



Request for Proposal

Town of Davie

for

Utility Billing Audit

RFP No. B-17-69

PROPOSER

ERIC RYAN CORPORATION

April 6, 2017

2:00PM

ORIGINAL



March 31, 2017

Brian K. O'Connor, C.P.M.
Town of Davie
6591 Orange Drive
Davie, FL 33314

Mr. O'Connor,

The Eric Ryan Corporation (ERC) is pleased to present our response to the Town of Davie's Request for Proposal for the Utility Billing Audit project. We have read the bid document in its entirety. We understand and agree with the scope of services and accept all requirements, terms and conditions in the RFP.

All services will be performed and data applicable to the contract will be maintained at the principal and sole location of operations of the Eric Ryan Corporation, which is located at 1 Early Street, Suite A, Ellwood City, PA 16117.

We would like to thank the Town of Davie for considering our services and response to the RFP.

Sincerely,

X

Mary A. DeCaria, CFO
(724) 752-8900
mdecaria@ericryan.com

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Town of Davie Utility Billing Audit

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Response

- 1. Describe your company and the services it offers. Include the names and principals in the firm and the location of the firm headquarters, including any branch locations.**
- 2. Include the length of time the firm has been in business and the length of time it has been providing the services requested herein. Indicate whether Utility Billing Audit services are your primary service offered.**

The Eric Ryan Corporation (ERC) has been exceeding clients' expectations for over twenty-six (26) years. The company was established in 1990 and was founded on the premise of delivering value through utility and telecommunications invoice auditing and consulting. These are the company's primary functions. The company grew organically by adapting, thriving and growing in an ever-evolving environment, and in the process, exceeded the expectations of clients.

ERC is fully capable of providing the requirements set forth in this RFP. The corporate office located in Ellwood City, Pennsylvania is equipped with state of the art hardware and software. The headquarters is the sole location, which enables each client's confidentiality requirements to be strictly maintained.

The principals of the Eric Ryan Corporation are as follows:

- Keith Venezie, CEO & founder
- Mary A. DeCaria, CFO
- Rebecca Hink, COO

With ERC's one hundred and three (103) full and part-time employees, we are positioned to offer our most qualified team members to support the project. Collectively, the team has over seven hundred and fifty (750) years of previous experience. Several team members have worked directly for telecommunications companies, such as Verizon. As a result of our expansive clientele, our team interacts daily with utility and telecommunications carriers in the State of Florida.

The project managers and project teams assigned to this project have over 45 years of experience in the utility field and 70 years of experience in the telecommunications field. Our financial capabilities to support and initiate new projects, including those in excess of over 1,000 billings per month, have never been compromised. We are capable of, not only providing financial support to these projects, but maintaining the resources as well.

Our business practice calls for a kickoff meeting with our client and all parties involved. This call will outline the steps, tasks and assignments to the project so that everyone has a level of expectation and a target as to when each step and task will be completed, as well as who shall complete the task. ERC has always met any deadlines established by our clients and there have been no issues with staying within budget on any projects for which we have been contracted to perform services.



3. Provide four (4) references, with contact information to include names, telephone numbers and valid email addresses, of other governmental entities that have utilized the same services as requested herein.

City of Miami Beach

Mr. John Mark Taxis, Assistant City Manager

P: 305-673-7010

E: MarkTaxis@miamibeachfl.gov

City of Pittsburgh

Mr. James R. Sloss, Energy & Utilities Manager

P: 412-255-2255

E: james.sloss@pittsburghpa.gov

Sarasota County, Florida

Ms. Nancy Finman, Fiscal Consultant

P: 941-999-1269

E: nfinman@scgov.net

Borough of Ellwood City

Bob Vilella, Borough Manager

P: 724-758-7777 Ext. 4

E: bvecboro@zoominternet.net

4. Describe how Respondent will ensure the integrity and safety of the Town’s sensitive account information.

As previously stated, all services and data are securely maintained within the sole location of the Eric Ryan Corporation. Managing and securing sensitive data is part and parcel of the trust clients have entrusted to the company for over twenty-six (26) years.

All clients’ data is maintained and stored in the company’s own data system. The system is managed by professional staff whose sole purpose is to maintain the integrity and security of clients’ sensitive data.

5. Provide a proposed schedule for completion of the audit.

Town of Davie Project Timeline	
Time Frame	Activity
Day 1-7	Obtain copies of billings and all supportive documentation, such as utility/telecommunications vendor contracts and Letter of Authorization
Day 7-14	Scan documents into system for viewing by account manager and analyst, setup database system for ticketing and excel spreadsheets for entry of billings



Day 14-60	Audit billings, contracts, and information to identify errors and future savings cost reduction opportunities, call all phone lines for verification purposes, break down customer service records
Day 30-70	Discuss discrepancies and potential future saving cost reductions with utility and telecommunications providers
Day 70-90	Complete the audit report, compiling the trouble tickets, supportive documentation and savings analysis into a bound report
Day 100	Present audit report seeking approval to move forward with implementation of action items
Day 101-110	Implement approved items
Day 110-Contract Expiration	Report on savings on a monthly basis and continue to review billings and provide additional cost saving opportunities

6. Provide a description of the level of involvement required by the Town to initialize and support the audit process.

If the utility and telecommunications invoices are not available electronically, approximately 2 business days will be required for invoice copies to be made. During the actual audit, very little is required during the project, other than timely responses (forty-eight hours) to requests to approve or disapprove initiatives to reduce expenses for telecommunications or utility action items. Approximately 1-2 hours is necessary for the presentation of the final audit report.

