the person or firm exclusively possess that is vital to the job, project or program?  
D/N/A as there are now other vendors that can provide this equipment.
4. What technical facilities or test equipment does the person or firm exclusively possess of a highly specialized nature which is vital to the job?  
D/N/A as there are now other vendors that can provide this equipment.
5. What other capabilities and/or capacity does the proposed firm possess which is necessary for the specific job, project or program which makes them the only source who can perform the work within the required time schedule without unreasonable costs to the City?  
D/N/A as there are now other vendors that can provide this equipment.
6. If procuring products or equipment, describe the intended use and explain any exclusive or unique capabilities, features and/or functions the items have which no other brands or models, etc. possess. Is compatibility with existing equipment critical from an operational standpoint? Explain why?  
D/N/A as there are now other vendors that can provide this equipment.

7. Is competition precluded because of the existence of patent rights, copyrights, trade secrets, technical data, or other proprietary data? Attach documentation verifying such.

D/N/A as there are now other vendors that can provide this equipment.

8. If procuring replacement parts and/or maintenance services, explain whether or not replacement parts and/or services can be obtained from any other sources? If not, is the proposed firm the only authorized or exclusive dealer/distributor and/or service center? If so, attach letter from manufacturer.

D/N/A as there are now other vendors that can provide this equipment.

MBE/WBE COMPLIANCE PLAN

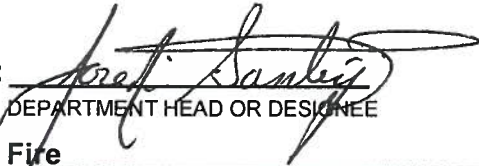
Documents included

OTHER

Explain other related considerations and attach all applicable supporting documents, i.e., an approved ITGB form.

This is a request to increase the current contract limit to all for the purchase of equipment, parts and supplies until a replacement contract can be awarded.

APPROVED BY:

  
DEPARTMENT HEAD OR DESIGNEE

4-3-13  
DATE

  
BOARD CHAIRPERSON

5-6-13  
DATE

Fire  
PRINT NAME

Rich Butler  
PRINT NAME

  
CHIEF PROCUREMENT OFFICER

May 7, 2013  
DATE OF APPROVAL

SA  
5/7/13

# DPS PROJECT CHECKLIST

## For DPS Use Only

Date Received  
Date Returned  
Date Accepted  
CA/CN's Name

**IMPORTANT:** ALL INFORMATION SHOULD BE COMPLETED, ATTACH ALL REQUIRED MATERIALS AND SUBMIT FOR ROUTING TO THE DEPARTMENT OF PROCUREMENT SERVICES, ROOM 403, CITY HALL, 121 N. LASALLE STREET, CHICAGO, ILLINOIS 60602, ATTENTION: CHIEF PROCUREMENT OFFICER.

### General Information:

|  |                                  |                                  |
|--|----------------------------------|----------------------------------|
| Date: 2/11/13  | Need by (estimated date): 3/1/13 |                                  |
| Requisition No.: 79244   | Contact Person:                  | Project Manager:                 |
| Specification No.: (if known) 59256                                  | Karen Sanger                     | Karen Sanger                     |
| PO No.: (if known) 16460   | Telephone: -7453710              | Telephone: -7453710              |
| Modification No.: (if known)   | Fax: 745-3700                    | Fax: 745-3700                    |
| Previous PO No.: (if known)  | Email: ksanger@cityofchicago.org | Email: ksanger@cityofchicago.org |
| Project Description: PURCHASE OF HURST HYDRAULIC PARTS AND EQUIPMENT |                                  |                                  |

