

DATE: 9/19/2018

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 4

BID NO.: 50-00124264

JEFFERSON PARISH

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETNA, LA. 70054-0009  
504-364-2678

VENDOR: TRANE USA INC

BUYER: DREAMEY

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

DELIVERY: FOB JEFFERSON PARISH

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES

35

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK

35

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK

8

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable)

33486

\*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\*

FIRM NAME:

TRANE USA INC

SIGNATURE:

(Must be signed here)

PRINT OR TYPE NAME:

MICHAEL BARBOT

ADDRESS:

530 ELMWOOD PARK BLVD

CITY, STATE:

WARRHAN LA

ZIP:

70123

TELEPHONE:

504 434-3838

FAX:

504 731-0839

EMAIL ADDRESS:

mbarbot@TRANE.COM

TOTAL PRICE OF ALL BID ITEMS: \$ 23,675.00

📍 2525 Quail Drive, Baton Rouge, 70808 📞 (225) 765-2301 📱 Text-To-Verify: 1 (855) 999-7896 

## Louisiana State Licensing Board for Contractors

### Contractor Information

Business Name TRANE U.S. INC.  
Mailing Address 530 Elmwood Park Blvd.  
Harahan, LA 70123  
Phone Number (504) 733-6789  
Fax Number (504) 731-0833  
Email Address eric.alphonso@trane.com  
Website <http://www.trane.com>

### Active Licenses

License Number 33486  
Type Commercial License  
Status LICENSED  
Effective 04/17/2018  
Expiration 04/16/2021  
First Issued 04/16/1998

### Classifications

Class	Qualifying Party	Parishes
BUILDING CONSTRUCTION	Eric Patrick Alphonso Sr.	ALL
BUILDING CONSTRUCTION	Eric Sidler Snyder	ALL
BUSINESS AND LAW	Clifford C. Graham	ALL
BUSINESS AND LAW	David Andrew Vienneau	ALL
BUSINESS AND LAW	Eric Patrick Alphonso Sr.	ALL
BUSINESS AND LAW	Eric Sidler Snyder	ALL
ELECTRICAL WORK (STATEWIDE)	Paul Kenneth Buchan	ALL
ELECTRICAL WORK (STATEWIDE)	Troy Viator	ALL
MECHANICAL WORK (STATEWIDE)	Clifford C. Graham	ALL
MECHANICAL WORK (STATEWIDE)	Eric Patrick Alphonso Sr.	ALL

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00124264

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	1.00	HR	<p>TWO YEAR CONTRACT TO PERFORM ONE COMPREHENSIVE ANNUAL STOP INSPECTION ON EXISTING WATER-COOLED CHILLERS FOR THE JEFFERSON PARISH CORRECTIONAL CENTER.</p> <p>0001 PROVIDE A LABOR ONLY RATE FOR USE ON AN AS NEEDED BASIS ON VARIOUS MAKES AND MODELS OF WATER-COOLED CHILLERS.</p> <p>PLEASE SEE ATTACHED SPECIFICATIONS.</p>	\$ 120.00	\$ 120.00
2	2.00	EA	<p>0002 WE EXTEND THIS PROPOSAL TO COVER ALL LABOR, MATERIALS AND EQUIPMENT NECESSARY TO PROVIDE A TWO (2) YEAR CONTRACT TO PERFORM ONE (1) COMPREHENSIVE ANNUAL STOP INSPECTION ON THE EXISTING WATER-COOLED CHILLERS PER YEAR FOR THE TWO YEARS OF THIS CONTRACT. AS PER THE ATTACHED SPECIFICATIONS. FOR THE DEPARTMENT OF COMMUNITY JUSTICE AGENCY.</p> <p>CHILLER UNIT #2 - TRANE 300 TON WATER COOLED CHILLER MODEL # CVHE-045F SERIAL #L99G02850M</p> <p>CHILLER UNIT #3 TRANE 300 TON WATER COOLED CHILLER MODEL # CVHE-045HE SERIAL # L99G02849M</p>	\$ 11,777.50	\$ 23,555.00
<p>*NOTE: SEE ATTACHED LABOR RATE SHEET</p>				\$ 11,897.50	\$ 23,675.00



## GULF SOUTH TRANE

**New Orleans Office**  
530 Elmwood Park Blvd  
Harahan, LA 70123  
504.733.6789

September 21, 2018

Jefferson Parish General Services  
Donna Reamey  
200 Derbigny Street  
Gretna, La 70053

RE: Technician Hourly Billable Rates for Jefferson Parish Sites  
Bid Number 50-124264

### Scope of Service: Hourly Technician Rates

Trane Service Hourly Rates are based on Regular time and Over time hourly rates are as follows.