7. Provide information demonstrating how your firm sets itself apart from the competition, to include innovations, creativity and key value-adds.

- Our fees are lower than most, if not all, competitors. The reason we can afford to be less expensive but just as effective is because we are located in a small blue collar town with very low overhead. Our rent, as an example, is ½ that of many larger firms because we are not located in a high rise with high overhead. Another reason our fees are competitive is because we have developed systems and built our own software over the past twenty-six (26) years that make our process very efficient and keeps our labor costs to a minimum. Furthermore, one of the most interesting statistics we have found is that the ratio of clients that were with competitors versus clients we have lost to competitors is over 25 to 1. Recently, annual surveys we conduct have shown that our clients continue to stay with us for as long as 18 years because we are attentive to their requests and needs, even after the initial audit is completed. The surveys also indicate that ERC is not interested in just recovering the bigger savings opportunities. Our clients have been extremely pleased to see that we even report and pursue tickets for as small as \$5.
- Our value-added services have been of great benefit to our clients and come at no additional cost. Most other firms charge an hourly rate for those services. We offer our budgeting and normalization services plus cost per type reports at no additional cost. We will even, at times, send



an engineer to the site to do an energy audit site survey at no cost to our client, depending upon the circumstances.

- Our response time is another great benefit to our clients. We pride ourselves in turning around any phone calls with questions or requests within 24 hours.
- We do not take control of our clients' billings during the process of maximizing opportunities to find and implement cost savings items. This is primarily why we have retained 87% of our client base for years after the initial audit.
- The Eric Ryan Corporation has a huge Florida client base, including clients such as Sea World, Universal Studios, The Daytona 500 Speedway, University of Central Florida, Orlando Regional Health and Adventist Health System to name a few. Our experience is second to none in understanding the utility and telecommunications tariffs and with our ability to negotiate and/or leverage the utility and telecommunications companies when opportunities are identified.

8. Provide sample invoices detailing all calculations, assumptions, and inputs used to determine on-going savings.

Please continue to the follow pages to view examples of invoices and supporting information.

RECOMMENDATION/IMPLEMENTATION SHARED SAVINGS INVOICE

25% / 18 Months

UTILITY COMPANY	ACCOUNT #	RECOMMENDATION	DATE RECM'D	DATE APPROVED	DATE REQUEST	DATE IMPLEM'T	DATE INVOICED	FINAL INVOICE MONTH	BILLING PERIOD	EST. MONTHLY SAVINGS	FEB MONTHLY SAVINGS
		UTILITIES									
		manufacturing	5/16/16	8/1/16	8/1/16	7/29/16	9/15/16	2/15/18	12/29/16-1/30/17	\$2,198.44	\$2,322.13
		UTILITIES REFUNDS/CREDITS									
									Total Utility Savings:		\$2,322.13
										\$2,198.44	\$2,322.13

Represents Items that bill the same every month.

Represents items that are new to the recommendation sheet./PENDING ITEM

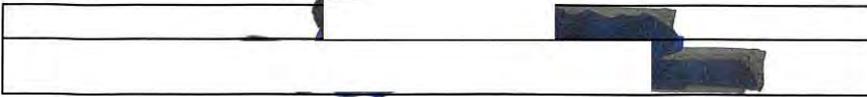
Represents items that are calculated each month.

Represents one time credits.

Prepared by: Amy Yaromey @ 724-758-2921

Invoice amount	\$580.53
Invoice date	3/15/17

Acc #	
Bill date 12/29/16 to 1/30/17	
Ticket # 37322	
State taxes	0.029
County taxes	0.0075
Regional taxes	0.011
Exemption	0.0624
Total Amount Due	\$54,486.77
Sales Tax on bill	\$2,346.32
Base fee	\$52,140.45
State taxes 100%	\$1,512.07
County taxes 100%	\$391.05
Regional taxes 100%	\$573.54
Total taxes 100%	\$2,476.67
93.76% exemption	\$154.54
Savings	\$2,322.13



Bill Data

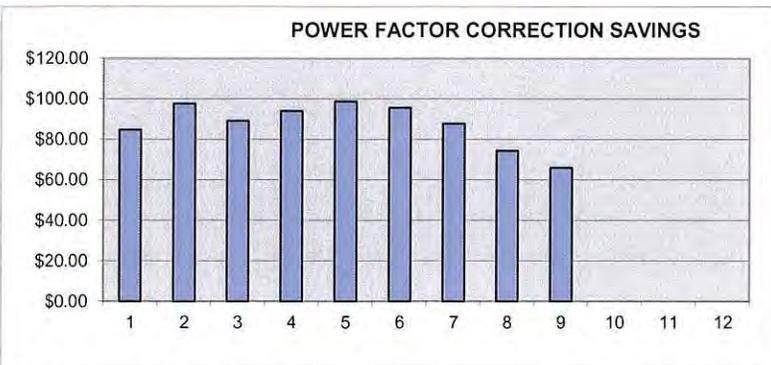
Period	12/12/16	to	1/14/17
KWH	46,844		
KW	116.8		
Power Factor	1		

Current Savings

TOTAL SAVINGS	\$65.97
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Historical Savings

