

ARLINGTON COUNTY, VIRGINIA  
OFFICE OF THE PURCHASING AGENT  
2100 CLARENDON BOULEVARD  
ARLINGTON, VIRGINIA 22201

**NOTICE OF CONTRACT RENEWAL**

TO: DSI, Inc.  
1701 Ridgely Street  
Baltimore, MD 21230

DATE ISSUED: February 22, 2017  
CONTRACT NO: 16-190-ITB  
CONTRACT TITLE: DES – Welding and Fabrication Services

**THIS IS A NOTICE OF CONTRACT RENEWAL AND NOT AN ORDER. NO WORK IS AUTHORIZED UNTIL THE VENDOR RECEIVES A VALID COUNTY PURCHASE ORDER ENCUMBERING CONTRACT FUNDS.**

This is your notice that the above referenced contract has been renewed. The "subsequent contract term" covered by this Notice of Renewal is effective April 1, 2017, and expires on March 31, 2018.

This is the FIRST of a possible THREE, 12-month renewal of the "subsequent contract term."

The contract documents consist of the terms and conditions of Arlington County Agreement No. 16-190-ITB, dated March 15, 2016, including any exhibits, attachments or amendments thereto.

**CONTRACT PRICING:**

1. REFER TO ARLINGTON COUNTY AGREEMENT NO. 16-190-ITB
2. NO CHANGE IN PRICING FOR THIS RENEWAL PERIOD

**ATTACHMENT/S:**

1. ARLINGTON COUNTY AGREEMENT NO. 16-190-ITB, CONTRACTOR'S BID FORM (PAGES 1-7)
2. DSI, INC., RENEWAL LETTER, DATED 02/17/2017

**EMPLOYEES NOT TO BENEFIT:**

NO COUNTY EMPLOYEES SHALL RECEIVE ANY SHARE OR BENEFIT OF THIS CONTRACT NOT AVAILABLE TO THE GENERAL PUBLIC.

**VENDOR CONTACT:** Phillip Strayer

**TELEPHONE NO.:** (410) 752-2514  
**EMAIL ADDRESS:** pstrayer@dsipumps.com

**COUNTY CONTACT:** Tsehay Lightfoot

**TELEPHONE NO.:** (703) 228-7593  
**EMAIL ADDRESS:** tlightfoot@arlingtonva.us

**CONTRACT AUTHORIZATION**

  
MICHAEL BEVIS  
PURCHASING AGENT

2/22/2017  
DATE

**DISTRIBUTION:**

VENDOR: 1  
BID FOLDER 2

ARLINGTON COUNTY, VIRGINIA  
OFFICE OF THE PURCHASING AGENT

INVITATION TO BID NO. 16-190LW-ITB

BID FORM

SUBMIT TWO (2) FULLY-COMPLETED AND SIGNED BID FORMS TO THE OFFICE OF THE BID CLERK, SUITE 511, 2100 CLARENDON BLVD., ARLINGTON, VIRGINIA, 22201 (ONE FORM SHALL CONTAIN AN ORIGINAL LONGHAND SIGNATURE; THE OTHER SHALL BE A PHOTOCOPY OF THE SIGNED ORIGINAL)

BIDS WILL BE OPENED AT 2:00 P.M., ON 15<sup>th</sup> DAY OF MARCH, 2016

FOR PROVIDING WELDING AND FABRICATION SERVICES PER THE TERMS, CONDITIONS AND SPECIFICATIONS OF THIS SOLICITATION:

1. FIELD WORK (AT JOB SITE, NO PORTAL TO PORTAL CHARGES ARE ACCEPTABLE) AND SHOP WORK

FIELD WORK	RATE PER HR
PROJECT MANAGER	\$ 80.00
SUPERINTENDENT/FOREMAN REGULAR WORKING HOURS	\$ 75.00
SUPERINTENDENT/FOREMAN NON-REGULAR WORKING HOURS	\$ 100.00
WELDER REGULAR WORKING HOURS	\$ 70.00
WELDER NON-REGULAR WORKING HOURS	\$ 100.00
HELPER REGULAR WORKING HOURS	\$ 55.00
HELPER NON-REGULAR WORKING HOURS	\$ 82.50
SHOP WORK	
PROJECT MANAGER	\$ 75.00
SUPERINTENDENT/FOREMAN REGULAR WORKING HOURS	\$ 75.00
SUPERINTENDENT/FOREMAN NON-REGULAR WORKING HOURS	\$ 100.00
WELDER REGULAR WORKING HOURS	\$ 70.00
WELDER NON-REGULAR WORKING HOURS	\$ 100.00
HELPER REGULAR WORKING HOURS	\$ 55.00
HELPER NON-REGULAR WORKING HOURS	\$ 82.50

BIDDER NAME: DSI, Inc



February 17, 2017

To Whom It May Concern,

DSI would like to continue our contract #16-190-ITB with Arlington County. We have decided to not change our pricing with the county.

Sincerely,

A handwritten signature in black ink, appearing to read 'Phillip Strayer', followed by a long horizontal line.

Phillip Strayer

President

DSI, Inc

1701 Ridgely Street

Baltimore, MD 21230



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/16/2017

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).

<b>PRODUCER</b> HMS Insurance Associates, Inc. 20 Wight Ave Suite 300 Hunt Valley MD 21030		<b>CONTACT NAME:</b> MacKenzie Lewandowski <b>PHONE (A/C No, Ext):</b> 443-632-3336 <b>E-MAIL ADDRESS:</b> MLewandowski@hmsia.com <b>FAX (A/C No):</b> 443-632-3472		
<b>INSURED</b> DSI, Inc. 1701 Ridgely Street Baltimore MD 21230		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> The Cincinnati Insurance Company		10677
		<b>INSURER B:</b> The Cincinnati Indemnity Company		23280
		<b>INSURER C:</b> Chesapeake Employers Insurance		11039
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
<b>INSURER F:</b>				

## COVERAGES

CERTIFICATE NUMBER: 541903744

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER			EPP0033493	8/6/2016	8/6/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PROP AGG \$2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			EBA0033496	8/6/2016	8/6/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$			EPP0033493	8/6/2016	8/6/2017	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	4633742	11/15/2016	11/15/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

Re: Contract #16-190-ITB- Welding Services Arlington County its officers elected and appointed employees are included as additional insured with respects to liability if required by written contract for work performed by the named insured.

## CERTIFICATE HOLDER

## CANCELLATION

Arlington County Office of Purchasing Agent  
2100 Clarendon Blvd.  
Suite 500  
Arlington VA 222010000

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

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