Service Technicians: Regular Time is \$120.00.00 per hour, Monday through Friday 7:00 am to 4:00 pm.

Service Technicians: Over Time is \$180.00 per hour, Overtime Rate is before and after regular working hours.

Service Technician Overtime Holiday Rates apply to all National Holidays, Saturdays and Sundays. Holidays include but are not limited to New Year's Day, Mardi Gars Day, Memorial Day, Independence Day, Thanksgiving Day, Thanksgiving Day After, Christmas Eve and Christmas Day.

During normal business hours (7:00 am to 4:00 pm) our service department can be reached, 504-733-6789. After hours or holidays our service department can be reached 1-866-639-9251.

If you have any additional questions, please do not hesitate to call me 504-434-3838

Thanking you in in advance.

A handwritten signature in blue ink, appearing to read 'Michael D Barbot', with a long horizontal flourish extending to the right.

Michael D Barbot  
Account Manger  
Trane USA







#### OFFICERS

Michael Deere  
Past Chairman

Andrew Fittick  
Chairman

Gus Swensen  
Vice-Chairman

Peter Coll  
Treasurer

David Jack  
Secretary

#### DIRECTORS

Jan Atkinson

Luis Chinea

Michael Dawson

Reno Farraga

Phil Jones

Randy Rankin

Danny Spitznagel

Steve Sunday

Dear Ronnie Beyer:

8/27/2009

MACS-EIF has advised MACS that a passing score of 96 % was achieved on the test you submitted for MACS Worldwide Refrigerant Recycling & Service Procedures Certification.

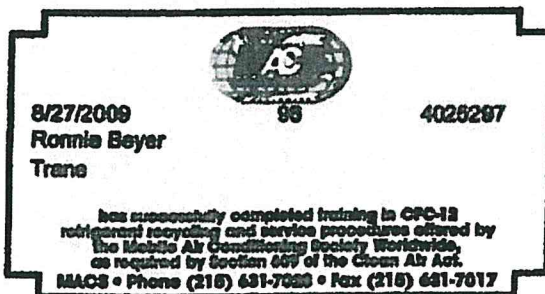
Enclosed is a certificate and a laminated, wallet-size card acknowledging your successful participation in this program.

PLEASE NOTE: MACS Worldwide certification does not provide you with MACS Worldwide membership benefits. Join today! You are entitled to a special electronic membership by using the enclosed application form.

Sincerely,

Elvis Hoffpauir  
President  
Mobile Air Conditioning Society Worldwide

The Mobile Air Conditioning Society is a non-profit 501 (c) (6) organization dedicated to providing education and communication for the industry.



CHAIRMAN &  
CHIEF EXECUTIVE OFFICER  
Andrew Fittick  
Phone: (215) 631-7020

PRESIDENT &  
CHIEF OPERATING OFFICER  
Elvis Hoffpauir  
elvis@macsw.org

MACS Worldwide Headquarters  
P.O. Box 68  
Lansdale, PA 19406  
Phone: (215) 631-7020  
Fax: (215) 631-7017

MACS WORLDWIDE ON  
THE WORLD WIDE WEB  
www.macsw.org  
E-MAIL  
info@macsw.org

*Certificate of Completion*

This is to certify that  
Michael Thompson  
has been certified as a  
Technician TYPE UNIVERSAL

as required by 49 CFR 22.540-2

433-04-2347 4/03/04





**ESCO INSTITUTE**  
"Approved Employer"

**CERTIFICATE NO: 4369407940715**

**NAME:**

**GLENN J THEOBOLD**

**has been certified as a**

**UNIVERSAL**

**technician as required by**

**as per part 62 subpart F**

**03/08/95**

The  
**Refrigeration Service Engineers Society**  
Confirms that  
ID 069302497  
MICHAEL J POCHÉ JR.

Signature: *[Signature]*  
SIGNED BY:

has been certified as **UNIVERSAL**  
technician as required by 40 CFR part 82, subpart F through the  
**PROPER REFRIGERANT PRACTICES**  
Program approved by the U.S. Environmental Protection Agency (EPA)  
Manager Education, Training and Testing





**oeco institute**  
P.O. Box 521 • Mount Prospect, IL • 60054-0521

Enclosed are the results of the test you have taken for E.P.A. certification. A passing score of 70% is required per test Section taken. All technicians must achieve a passing score in Section "A" (CORE QUESTIONS) to be certified in any of the other three Sections. Your test results are indicated in the bottom right hand portion of this form. If you have successfully completed Section "A", along with any other of the three sections of the Test, it is reflected on the attached Certification Card. If you wish to retake the Certification Test, you need only complete the Section(s) in which you failed to achieve a score of 70% or better.