PERIOD		USAGE KWH	Power Factor Savings
PREVIOUS	PRESENT		
4/12/16	5/14/16	52,606	\$84.70
5/14/16	6/12/16	53,883	\$97.71
6/12/16	7/12/16	57,152	\$89.10
7/12/16	8/10/16	54,569	\$94.10
8/10/16	9/11/16	59,919	\$98.78
9/11/16	10/11/16	52,138	\$95.55
10/11/16	11/12/16	50,737	\$87.70
11/12/16	12/12/16	45,070	\$74.36
12/12/16	1/14/17	46,844	\$65.97
CUMULATIVE SAVINGS =			\$787.97



Power Factor Savings

Total Usage (KWH):	46,844		
		Units	Charges
Cost without power factor reduction		46,844 KWH	\$1,573.40
Current Costs		46,844 KWH	\$1,507.43

Power Factor Savings \$65.97

RECOMMENDATION/IMPLEMENTATION SHARED SAVINGS INVOICE

25% / 12 Months

UTILITY COMPANY	ACCOUNT #	RECOMMENDATION	DATE RECM'D	DATE APPROVED	DATE REQUEST	DATE IMPLM'T	DATE INVOICED	FINAL INVOICE MONTH	UTILITY BILLING PERIOD	EST. MONTHLY SAVINGS	JAN MONTHLY SAVINGS
		<u>UTILITIES</u>									
		Remove sales tax. (#38582)	8/18/16	1/20/17	1/23/17	1/17/17	2/15/17	1/15/18	12/14/16-1/17/17	\$343.30	\$375.03
		<u>UTILITY REFUNDS/CREDITS</u>									
		refund. (#38580)	8/18/16	1/20/17	1/23/17	Pending	Pending	Pending	Pending	\$12,358.62	Pending
						Total Utility Savings:					\$375.03
										\$12,701.92	\$375.03

Represents Items that bill the same every month.

Represents items that are new to the recommendation sheet./PENDING ITEM

Represents items that are calculated each month.

Represents one time credits.

Prepared by: Amy Yaromey @ 724-758-2921

Invoice amount \$93.76

Invoice date 2/15/17

Service Peiod 12/14/16 to 1/17/17	
ERC Ticket # 38582	
Current charges	\$9,549.40
Franchise fee	\$572.96
Total Taxable	\$10,122.36
Taxes @ 9.5%	\$961.62
Taxes charged on bill	\$586.59
Savings	\$375.03

TICKET # 34306

Bill Data

Period 12/29/16 to 1/30/17
Usage (KWH) 51,840

Current Savings

TOTAL SAVINGS \$1,057.61

Historical Savings

PERIOD		USAGE KWH	RATE CHANGE SAVINGS
PREVIOUS	PRESENT		
8/28/15	9/29/15	47,760	\$1,252.95
9/29/15	10/28/15	37,440	\$775.78
12/30/15	1/29/16	59,040	\$1,502.36
1/29/16	2/29/16	50,160	\$1,007.52
2/29/16	3/30/16	35,280	\$928.12
3/30/16	4/28/16	36,720	\$1,125.67
4/28/16	5/27/16	39,600	\$1,156.40
5/27/16	6/29/16	54,720	\$1,863.26
6/29/16	7/28/16	54,000	\$1,723.43
7/28/16	8/30/16	59,280	\$2,210.32
8/30/16	9/28/16	48,240	\$1,505.57
9/28/16	10/27/16	41,280	\$1,423.93
10/27/16	11/29/16	43,920	\$869.30
11/29/16	12/29/16	53,040	\$1,259.41
12/29/16	1/30/17	51,840	\$1,057.61
CUMULATIVE SAVINGS =			\$19,661.63

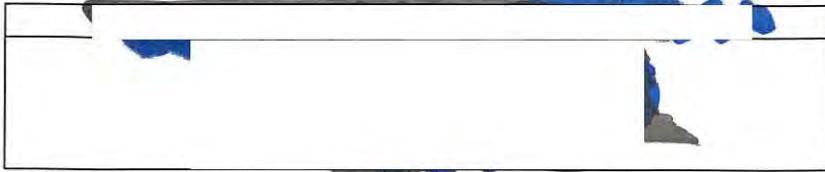


Rate Change Savings

Total Usage (KWH):	51,840		
		Units	Charges
Old Rate	0.1114375 per KWH	51,840 KWH	\$5,776.92
New Rate	0.091036073 per KWH	51,840 KWH	\$4,719.31

Rate Change Savings \$1,057.61

PL



Bill Data

Period	1/6/17	to	2/6/17
Usage (MCF)	81.6		

Current Savings

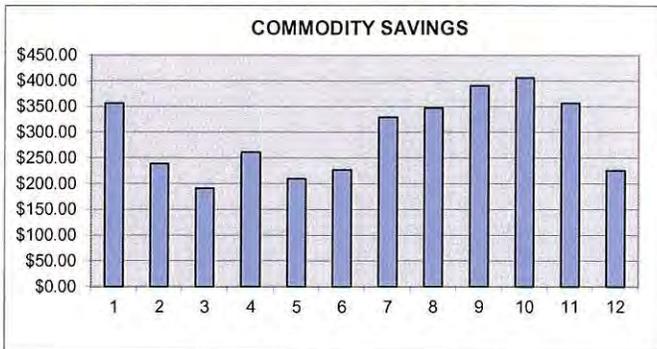
TOTAL SAVINGS	\$225.77
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Historical Savings

