

Diesel Fuel, Invitation for Bids

Bid Form
Section 1: Trailer Transport

Each Section shall apply only to the Awarding Authorities listed in the Section.

OPTION 1
Daily New Haven Low Spot Market Price

Vendors Margin and Overhead above the daily New Haven Low Spot Market price, as defined in Section A, item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$ 4.0425 per Gallon (to 4 decimal places)

OPTION 2
Fixed Price Futures Program

Vendor's Margin and Overhead, as defined in Section A, Item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$ 4.1725 per Gallon (to 4 decimal places)

Extra Kerosene (if requested) Certain Customers may require a blend of extra kerosene and diesel, this is the Margin and Overhead cost per gallon over the New Haven Low spot market price of kerosene, on the day of delivery, for this service.

\$ 4.7525 per Gallon (to 4 decimal places)

Biodiesel Blend (if requested) Certain Customers may require a blend of biodiesel and diesel, this is the Margin and Overhead cost per gallon over the rack price of biodiesel, on the day of delivery, for this service.

\$ 4.7525 per Gallon (to 4 decimal places)

I do hereby agree to supply and deliver ULS Additive Premium Diesel Fuel as specified:

Signature:  Date: 05/04/2023

Name (Please Print): Joseph Cote

Title: Chief Supply and Business Development Officer

Company: Dennis K. Burke, Inc.

Address: 555 Constitution Drive City/State/Zip: Taunton, MA 02780

Phone: 800-289-2875

Fax: 774-961-3584

E-mail: bids@burkeoil.com

Diesel Fuel, Invitation for Bids

Bid Form

Section 2: Franklin County Metered Pump Truck

Each Section shall apply only to the Awarding Authorities listed in the Section.

OPTION 1

Daily New Haven Low Spot Market Price

Vendors Margin and Overhead above the daily New Haven Low Spot Market price, as defined in Section A, item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$ +.3795 per Gallon (to 4 decimal places)

OPTION 2

Fixed Price Futures Program

Vendor's Margin and Overhead, as defined in Section A, Item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$ +.4995 per Gallon (to 4 decimal places)

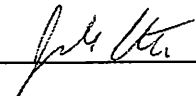
Extra Kerosene (if requested) Certain Customers may require a blend of extra kerosene and diesel, this is the Margin and Overhead cost per gallon over the New Haven Low spot market price of kerosene, on the day of delivery, for this service.

\$ +.7575 per Gallon (to 4 decimal places)

Biodiesel Blend (if requested) Certain Customers may require a blend of biodiesel and diesel, this is the Margin and Overhead cost per gallon over the rack price of biodiesel, on the day of delivery, for this service.

\$ +.7575 per Gallon (to 4 decimal places)

I do hereby agree to supply and deliver ULS Additive Premium Diesel Fuel as specified:

Signature:  Date: 05/04/2023

Name (Please Print): Joseph Cote

Title: Chief Supply and Business Development Officer

Company: Dennis K. Burke, Inc.

Address: 555 Constitution Drive City/State/Zip: Taunton, MA 02780

Phone: 800-289-2875 Fax: 774-961-3584 E-mail: bids@burkeoil.com

Diesel Fuel, Invitation for Bids

Bid Form

Section 3: Hampshire County Metered Pump Truck

Each Section shall apply only to the Awarding Authorities listed in the Section.

OPTION 1

Daily New Haven Low Spot Market Price

Vendors Margin and Overhead above the daily New Haven Low Spot Market price, as defined in Section A, item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$ 4.1395 per Gallon (to 4 decimal places)

OPTION 2

Fixed Price Futures Program

Vendor's Margin and Overhead, as defined in Section A, Item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$ 4.2695 per Gallon (to 4 decimal places)

Extra Kerosene (if requested) Certain Customers may require a blend of extra kerosene and diesel, this is the Margin and Overhead cost per gallon over the New Haven Low spot market price of kerosene, on the day of delivery, for this service.

\$ 4.7575 per Gallon (to 4 decimal places)

Biodiesel Blend (if requested) Certain Customers may require a blend of biodiesel and diesel, this is the Margin and Overhead cost per gallon over the rack price of biodiesel, on the day of delivery, for this service.

\$ 4.7575 per Gallon (to 4 decimal places)

I do hereby agree to supply and deliver ULS Additive Premium Diesel Fuel as specified:

Signature:  Date: 05/04/2023

Name (Please Print): Joseph Cote

Title: Chief Supply and Business Development Officer

Company: Dennis K. Burke, Inc.

Address: 555 Constitution Drive City/State/Zip: Taunton, MA 02780

Phone: 800-289-2875 Fax: 774-961-3584 E-mail: bids@burkeoil.com

Diesel Fuel, Invitation for Bids

Bid Form

Section 4: Hampden County Metered Pump Truck

Each Section shall apply only to the Awarding Authorities listed in the Section.

OPTION 1

Daily New Haven Low Spot Market Price

Vendors Margin and Overhead above the daily New Haven Low Spot Market price, as defined in Section A, item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$ 1.1095 per Gallon (to 4 decimal places)

OPTION 2

Fixed Price Futures Program

Vendor's Margin and Overhead, as defined in Section A, Item 9 of these bid specifications, for delivered ULS Additive Premium Diesel Fuel:

\$ 1.2395 per Gallon (to 4 decimal places)

Extra Kerosene (if requested) Certain Customers may require a blend of extra kerosene and diesel, this is the Margin and Overhead cost per gallon over the New Haven Low spot market price of kerosene, on the day of delivery, for this service.