**DANIEL H. NEHLIG**  
**2017 OLIVIA ST**  
**MERRAUX, LA. 70075**

**PLEASE REPORT ANY CHANGE OF ADDRESS BY CALLING 1-800-726-9696**

**oeco institute**  
Program EPA Approved  
December 28, 1993

**CERTIFICATE NO. 0436414516500**

**NAME: DANIEL H. NEHLIG**

**has been certified as a**

**UNIVERSAL**

**technician as required by 49CFR, part 82 subpart F**

	<b>SCORES</b>
Section A	88
Section I	72
Section II	88
Section III	92

for  
Daniel GARCIA  
personal  
papers

*Certificate of Completion*

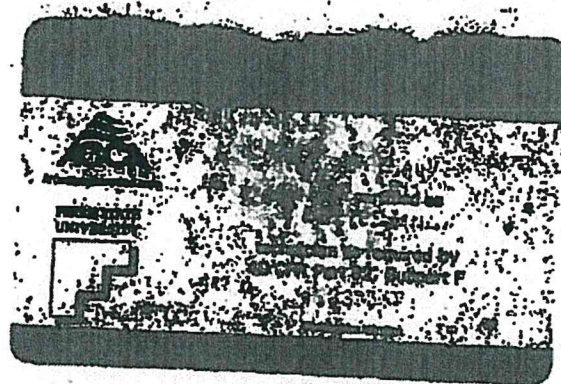
This is to certify that  
Daniel GARCIA  
has successfully completed  
the course in  
as required by the State of Michigan

2000 Michigan State  
\_\_\_\_\_  
Secretary of State

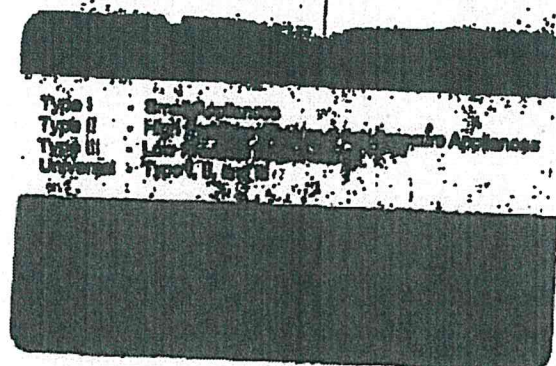
FROM : STENNIS TRANE

PHONE NO. : 2286890288

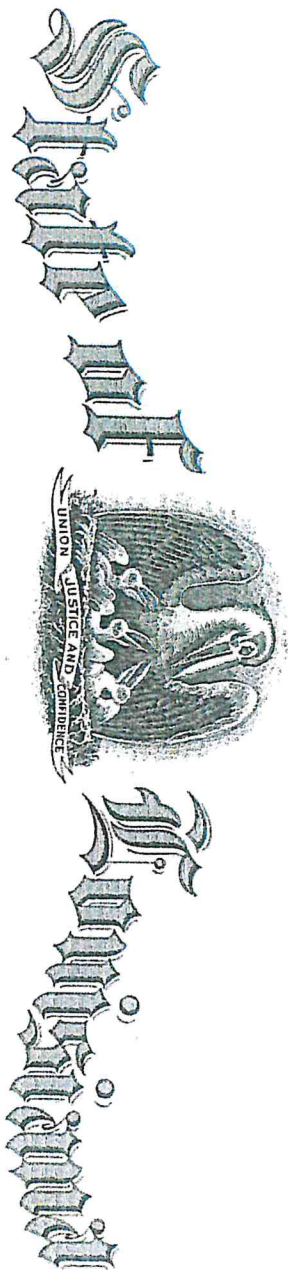
Mar. 11 2005 03:39AM P1



Toby  
Chavlin







## State Licensing Board for Contractors

This is to Certify that:

TRANE U.S. INC.  
530 Elmwood Park Blvd.  
Harahan, LA 70123

is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; ELECTRICAL WORK (STATEWIDE); MECHANICAL WORK (STATEWIDE)



Expiration Date: April 16, 2021

License No: 33486

Witness our hand and seal of the Board dated,  
Baton Rouge, LA 17th day of April 2018

Mark S. MacCoy  
Director

Lee M. Doherty  
Chairman

This License Is Not Transferable

Wally McNamee  
Treasurer



# 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.	<b>1</b> Name (as shown on your income tax return). Name is required on this line. Do not leave this line blank. <b>Trane U.S., Inc</b>		
	<b>2</b> Business name/disregarded entity name, if different from above		
	<b>3</b> 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 checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <b>Note.</b> 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) ▶	<b>4</b> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	<b>5</b> Address (number, street, and apt. or suite no.) <b>530 Elmwood Park Blvd</b>	<b>Requester's name and address (optional)</b>	
	<b>6</b> City, state, and ZIP code <b>Harahan, LA 70123</b>		
	<b>7</b> 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		-	0	9	0	0	4 6 5

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ 1/2/18
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## 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](http://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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).