PERIOD		USAGE (MCF)	COMMODITY SAVINGS
PREVIOUS	PRESENT		
2/5/16	3/7/16	132.8	\$356.41
3/7/16	4/6/16	109.5	\$239.13
4/6/16	5/5/16	113.6	\$191.27
5/5/16	6/6/16	122.3	\$261.28
6/6/16	7/6/16	98.2	\$209.80
7/6/16	8/4/16	106.4	\$227.32
8/4/16	9/2/16	94.8	\$329.30
9/2/16	10/4/16	99.9	\$347.01
10/4/16	11/2/16	112.1	\$390.85
11/2/16	12/5/16	123.9	\$406.28
12/5/16	1/6/17	108.8	\$356.40
1/6/17	2/6/17	81.6	\$225.77
CUMULATIVE SAVINGS =		\$3,540.82	

Price to Compare

Mar-16	\$	6.990
Apr-16	\$	6.490
May-16	\$	5.990
Jun-16	\$	5.990
Jul-16	\$	5.990
Aug-16	\$	5.990
Sep-16	\$	7.990
Oct-16	\$	7.990
Nov-16	\$	7.990
Dec-16	\$	7.990
Jan-17	\$	7.990
Feb-17	\$	7.490



Commodity Savings

Total Usage (MCF):		82	
		Units	Charges
Prior Supplied IGS Price	\$ 7.490 per MCF	81.6 MCF	\$611.18
Columbia Gas Price	\$ 4.723 per MCF	81.6 MCF	\$385.41

Commodity Savings \$225.77

K.M.



9. **Propose a contractual percentage based on refunds obtained and on-going saving estimate. The firm shall indicate a onetime payment or an expectation to receive payments for future on-going savings as a result of their audit.**

In consideration of ERC providing the services described, it is proposed The Town of Davie, Florida (Client) will pay to ERC a fee of **twenty-two percent (22%)** of all refunds/credits recovered as a result of efforts by ERC on Client's behalf. The same percent shall apply for twelve (12) months for all future billing reductions as a result of the efforts of ERC that are approved for implementation by Client beginning the first date said amount is invoiced by ERC, and as per the specifications of this RFP.



Addenda

Please continue to the following pages to view acknowledged Addenda.



ADDENDUM TO BID DOCUMENTS

SOLICITATION RFP No. B-17-69 Utility Billing Audit

ADDENDUM No. 1 **BID OPENING DATE** 04/06/17 at 2:00 PM EST **TODAY'S DATE** 3/17/2017

To All Bidders:

This addendum is issued to modify the previously issued bid documents and/or given for informational purposes, and is hereby made a part of the bid documents. Please attach this addendum to the documents in your possession and acknowledge receipt of this addendum in the space provided on the bid form.

Question (1 of 1)

Q1. Can a firm respond to only one (1) section of this bid? We are interested in auditing the telecommunications portion of billing for the Town, but not electric, gas, water, garbage, etc. Please advise.

A1. Yes, however the Town prefers to have a firm that can perform multiple functions.

Reviewed by:

Purchasing Manager
Purchasing Division

Acknowledged by:	
<u>The Eric Ryan Corporation</u>	
Contractor	
<u>Mary A. DeCaria</u>	
Authorized Representative (Printed)	
<u>CEO</u>	
Title	
Signature	
<u>3/30/17</u>	
Date	



ADDENDUM TO BID DOCUMENTS

SOLICITATION RFP No. B-17-69 Utility Billing Audit

ADDENDUM No. 2 **BID OPENING DATE** 04/06/17 at 2:00 PM EST **TODAY'S DATE** 3/22/2017

To All Bidders:

This addendum is issued to modify the previously issued bid documents and/or given for informational purposes, and is hereby made a part of the bid documents. Please attach this addendum to the documents in your possession and acknowledge receipt of this addendum in the space provided on the bid form.

Question (1 of 1)

Q1. Will you please provide us with the combined monthly billing for all telecom Carriers being audited?

A1. Townwide:

Approximately \$25,000 a month for AT&T

Approximately \$190,600 per year to include various Verizon Wireless accounts

Approximately \$41,800 per year to include Comcast

Reviewed by:

Purchasing Manager
Purchasing Division

Acknowledged by:	
<u>The Eric Ryan Corporation</u>	
Contractor	
<u>Mary A. DeCaria</u>	
Authorized Representative (Printed)	
<u>ESD</u>	
Title	
<u>X [Signature]</u>	
Signature	
<u>3/30/17</u>	
Date	



Attachments

Please continue to the following pages to view attachments.

Town of Davie
Utility Billing Audit

SECTION 4.0 TOWN REQUIRED FORMS

**FIRM SHALL ATTACH PROPOSAL PAGE DETAILING
FIRM'S PROPOSED PERCENTAGE OF RECOVERED
OVERCHARGES.**

Authorized Signatory: X 

Executed by: Mary A. DeCaria

CFO (Type or print name)

Title: _____

For (Company): The Eric Ryan Corporation

Address: 1 Early Street, Suite A Ellwood City PA 16117

Telephone Number: 724-752-8900 Fax Number: 724-752-8999

Email: mdecaria@ericryan.com

Town of Davie
Utility Billing Audit



TOWN OF DAVIE
E-VERIFY FORM

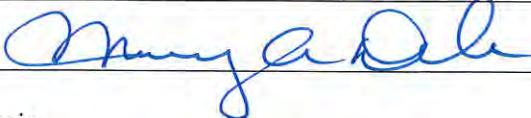
Bid No: B-17-69

Project Description: Utility Billing Audit

Vendor/Consultant acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:

- (a) all persons employed by Vendor/Consultant to perform employment duties within Florida during the term of the contract; and
- (b) all persons (including SUBCONTRACTORS/SUBVENDORS) assigned by Vendor/Consultant to perform work pursuant to the contract with the Department. The Vendor/Consultant acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the Town of Davie.