### Funding:

|          |   |                                       |                                     |                                 |                                 |
|----------|---|---------------------------------------|-------------------------------------|---------------------------------|---------------------------------|
| City:    | <input checked="" type="checkbox"/> Corporate | <input type="checkbox"/> Bond         | <input type="checkbox"/> Enterprise | <input type="checkbox"/> Grant* | <input type="checkbox"/> Other: |
| State:   | <input type="checkbox"/> IDOT/Transit         | <input type="checkbox"/> IDOT/Highway |                                     | <input type="checkbox"/> Grant* | <input type="checkbox"/> Other: |
| Federal: | <input type="checkbox"/> FHWA                 | <input type="checkbox"/> FTA          | <input type="checkbox"/> FAA        | <input type="checkbox"/> Grant* | <input type="checkbox"/> Other: |

| LINE                    | FY  | FUND | DEPT | ORGN | APPR | ACTV | PROJECT | RPTG | \$ DOLLAR AMOUNT |
|-------------------------|-----|------|------|------|------|------|---------|------|------------------|
| various funds and years |     |      |      |      |      |      |         |      | 990,000          |
|                         | 013 | 0100 | 59   | 2005 | 0162 |      |         |      | 99,000           |
|                         |     |      |      |      |      |      |         |      |                  |

Term Estimated Value \$1089000

\*IF GRANT FUNDED, ATTACH COPY OF THE APPROVED GRANT AND APPLICATION AND ANY OTHER TERMS AND CONDITIONS OF FUNDING SOURCE THAT MAY APPLY. GRANT FUNDS MUST BE  COMMITTED OR  SPENT BY DEADLINE: (DATE)

### Scope Statement:

Attached is a Detailed Scope of Services and/or Specification. E-mail softcopy in Microsoft Word to DPS Unit Manager

### IMPORTANT:

THIS IS A CRITICAL PORTION OF YOUR SUBMITTAL IN ORDER FOR DPS TO ACCEPT YOUR SUBMITTAL YOU MUST COMPLETE THE SPECIFIC SCOPE REQUIREMENTS AS SET FORTH IN THE SUPPLEMENTAL CHECKLIST FOR THAT UNIT.

### Purchase Order Type (Check All That Apply):

|  |  |
|--|--|
| <b>New Request</b>   | <b>Modification/Amendment</b>  |
| <input type="checkbox"/> Blanket/Term/DUR/Agreement          | <input type="checkbox"/> Time Extension**                                    |
| <input type="checkbox"/> Master Agreement (Task Order)       | <input checked="" type="checkbox"/> Vendor Limit Increase                    |
| <input type="checkbox"/> Standard/One-Time Purchase          | <input type="checkbox"/> Scope Change/Price Increase/Additional Line Item(s) |
| <b>Forms</b>   | <input type="checkbox"/> Other (specify):                                    |
| <input checked="" type="checkbox"/> Requisition              |  |
| <input type="checkbox"/> Special Approvals                   |  |
| <input type="checkbox"/> Non-Competitive Review Board (NCRB) |  |

Contract Term: 5.5 years - no change requested

\*\* Requested Term (Number of Months):

### Pre-Bid/Submittal Requirements:

Mandatory Pre Bid/Submittal Conference?  Yes\*  No

Requesting Site Visit?  Yes  No

\*If yes, explain reasons why mandatory attendance is necessary.

DPS PROJECT CHECKLIST

The following is a general description of what should be included in a Scope of Services or Specification: A clear description of all anticipated services and products, including: time frame for completion, special qualifications of prospective vendors, special requirements or needs of the project, locations, anticipated participating user departments, citation of any applicable City ordinance or state/federal regulation or statute.

ARCHITECTURAL/ENGINEERING SUPPLEMENTAL CHECKLIST

Required Attachments: Scope of Services, including location, description of project, services required, deliverables, and other information as required

Risk Management

- Current Insurance Requirements prepared/approved by Risk Management: [ ] Yes [ ] No
Will services be performed within 50 feet of CTA train or other railroad property? [ ] Yes [ ] No
Will services be performed on or near a waterway? [ ] Yes [ ] No

If applicable, Pre-Qualification Category No. Category Description:
For Pre-Qualification Program, attach list of suggested firms to be solicited

Other Agency Concurrence Required: [ ]None [ ]State [ ] Federal [ ] Other \_\_\_\_\_

If Amendment request, please verify and provide the following:

- Contractor's Name:
Contractor's Address:
Contractor's e-mail Address:
Contractor's Phone Number:
Contractor's Contact Person:

Attach Recommendation of MBE/WBE/DBE Analysis Form [ ] Yes [ ] No

AVIATION CONSTRUCTION SUPPLEMENTAL CHECKLIST

DOA sign-off for final design documents: [ ] Yes [ ] No

Required Attachments:
Copy of Draft Contract Documents and Detailed Specifications

Risk Management:

- Current Insurance Requirements prepared/approved by Risk Management: [ ] Yes [ ] No
Will work be performed within 50 feet of CTA or ATS structure or property? [ ] Yes [ ] No
Will work be performed airside? [ ] Yes [ ] No

\*NOTE: Any non-construction Aviation request, complete the applicable section.