- Certify that you are not subject to backup withholding, or

- 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

- 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.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/21/2018

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> MARSH & MCLENNAN COMPANIES 1166 Avenue of the Americas New York NY 10036 ATTN: 212-345-6000	<b>CONTACT NAME:</b> Sadé Henry <b>PHONE (A/C, No, Ext):</b> (212) 345-8387 <b>FAX (A/C, No):</b> (212) 948-1293 <b>E-MAIL ADDRESS:</b> sade.henry@marsh.com
<b>INSURED</b> Trane U.S. Inc. dba Trane 530 Elmwood Park Blvd. Harahan, LA 70123 United States	<b>INSURER(S) AFFORDING COVERAGE</b> COMPANY A: National Union Fire Insurance Company of Pittsburgh, PA COMPANY B: Travelers Indemnity Co of America COMPANY C: Travelers Property Casualty Co of Amer
	<b>NAIC #</b> 19445 25666 25674

**COVERAGES** **CERTIFICATE NUMBER:** 493899 **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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Time Element Pollution Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL 4611590	4/17/2018	4/17/2019	EACH OCCURRENCE \$7,500,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000.00 MED EXP (Any one person) \$10,000.00 PERSONAL & ADV INJURY \$7,500,000.00 GENERAL AGGREGATE \$7,500,000.00 PRODUCTS - COMP/OP AGG \$7,500,000.00 \$
A A A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> PHYSICAL DAMAGE/SELF <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS APD - Self Insured		CA7742202 (AOS) CA7742201 (MA) CA7742200 (VA)	4/17/2018 4/17/2018 4/17/2018	4/17/2019 4/17/2019 4/17/2019	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000.00 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE AGGREGATE \$
B B C 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 N N/A	TC2HUB-7434L10A-18 (AOS) TC2HUB-7434L448-18 (MN) TRJUB-7434L424-18 (AZ, MA, OR, WI) TWXJUB-7434L45A-18 (OH Excess)	4/17/2018 4/17/2018 4/17/2018 4/17/2018	4/17/2019 4/17/2019 4/17/2019 4/17/2019	<input checked="" type="checkbox"/> PER STATUTE OTH-ER E.L. EACH ACCIDENT \$3,000,000.00 E.L. DISEASE - EA EMPLOYEE \$3,000,000.00 E.L. DISEASE - POLICY LIMIT \$3,000,000.00

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

Please see page 2 for additional information.

## CERTIFICATE HOLDER

Jefferson Parish General Services  
200 Derbigny Street  
Gretna, Louisiana 70054  
United States

## 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  
Marsh USA, Inc.  
BY: Michaela Grasshoff

*Michaela Grasshoff*

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## ADDITIONAL REMARKS SCHEDULE

AGENCY	<b>NAMED INSURED</b> Trane U.S. Inc. dba Trane 530 Elmwood Park Blvd. Harahan, LA 70123 United States
	<b>EFFECTIVE DATE:</b>

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: \_\_\_\_\_ FORM TITLE: \_\_\_\_\_

Jefferson Parish General Services , Jefferson Parish, its Districts, Departments and Agencies under the direction of the Parish President and Parish Council are included as Additional Insured where required by contract with respect to General Liability pursuant to applicable endorsement.

Job Description: JEFFERSON PARISH GENERAL SERVICES BID NO. 50-00124264

For questions regarding this certificate of insurance contact: Janice Ferina Email: jferina@trane.com Phone: 504-733-6789

**ENDORSEMENT # MAN001**

This endorsement, effective 12:01 A.M. 04/17/2018 forms a part of  
policy No. GL 461-15-90 issued to INGERSOLL-RAND COMPANY  
BY NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA

**ADDITIONAL INSURED - WHERE REQUIRED UNDER CONTRACT OR AGREEMENT**

*This endorsement modifies insurance provided under the following:*

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

**SECTION II – WHO IS AN INSURED**, is amended to include as an additional insured:

- (1) Any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any written contract or agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy, but only with respect to liability to the extent caused by you and arising out of your operations, including both continuing and completed operations, or premises owned by or rented to you; or
- (2) Any designated person or organization, designated by you in writing to us, but only with respect to liability to the extent caused by you and arising out of your operations or premises owned by or rented to you and provided the "bodily injury", "property damage" or "personal and advertising injury" occurs subsequent to your written request to designate such person or organization as additional insured.

However, the insurance provided will not exceed the lesser of:

- The coverage and/or limits of this policy, or
- The coverage and/or limits required by said contract or agreement.

All other terms and conditions remain unchanged.

  
Authorized Representative