Company/Firm: The Eric Ryan Corporation

Authorized Signature: X 

Print Name Mary A. DeCaria

Title: CFO

Date: March 24, 2017

**Town of Davie
Utility Billing Audit**

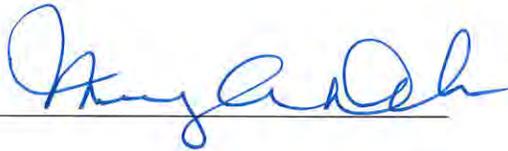
EMPLOYEE BACKGROUND VERIFICATION AFFIDAVIT

I, Mary A. DeCaria, Company The Eric Ryan Corporation,

Attest that all personnel used in the performance of this work have had a criminal background check, and have no criminal offenses, a negative drug test result, and are legally documented to work in the United States.

The Town of Davie requests copies of the criminal back ground checks and drug test results.

Proposer's Signature

X 

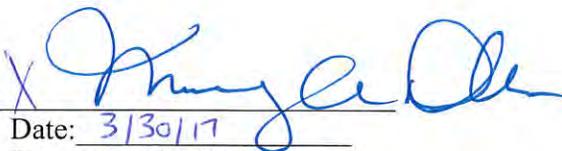
Town of Davie
Utility Billing Audit

Full Legal Name

Address

_____ none _____

By:



Date: 3/30/17

Signature of Affiant

Mary A. DeCaria

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 30th day of MARCH 2017, by MARY A DeCARIA, he/she is personally known to me or has presented N/A as identification.



Notary Public, State of Florida at

Large

NOTARIAL SEAL
BERNADETTE C. HONSAKER
Notary Public
~~ELLWOOD CITY, LAWRENCE COUNTY~~
My Commission Expires March 19, 2020

Print or Stamp of Notary

1073928

Serial Number

My Commission Expires : 3/19/2020

Town of Davie
Utility Billing Audit

LOBBYING INTEREST

Respondents should refer to Sec. 2-57 of the attached form for complete definition of terms.

I, Mary A. DeCaria representing The Eric Ryan Corporation declare that I have read the attached form and that (check one):

My company is not interested in lobbying either staff or elected officials on any subject associated with this Request for Proposal (RFP)

My company is interested in lobbying either staff or elected officials on matters associated with this Request for Proposal (RFP). I understand that in order to lobby, I must fill out the attached form and submit it to the Town Clerk's Office along with a registration fee of \$50.00.

Title of RFP: Utility Billing Audit

Bidder Name: The Eric Ryan Corporation

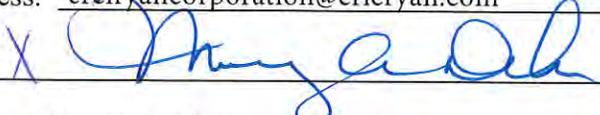
Address: 1 Early Street, Suite A

Ellwood City PA 16117

Phone Number: 724-752-8900

Fax Number: 724-752-8999

e-mail Address: ericryancorporation@ericryan.com

Signature: 

Print Name: Mary A. DeCaria

**Town of Davie
Utility Billing Audit**

TOWN OF DAVIE LOBBYIST'S REGISTRATION STATEMENT AND OATH

Registration will be annual, from October 1st to September 30th, and shall be renewed for each year during which lobbying activities are to take place. Only one annual registration form is required. If, however, any of the information required on the registration form is new or changed (for example, a new principal, as defined by Section 2-57 of Ordinance 2012-17, or a new specific subject of lobbying), the Lobbyist must then supplement or amend the registration before additional lobbying. (Ordinance 2012-17, Section 2-58(d))

LOBBYIST INFORMATION (Ordinance 2012-17, Section 2-58(a)(1))

Name The Eric Ryan Corporation
Address 1 Early Street, Suite A

{must be a physical address (e.g. not a Post Office Box) where the lobbyist resides or customarily does business}

City Ellwood City State PA Zip 16117 Telephone 724-752-8900

Explain the nature and extent of any business, professional or familial relationship which the lobbyist, or any member of the lobbyist's immediate family, has had with any Town official, or member of the immediate family of any Town official within the period of time commencing twenty-four (24) months prior to registration.

not applicable

Explain the nature and extent of any involvement, activity or assistance, whether paid or voluntary, by any lobbyist, or any member of the lobbyist's immediate family, with the current or the most recent campaign of any current elected Town official, or current candidate for Town Council. (2012-017, Section 2-58(a)(3))

not applicable

**Town of Davie
Utility Billing Audit**

LOBBYIST'S PRINCIPAL(S) INFORMATION (Ordinance 2012-17, Section 2-58(a)(4))

Name The Eric Ryan Corporation

Address 1 Early Street, Suite A

(must be a physical address (e.g. not a Post Office Box) where the principal resides or customarily does business)