Do bid documents contain Sensitive Security Information (SSI)? [ ]Yes\* [ ]No [ ]Redacted
\*If yes, attach Confidentiality Statement

Attach Recommendation of MBE/WBE/DBE Analysis Form [ ] Yes [ ] No

If Amendment request, please verify and provide the following:

- Contractor's Name:
Contractor's Address:
Contractor's e-mail Address:
Contractor's Phone Number:
Contractor's Contact Person:

**COMMODITIES SUPPLEMENTAL CHECKLIST**

**Required Attachments:**

- Detailed Specifications (Scope of Services) including detailed description of the product, delivery location, user department contact, price escalation considerations
- Bidder's qualification, contract term and extension options
- Contractor's qualifications, citation of any applicable City/State/Federal statutes or regulations, citation of any applicable technical standards
- Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate.

Attach Recommendation of **MBE/WBE/DBE Analysis Form**  
 Is this a **Revenue Producing contract?**

- Yes  No  
 Yes  No

**If Modification request, please verify and provide the following:**

- Contractor's Name:
- Contractor's Address:
- Contractor's e-mail Address:
- Contractor's Phone Number:
- Contractor's Contact Person:

**CONSTRUCTION SUPPLEMENTAL CHECKLIST**

**Required attachments:**

Copy of Draft (80% Completion), Contract Documents and Detailed Specifications

**Risk Management**

- Current Insurance Requirements prepared/approved by Risk Management:
- Will services be performed within 50 feet of CTA train or other railroad property?
- Will services be performed on or near a waterway?

- Yes  No  
 Yes  No  
 Yes  No

Attach Recommendation of **MBE/WBE/DBE Analysis Form**

- Yes  No

**If Modification request, please verify and provide the following:**

- Contractor's Name:
- Contractor's Address:
- Contractor's e-mail Address:
- Contractor's Phone Number:
- Contractor's Contact Person:

**PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST**

**If New Request (Check applicable boxes):**

- Is this a **Request for Information (RFI)**?  Yes  No
- Is this a **Request for Qualifications (RFQ)**?  Yes  No
- Is this a **Request for Proposal (RFP)**?  Yes  No
- If **RFQ or RFP**, did any outside Consultant provide advice or deliverables in developing the RFQ or RFP?  Yes\*  No
- \*If yes, Company Name: \_\_\_\_\_ PO# \_\_\_\_\_

**Attach a narrative explaining the consulting services and deliverables provided.**

- Is this a **Non-Competitive Procurement**?  Yes\*  No
- \*If yes, attach completed Non-Competitive Justification form, vendor proposal and completed MBE/WBE compliance plan (Schedules C-1 and D-1) submitted to the Non-Competitive Review Board.

Is this a request for **Individual Contract Services**?  Yes\*  No

\*If yes and you seek a sole source contract to hire a person as a Consultant, attach completed Office of Compliance "Request for Individual Contract Services" approval form signed by Department Head, Office of Compliance & OBM.

Is this a **Revenue Producing contract**?  Yes  No

Does this request involve the **purchase of Software**?  Yes\*  No

\*If yes, is City required to sign a software license?  Yes\*  No

\*If yes, attach descriptions of software and software license agreement.

**PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST (continued)**

**Required Attachments (IF RFP/RFQ OR SOLE SOURCE):**

- Statement of Work (SOW), Deliverables or Scope of Services defined
- Does SOW involve any work in the public way?  Yes\*  No
- \*If yes, attach list of locations.
- Does SOW involve any public improvement to property that requires performance bond or prevailing wage?  Yes\*  No
- \*If yes, attach list of locations.
- Is City Council approval required?  Yes  No
- Project or Program Background Information
- Project Goals and Objectives
- Qualifications or Licenses/Certifications required for any disciplines
- Evaluation Criterion desired in RFP or RFQ
- Evaluation Committee (EC) members recommended. Attach list of names, titles and departments
- Technical and/or Functional Requirements, if applicable
- Cost Proposal/Schedule of Compensation structure (If Sole Source, over Contract Term by Milestone Deliverables)
- If an Information Technology (IT) project valued at \$100,000.00 or more, attach approval transmittal sheet from Information Technology Governance Board (ITGB)
  
- Attach Recommendation of MBE/WBE/DBE Analysis Form  Yes  No

**If Amendment request, please verify and provide the following:**

- Contractor's Name:
- Contractor's Address:
- Contractor's e-mail Address:
- Contractor's Phone Number:
- Contractor's Contact Person:

**VEHICLES/HEAVY EQUIPMENT SUPPLEMENTAL CHECKLIST**

**Required Attachments:**

- Detailed Specifications including detailed description of the vehicle(s) or equipment, mounted equipment, if any, and options/accessories
- Special Provisions (Delivery, Warranty, Manuals, Training, Additional Unit Purchase Options, Bid Submittal Information, etc.)
- Delivery Location(s)
- Technical Literature
- Drawings, if any
- Part Number List (Manufacturer, or Dealer, or Other Source)
- Current Price List(s)/Catalog(s)
- Special Approval Form
- Exhibits and Attachments

- Attach Recommendation of MBE/WBE/DBE Analysis Form  Yes  No
- Is this a Revenue Producing Contract?  Yes  No

**If Modification request, please verify and provide the following:**

- Contractor's Name:
- Contractor's Address:
- Contractor's e-mail Address:
- Contractor's Phone Number:
- Contractor's Contact Person:

**WORK SERVICES/FACILITY MAINTENANCE SUPPLEMENTAL CHECKLIST**

**Required Attachments:**

- Detailed Specifications (Scope of Services) including detailed description of the work, locations (with supporting detail), user department contacts, work hours/days, laborer/supervisor mix, compensation and price escalation considerations
- Bidder's qualification, contract term and extension options
- Contractor's qualifications, citation of any applicable City/State/Federal statutes or regulations, citation of any applicable technical standards
- Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate
- If an Information Technology (IT) project valued at \$100,000.00 or more, attach approval transmittal sheet from Information Technology Governance Board (ITGB)

**Risk Management:**

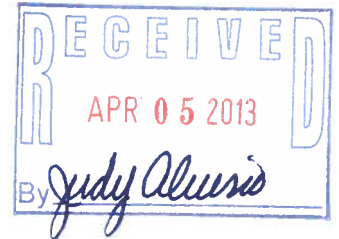
- Will services be performed within 50 feet (50') of CTA train or other railroad property?  Yes  No
- Will services be performed on or near a waterway?  Yes  No
- Will services require the handling of hazardous/bio-waste material?  Yes  No
- Will services require the blocking of streets or sidewalks which may affect public safety?  Yes  No

- Attach Recommendation of MBE/WBE/DBE Analysis Form  Yes  No
- Is this a Revenue Producing contract?  Yes  No

**If Modification or Amendment request, please verify and provide the following:**

Contractor's Name: 5-Alarm Fire and Safety  
Contractor's Address: 350 AUSTIN CIRCLE - DELAFIELD, WI 53018  
Contractor's e-mail Address:  
Contractor's Phone Number: 262-646-5911  
Contractor's Contact Person: JEAN PETOSKEY

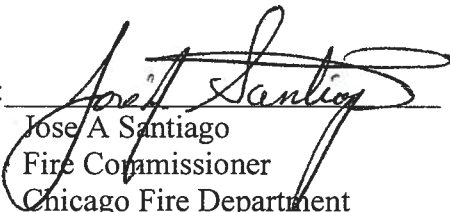




CHICAGO FIRE DEPARTMENT  
CITY OF CHICAGO

To: Jamie Rhee  
Chief Procurement Officer  
Department of Procurement Services  
City Hall Room 403