City Ellwood City State PA Zip 16117 Telephone 724-752-8900

Explain the general and specific matters upon which the lobbyist intends to lobby, if known at the time of registration. *H not* known at time of filing, the registration must be supplemented when the matter is determined. (Ordinance 2012-017, Section 2-58(a)(5))

not applicable

I hereby acknowledge that I have received a copy of Ordinance 2012-17, concerning registration of lobbyists and acknowledge that any violation of this Ordinance shall result in penalties as stated in said Ordinance. I further acknowledge that this form must be accompanied by payment in the amount of \$50 for each principal represented and by each lobbyist. (Ordinance 2012-17, Section 2-58(b))

I hereby attest and affirm under penalty of perjury, that the facts contained herein are true and correct. Further, I understand that I am required to notify the Town Clerk, in writing, of any changes to the information contained herein and that I am required to complete a lobbyist statement for each new principal or subject matter which occurs throughout the year.

Signature of Lobbyist

PENNSYLVANIA
STATE OF FLORIDA)
)
COUNTY OF LAWRENCE

[Handwritten Signature]

Sworn to and subscribed before me this 30th day of MARCH 2017 by MARY A DeCARIA who is personally known to me or who has produced N/A as identification.

My Commission expires 3/19/2020

Name BERNADETTE CHONSAKER Signature

[Handwritten Signature]

NOTARIAL SEAL
BERNADETTE C. HONSAKER
Notary Public
ELLWOOD CITY, LAWRENCE COUNTY
My Commission Expires March 19, 2020

**Town of Davie
Utility Billing Audit**

ACKNOWLEDGEMENT OF ADDENDA

INSTRUCTIONS: COMPLETE PART I OR PART II, WHICHEVER APPLIES

PART I:

LIST BELOW THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN CONNECTION WITH THIS RFP.

Addendum #1, Dated 3/17/2017

Addendum #2, Dated 3/22/2017

Addendum #3, Dated _____

Addendum #4, Dated _____

Addendum #5, Dated _____

Addendum #6, Dated _____

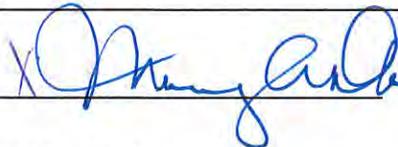
Addendum #7, Dated _____

Addendum #8, Dated _____

PART II:

NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS RFP.

FIRM NAME: The Eric Ryan Corporation

AUTHORIZED SIGNATURE:  DATE: March 16³⁰, 2017

TITLE OF OFFICER: CFO

**Town of Davie
Utility Billing Audit**

PROPOSAL SIGNATURE PAGE FOR CORPORATION

The officers of the Corporation are as follows:

	<u>NAME</u>	<u>ADDRESS</u>
President	<u>Keith Venezia</u>	<u>1 Early Street, Suite A Ellwood City PA</u>
Vice-President	<u>Peggy Venezia</u>	<u>same</u>
Secretary	<u>Nina Burke</u>	<u>same</u>
Treasurer	<u>Nina Burke</u>	<u>same</u>
Registered Agent	<u>National Corporate Research</u>	

The full names and residences of stockbrokers, persons, or firms interested in the foregoing Proposal, as principals, are as follows:

not applicable

Post Office Address _____ PROPOSER:
The Eric Ryan Corporation
(CORPORATE NAME) _____
 _____
PRESIDENT'S SIGNATURE AND E-MAIL ADDRESS kvenezie@ericryan.com

Is this corporation incorporated in the State of Florida?

ATTEST: _____
SECRETARY

YES [] NO [X]

If no, give address of principal place of business: 1 Early Street, Suite A
Ellwood City PA 16117

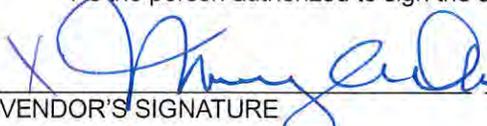
**Town of Davie
Utility Billing Audit**

DRUG-FREE WORKPLACE PROGRAM

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

	Mary A. DeCaria
VENDOR'S SIGNATURE	PRINTED NAME
<hr/>	
The Eric Ryan Corporation	
NAME OF COMPANY	

**Town of Davie
Utility Billing Audit**

SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. - "No Public officer, employee of an agency, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, or candidate would be influenced thereby."... The term 'public officer' includes any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The Town of Davie policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the Town does business. Only advertising office stationery or supplies of small value are exempt from this policy - e.g. calendars, note pads, pencils.

The State of Florida definition of "gifts" includes the following:

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate of terms on a debt, loan, goods, or services,
- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements

Services provided by persons pursuant to a professional license or certificate. Other personal services for which a fee is normally charged by the person providing the services. Any other similar service or thing having an attributable value not already provided for in this section. To this list, the Town of Davie has added food, meals, beverages, and candy.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.

	Mary A. DeCaria
SIGNATURE	PRINTED NAME

The Eric Ryan Corporation	CFO
NAME OF COMPANY	TITLE

Failure to sign this page shall render your bid non-responsive

Town of Davie

INDEMNIFICATION CLAUSE

The Contractor shall indemnify, defend and hold harmless the Town Council, the Town of Davie and their agents and employees from and against all claims, damages, losses and expenses (including attorney's fees) arising out of or resulting from the contractor's performance of the work, provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death, or to injury to or damage on destruction of property including the loss of use resulting there from, and (2) is caused in whole or in part by any breach or default by Contractor or negligent act or omission of the Contractor, any Subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless or whether or not it is caused in part by a party indemnified hereunder.