From:

  
Jose A Santiago  
Fire Commissioner  
Chicago Fire Department

Re: CONTRACT: 16460  
SPECIFICATION: 59256  
REQUISITION: 79244  
VENDOR: 5-Alarm Fire and Safety (Sole Source)  
Purchase of Hurst Hydraulic Parts and Equipment (Work Services)  
Vendor Limit increase request

Date: April 2, 2013

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The Fire Department is requesting the above mentioned contract limit be increased from \$990,000 to \$1,089,000. This increase will allow the processing of Blanket Releases, which may be placed during the next six (6) months of the contract. The requested increase amount of \$99,000 was reached by taking the current limit of \$990,000 (which has been reached) and dividing it by the number of years that the contract has been in effect, which is five (5). This gave us an average yearly total of \$198,000. The average yearly total of \$198,000 was then divided by two (2) giving us an average total of \$99,000 for the remaining six (6) months of the contract. As these are average figures we feel the requested increase amount of \$99,000 is an appropriate figure.

Attached please find:

- 1) Completed Justification for Non-Competitive Procurement (attached)
- 2) One DPS Check List (attached)
- 3) Requisition (attached)
- 4) Current Insurance certificate (attached)
- 5) A letter from the vendor regarding exclusivity (not required –the vendor is no longer an exclusive distributor)

- 6) Letter from the contractor and CFD's concurrence letter regarding No Stated Goals regarding to the City's compliance requirements (attached)
- 7) On-Line EDS certificate (attached)
- 8) Scope of Work and letter regarding pricing – These are not included in the request because this is a contract limit increase and does not affect the Scope of Work or current pricing, as they remain unchanged.
- 9) A list of department personnel that will attend the NCRB meeting
  - a. Karen Sanger (CFD Finance)
  - b. Steve Swanson (CFD Finance)
  - c. Chief Robert Anthony (CFD Air Mask)

Your assistance in this matter is appreciated. If you have any questions or require any further information please contact Karen Sanger on 745-3710.

ss/ks

**CITY OF CHICAGO  
PRE-APPROVED  
MODIFICATION / OVERRIDE REQUISITION**

**Copy (Department)**

|   |   |
|---|---|
| <b>DELIVER TO:</b><br><br>336<br>FIRE DEPT - FINANCE<br>3510 S. MICHIGAN AVE, 2ND FL<br>CHICAGO, IL 60653 | <b>REQUISITION:</b> 79244 For PO Number: 16460<br><br><b>PAGE:</b> 1<br><b>DEPARTMENT:</b> 59 - FIRE DEPARTMENT<br><b>PREPARER:</b> Karen L Sanger<br><b>NEEDED:</b><br><b>PRE-APPROVED</b> 2/11/2013 |
|---|---|

**REQUISITION DESCRIPTION**

VLI - PO 16460 - 5-Alarm Fire and Safety  
 SPECIFICATION NUMBER: 59256  
 Mod Reason: DOLLAR AMOUNT CHANGE

**COMMODITY INFORMATION**

| LINE                      | ITEM                                       | QUANTITY                            | UOM      | UNIT COST | TOTAL COST |      |          |         |       |      |             |
|---------------------------|--|-------------------------------------|----------|-----------|------------|------|----------|---------|-------|------|-------------|
| 1                         | 54599<br>VLI from \$990,000 to \$1,089,000 | 99,000.00                           | USD      | 0.00      | 0.00       |      |          |         |       |      |             |
| <b>SUGGESTED VENDOR:</b>  |  | <b>REQUESTED BY:</b> Karen L Sanger |          |           |            |      |          |         |       |      |             |
| DIST                      | BFY  | FUND                                | COST CTR | APPR      | ACCNT      | ACTV | PROJECT  | RPT CAT | GENRL | FUTR | TOTAL COST  |
| 1                         | 013  | 0100                                | 0592005  | 0162      | 220162     | 0000 | 00000000 | 000000  | 00000 | 0000 | 0.00        |
| <b>LINE TOTAL:</b>        |  |                                     |          |           |            |      |          |         |       |      | <b>0.00</b> |
| <b>REQUISITION TOTAL:</b> |  |                                     |          |           |            |      |          |         |       |      | <b>0.00</b> |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/10/2013

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<br>R & R Insurance Services, Inc.<br>1581 E Racine Avenue<br>PO Box 1610<br>Waukesha WI 53186 | CONTACT NAME: Joann Brown  |
|  | PHONE (A/C, No. Ext): (262) 953-7152 FAX (A/C, No): (262) 953-1402 |
| INSURED<br>5 Alarm Fire & Safety Equipment LLC<br>350 Austin Circle<br>Delafield WI 53018              | E-MAIL ADDRESS: Joann.Brown@rrins.com                              |
|  | INSURER(S) AFFORDING COVERAGE                                      |
|  | INSURER A: The Travelers Property Casualty 25674                   |
|  | INSURER B: Travelers Property Casualty 36161                       |
|  | INSURER C: The Travelers Indemnity Company 25682                   |
|  | INSURER D:   |
|  | INSURER E:   |
|  | INSURER F:   |

## COVERAGES

CERTIFICATE NUMBER: 13-14 Liability

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 INSR  | SUBR WVD | POLICY NUMBER                  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|--|----------|--------------------------------|-------------------------|-------------------------|--|
| A        | GENERAL LIABILITY  |  |          | Y6301507X435TIL13              | 1/1/2013                | 1/1/2014                | EACH OCCURRENCE \$ 1,000,000   |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |  |          |                                |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                                   |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |  |          |                                |                         |                         | MED EXP (Any one person) \$ 5,000  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |  |          |                                |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000   |
|          | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC |  |          | GENERAL AGGREGATE \$ 2,000,000 |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000  |
| A        | AUTOMOBILE LIABILITY   |  |          | Y8102178X590TIL13              | 1/1/2013                | 1/1/2014                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                                       |
|          | <input checked="" type="checkbox"/> ANY AUTO   |  |          |                                |                         |                         | BODILY INJURY (Per person) \$  |
|          | <input type="checkbox"/> ALL OWNED AUTOS   | <input type="checkbox"/> SCHEDULED AUTOS                         |          |                                |                         |                         | BODILY INJURY (Per accident) \$  |
|          | <input type="checkbox"/> HIRED AUTOS   | <input type="checkbox"/> NON-OWNED AUTOS                         |          |                                |                         |                         | PROPERTY DAMAGE (Per accident) \$  |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB  |  |          | YSMCUP2178X774TIL13            | 1/1/2013                | 1/1/2014                | EACH OCCURRENCE \$ 2,000,000   |
|          | <input type="checkbox"/> EXCESS LIAB   | <input type="checkbox"/> OCCUR                                   |          |                                |                         |                         | AGGREGATE \$ 2,000,000   |
|          | <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$                            | <input type="checkbox"/> CLAIMS-MADE                             |          |                                |                         |                         |  |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |  |          | YDTTEUB5721B31713              | 1/1/2013                | 1/1/2014                | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N/A      |                                |                         |                         | E.L. EACH ACCIDENT \$ 500,000  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |  |          |                                |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 500,000  |
|          |  |  |          |                                |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 500,000   |

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

Spec: 59256, Purchase of Hurst Hydraulic Parts and Equipment Page 86A of 86

The City of Chicago is additional insured for General Liability per form CGD248 (10/02) with respect to operations and activities of, or on behalf of the Named Insured performed under contract or permit from the City of Chicago.

## CERTIFICATE HOLDER

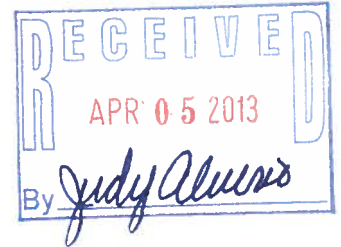
## CANCELLATION

City of Chicago  
Dept of Procurement Svs  
Div of Contract Monitoring/com  
121 N LaSalle St, #400  
Chicago, IL 60602