The Eric Ryan Corporation [Signature] March ³⁰ 16, 2017
Proposer's Name Signature Date

STATE OF ~~FLORIDA~~ PENNSYLVANIA
COUNTY OF ~~BROWARD~~ LAWRENCE

SWORN TO AND SUBSCRIBED before me, the under signed authority,

MARY A DeCARIA who, after first being sworn by me, affixed his/her
[name of individual signing]
signature in the space provided above on this 30th day of MARCH, 20 17

[Signature]

NOTARY PUBLIC

NOTARIAL SEAL
BERNADETTE C. HONSAKER
Notary Public
ELLWOOD CITY, LAWRENCE COUNTY
My Commission Expires March 19, 2020

Town of Davie

SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to the **TOWN OF DAVIE, FLORIDA**

By: Mary A. DeCaria ,CFO
(print individual's name and title)
For: Bernadette Honsaker
(print name of entity submitting sworn statement)

whose business address is: The Eric Ryan Corporation

and (if applicable) its Federal Employer Identification Number (FEIN) is: 25-1744565
(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____ - _____ - _____).

2. I understand that a "public entity crime" as defined in Paragraph 287.133 (1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentations.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133 (1) (b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or non contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of a public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers' directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1) (e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, and partners. Shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement, which I have marked below, is true in relations

Town of Davie

to the entity submitting this sworn statement. (Indicate which statement applies).

- Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
- The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list (attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

X 
Signature

Sworn to and subscribed before me this 30th day MARCH, 2017

Personally known MARY A DeCARIA

OR _____ Name of Notary

Produced identification _____ Notary Public – State of PENNSYLVANIA

COUNTY OF LAWRENCE

Bernadette C Honsaker

**NOTARIAL SEAL
BERNADETTE C. HONSAKER
Notary Public
ELLWOOD CITY, LAWRENCE COUNTY
My Commission Expires March 19, 2020**

Town of Davie

ANTI-KICKBACK AFFIDAVIT

STATE OF PENNSYLVANIA }
FLORIDA }
COUNTY OF LAWRENCE } SS:
}

I, the undersigned, hereby duly sworn, depose and say that no portion of the sum herein bid will be paid to any employees of the Town of Davie, its elected officials, and The Eric Ryan Corporation or its design consultants, as a commission, kickback, reward or gift, directly or indirectly by me or any member of my firm or by an officer of the corporation.

[Signature]

By: Mary A. DeCeria
Title: CFO

Sworn and subscribed before this

30th day of MARCH, 2017

[Signature]
Notary Public, State of Florida PENNSYLVANIA

BERNADETTE C HONSAKER
(Printed Name)

My commission expires: 3/19/2020

NOTARIAL SEAL
BERNADETTE C. HONSAKER
Notary Public
ELLWOOD CITY, LAWRENCE COUNTY
My Commission Expires March 19, 2020

Town of Davie

NON-COLLUSIVE AFFIDAVIT

STATE OF ~~FLORIDA~~ PENNSYLVANIA
COUNTY OF LAWRENCE } SS:
}

Mary A. DeCaria _____ being first duly sworn, deposes and says that:

a) He/she is the CFO, (Owner, Partner, Officer, Representative or Agent) of The Eric Ryan Corporation the Proposer that has submitted the attached Proposal;

b) He/she is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;

c) Such Proposal is genuine and is not collusive or a sham Proposal;

d) Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, firm, or person to submit a collusive or sham Proposal in connection with the Work for which the attached Proposal has been submitted; or to refrain from proposing in connection with such work; or have in any manner, directly or indirectly, sought by person to fix the price or prices in the attached Proposal or of any other Proposer, or to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed work;

e) The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Proposer or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed and delivered in the presence of:

Benedetto Muscare
Witness

Paul Frontell
Witness

By: Mary A. DeCaria

Mary A. DeCaria
(Printed Name)

CFO

(Title)

Town of Davie

ACKNOWLEDGMENT

STATE OF FLORIDA PENNSYLVANIA
COUNTY OF LAWRENCE } SS:
}

BEFORE ME, the undersigned authority personally appeared Mary A. DeCaria to me well known and known by me to be the person described herein and who executed the foregoing Affidavit and acknowledged to and before me that Mary A. DeCaria executed said Affidavit for the purpose therein expressed.

WITNESS, my hand and official seal this 30th day of MARCH, 2017.