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

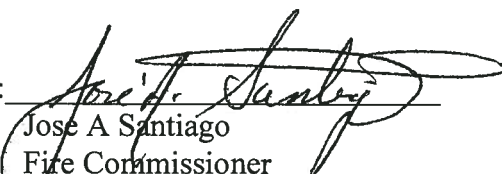
AUTHORIZED REPRESENTATIVE

Jeffrey Thiel/C261



CHICAGO FIRE DEPARTMENT  
CITY OF CHICAGO

To: Jamie Rhee  
Chief Procurement Officer  
Department of Procurement Services  
City Hall Room 403

From:   
Jose A Santiago  
Fire Commissioner  
Chicago Fire Department

Re: CONTRACT: 16460  
SPECIFICATION: 59256  
REQUISITION: 79244  
VENDOR: 5-Alarm Fire and Safety (Sole Source)  
Purchase of Hurst Hydraulic Parts and Equipment (Work Services)  
Vendor Limit Increase request  
M/WBE Compliance recommendation

Date: April 2, 2013

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The Fire Department concurs with 5-Alarm's request for No Stated Goals, for the additional requested contract increase amount of \$99,000. This vendor is working with Compliance to meet the current contract obligations and must put all available resources into the contracts current obligations and will not be able to meet any additional commitments.

Your assistance in this matter is appreciated. If you have any questions or require any further information please contact Karen Sanger on 745-3710.

ss/ks



FIRE AND SAFETY EQUIPMENT, LLC.

PROTECTING AMERICA'S HEROES

April 2, 2013

Karen Sanger  
City of Chicago  
3510 S. Michigan Ave., 2<sup>nd</sup> Floor  
Chicago, IL 60653

Re: \$99,000 contract limit increase related to compliance of MBE for city Contract PO Number 16460, specification # 5925

Dear Karen,

5 Alarm is requesting No Stated Goals for the \$99,000 contract limit increase for PO 16460. Due to the original MBE contractors no longer being qualified for MBE status, and because of the small size of our operations in the Chicago area, 5 Alarm will not be in position to meet any additional compliance commitment related to the \$99,000 extension.

Our contract with Chicago is for the sale of Hurst extrication equipment to the City. A review of the City of Chicago MBE subcontractors in the extrication tool and parts business, using the City's C2 system, did not reveal any company's we could utilize in our Chicago operations to fulfill the MBE requirement. Further, with one sales rep and one service tech, we have limited opportunity to consume other MBE subcontractor goods and services in the City of Chicago. As a company we continue to look for opportunities to use MBE's and currently contract with a female owned cleaning company.

Therefore, we respectfully request to have this requirement waived from our \$99,000 contract extension with the City of Chicago to supply Hurst extrication equipment.

Regards,

  
Dennis Murphy  
VP Finance and GM

5 Alarm Fire and Safety Equipment, LLC.  
350 Austin Circle • Delafield, WI 53018-2171  
800.615.6789 • 262.646.5911 • Fax 262.646.5912  
[www.5alarm.com](http://www.5alarm.com)



CERTIFICATE OF FILING FOR  
CITY OF CHICAGO ECONOMIC DISCLOSURE STATEMENT

EDS Number: 40068

Certificate Printed on: 01/10/2013

Date of This Filing: 01/10/2013 09:58 AM

Original Filing Date: 01/10/2013 09:58 AM

Disclosing Party: 5 ALARM FIRE AND  
SAFETY EQUIPMENT, LLC

Title: Accounts Receivable

Filed by: Ms. Jean Petoskey

Matter: Purchase of Hurst Hydraulic  
Equipment and Parts

Applicant: 5 ALARM FIRE AND SAFETY  
EQUIPMENT, LLC

Specification #: 59256

Contract #: 16460

The Economic Disclosure Statement referenced above has been electronically filed with the City. Please provide a copy of this Certificate of Filing to your city contact with other required documents pertaining to the Matter. For additional guidance as to when to provide this Certificate and other required documents, please follow instructions provided to you about the Matter or consult with your City contact.

A copy of the EDS may be viewed and printed by visiting <https://webapps.cityofchicago.org/EDSWeb> and entering the EDS number into the EDS Search. Prior to contract award, the filing is accessible online only to the disclosing party and the City, but is still subject to the Illinois Freedom of Information Act. The filing is visible online to the public after contract award.