My Commission Expires: 3/19/2020
Bernadette C. Honsaker
Notary Public State of Florida at Large

NOTARIAL SEAL
BERNADETTE C. HONSAKER
Notary Public
ELLWOOD CITY, LAWRENCE COUNTY
My Commission Expires March 19, 2020

Town of Davie

PROPOSER QUESTIONNAIRE

Name of Proposing Firm: The Eric Ryan Corporation Today's Date: March 30, 2017
Primary Contact Person Re: this Proposal: Paul Favatella
Primary Contact Person Email Address: pfavatella@ericryan.com
Primary Contact Person Phone Number: 724-758-2906

1. How many years has your firm been in business under its present business name?: 21 years
2. Under what other former name(s) has your firm operated?: Utility Cost Cutters

3. Have any similar agreements held by proposer for a similar project to the proposed project ever been canceled? Circle one: No Yes If yes, please explain:

4. Has the proposer or any principals of the firm failed to qualify as a responsible proposer, refused to enter into a contract after an award has been made, failed to complete a contract during the past five (5) years, or been declared to be in default in any contract in the last five (5) years? Circle one: No Yes
If yes, please explain:

5. Has the proposer or any principals of the firm ever been declared bankrupt or reorganized under Chapter 11 or put into receivership? Circle one: No Yes
If yes, please explain and give date, court jurisdiction, action taken, and any other explanation deemed necessary:

6. Indicate registration, license numbers or certificate numbers for the businesses or professions, which are the subject of this BID. Please attach certificate of competency and/or State registration.
Please see the attached

7. List the pertinent experience of the key individuals of your firm (continue on insert sheet if necessary): Please see the attached resumes

Town of Davie

8. State the name and title of the individual who will have personal management of the work:

Joanne Klabon for telecommunications

Shannon Lee for Utilities

9. State the name and address of attorney, if any, for the firm: _____

10. State the names and addresses of all businesses and/or individuals who own an interest of more than five percent (5%) of the Proposer's business and indicate the percentage owned of each such business and/or individual: Keith Venezie 100%

11. State the names, addresses and the type of business of all firms that are partially or wholly owned by Proposer: _____

12. Bank references:

BANK NAME	ADDRESS (CITY, STATE, ZIP)	PHONE NUMBER
Huntington Bank	700 Lawrence Avenue Ellwood City PA 16117	724-758-5568
* William H. Garroway		

13. Firm has attached a current Certificate of Liability Insurance? Yes No

14. Firm has attached a current W9? Yes No

15. Exceptions to any terms and conditions herein have been attached/redlined within this proposal submittal in accordance with Section 1.32 of this RFP. Yes No

16. Litigation/Judgements/Settlements/Debarments/Suspensions – Submit information on any pending litigation and any judgements and settlements of court cases relative to providing the services requested herein that have occurred within the last three (3) years. Also indicate if your firm has been debarred or suspended from bidding or proposing on a procurement project by any government entity during the last five (5) years. not applicable

17. Disclosure of Conflict of Interest

VENDOR SHALL DISCLOSE BELOW, TO THE BEST OF HIS OR HER KNOWLEDGE, ANY TOWN OF DAVIE OFFICER OR EMPLOYEE, OR ANY RELATIVE OF ANY SUCH OFFICER OR EMPLOYEE AS DEFINED IN SECTION 112.3135, FLORIDA STATUTES, WHO IS AN OFFICER, PARTNER, DIRECTOR OR PROPRIETOR OF, OR HAS A MATERIAL INTEREST IN THE VENDOR'S BUSINESS OR ITS PARENT COMPANY, ANY SUBSIDIARY, OR AFFILIATED COMPANY, WHETHER SUCH TOWN OFFICIAL OR EMPLOYEE IS IN A POSITION TO INFLUENCE THIS PROCUREMENT OR NOT.

Town of Davie

Name
not applicable

Relationship

The Eric Ryan Corporation

FIRM NAME

SIGNATURE OF AUTHORIZED AGENT

Mary A. DeCaria, CFO

NAME & TITLE, TYPED OR PRINTED

STATE OF PENNSYLVANIA)

COUNTY OF LAWRENCE)

) SS
)

The foregoing instrument was sworn to and subscribed before me this 30th day of MARCH, 2017
by MARY A DeCARIA who is personally known to me or produced
N/A as identification.

Bernadette Chowsaker

NOTARY PUBLIC, State of PENNSYLVANIA

Commission No.: 1073928

Print Name: BERNADETTE CHOWSAKER

Commission Expires: 3/19/2020

SEAL

(if Corporation)

NOTARIAL SEAL
BERNADETTE C. HONSAKER
Notary Public
ELLWOOD CITY, LAWRENCE COUNTY
My Commission Expires March 19, 2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/14/2017

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 BETH HAZEN AGENCY 324 SECOND STREET ELLWOOD CITY PA 16117-2100	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : NATIONWIDE MUTUAL FIRE INSURANCE COMP/	23779
	INSURER B : NATIONWIDE MUTUAL INSURANCE COMPANY	23787
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED ERIC RYAN CORPORATION P O BOX 473 ELLWOOD CITY PA 16117-1928	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	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		ACP BPOM 5492792511	10/05/2016	10/05/2017	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> Non-owned Auto 2,000,000					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC					MED EXP (Any one person) \$ 5,000
	OTHER:					PERSONAL & ADV INJURY \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					GENERAL AGGREGATE \$ 4,000,000
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		ACP CAF 5492792511	10/05/2016	10/05/2017	PRODUCTS - COMP/OP AGG \$ 4,000,000
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 N/A	ACP WC 5493210637	03/07/2017	03/07/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
						EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
						PER STATUTE <input checked="" 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

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

CERTIFICATE HOLDER	CANCELLATION
	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 BETH HAZEN

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. The Eric Ryan Corporation		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) 1 Early Street, Suite A		Requester's name and address (optional)
	6 City, state, and ZIP code Ellwood City PA 16117		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
2	5		-	1	7	4	4	5	6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ 	Date ▶ March 16, 2017
------------------	----------------------------------------------------------------------------------------------------------------	-----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.