\$ 1.7575 per Gallon (to 4 decimal places)

Biodiesel Blend (if requested) Certain Customers may require a blend of biodiesel and diesel, this is the Margin and Overhead cost per gallon over the rack price of biodiesel, on the day of delivery, for this service.

\$ 1.7575 per Gallon (to 4 decimal places)

I do hereby agree to supply and deliver ULS Additive Premium Diesel Fuel as specified:

Signature:  Date: 05/04/2023

Name (Please Print): Joseph Cote

Title: Chief Supply and Business Development Officer

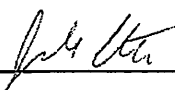
Company: Dennis K. Burke, Inc.

Address: 555 Constitution Drive City/State/Zip: Taunton, MA 02780

Phone: 800-289-2875 Fax: 774-961-3584 E-mail: bids@burkeoil.com

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.



(Signature of individual submitting bid or proposal)

Dennis K. Burke, Inc.

(Name of Business)



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/16/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME:	
	PHONE (A/C, No. Ext): (866) 283-7122	FAX (A/C, No.): (800) 363-0105
INSURED Dennis K. Burke, Inc. 555 Constitution Drive Taunton MA 02780 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Zurich American Ins Co	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

Holder Identifier :

COVERAGES **CERTIFICATE NUMBER: 570098347254** **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. Limits shown are as requested

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"/> COMMERCIAL GENERAL LIABILITY <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 OTHER:			GLO463738612	04/01/2023	04/01/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 4637387-12	04/01/2023	04/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION <input type="checkbox"/>						EACH OCCURRENCE AGGREGATE
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 N	N / A	WC463738512	04/01/2023	04/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

Certificate No : 570098347254

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

MCS-90 endorsement is included on the Auto Liability policy. A waiver of subrogation is granted in favor of Certificate Holder in accordance with the policy provisions of the General Liability, Automobile Liability and workers Compensation policies.

CERTIFICATE HOLDER

CANCELLATION

Lower Pioneer Valley Educational Collaborative 174 Brush Hill Ave. West Springfield MA 01089 USA	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 <i>Aon Risk Services Central, Inc.</i>

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/16/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA	CONTACT NAME:	
	PHONE (A/C. No. Ext): (866) 283-7122	FAX (A/C. No.): (800) 363-0105
INSURED Dennis K. Burke, Inc. 555 Constitution Drive Taunton MA 02780 USA	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A: Zurich American Ins Co	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 570098347253**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. Limits shown are as requested

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"/> COMMERCIAL GENERAL LIABILITY <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:			GLO463738612	04/01/2023	04/01/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> RENTED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 4637387-12	04/01/2023	04/01/2024	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
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 N	N/A	WC463738512	04/01/2023	04/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

Workers' Compensation does not apply to Monopolistic States (ND, OH, WA AND WY), Puerto Rico or the Virgin Islands.

CERTIFICATE HOLDER**CANCELLATION**

Lower Pioneer Valley Educational Collaborative 174 Brush Hill Ave West Springfield MA 01089 USA	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 <i>Aon Risk Services Central Inc</i>

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

Holder Identifier :

Certificate No : 570098347253



DENNKBU-01

DVITIELLO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/23/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER License # 1780862 HUB International New England 300 Ballardvale Street Wilmington, MA 01887	CONTACT NAME: PHONE (A/C, No, Ext): (978) 657-5100 FAX (A/C, No): (978) 988-0038 E-MAIL ADDRESS: nee.certificates-Wilmington@hubinternational.com
INSURED Dennis K. Burke, Inc. 555 Constitution Drive Taunton, MA 02780	INSURER(S) AFFORDING COVERAGE INSURER A : National Fire & Marine INSURER B : Endurance American Insurance Company INSURER C : Lloyd's of London INSURER D : INSURER E : INSURER F : NAIC # 20079 10641 15792

COVERAGES

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 25,000			42-UMO-310634-03	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Liability			EXC30000078006	4/1/2023	4/1/2024	4,000,000
C	Excess Liability			22UKPCB2200025-9006503	4/1/2023	4/1/2024	4,000,000

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

* Pollution Liab. CPO31525174 04/01/2023- 04/01/2024 w/AIG Specialty Insurance -\$1,000,000 each loss/\$7,000,000 aggregate; Includes blanket add'l Insured End#96658 & waiver of subro**

*Umbrella includes-Blanket AI, Primary Non-contributory basis & Waiver of Subro Umbrella is Follow form over the GL, Auto and WC & includes Blended Pollution endorsement.

All coverage is as required by a written executed contract prior to a loss/claim and per the policy endorsements.
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Dennis K Burke/Evidence of Coverage Only 555 Constitution Drive Taunton, MA 02780	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
---	---



AGENCY CUSTOMER ID: DENNKBU-01

DVITIELLO

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY HUB International New England		License # 1780862	NAMED INSURED Dennis K. Burke, Inc. 555 Constitution Drive Taunton, MA 02780
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**Description of Operations/Locations/Vehicles:*****Motor Truck Cargo limit - \$100,000 with Acadia under policy #CIM5427506 EFF 4/1/23 -4/1/24.****OTHER UNDERLYING UMBRELLA INFO: eff 4/1/23- 4/1/24****Follow Form -Excess of the above \$9 Mill.:****Excess \$5,000,000 - North River Ins. Policy # 5228091855****Excess \$5,000,000 -Navigators Insurance Company Policy # HO22EXCZ01GDMIV****Excess \$5,000,000 -RSUI Policy# NHA097482****Pollution includes blanket add'l insured if required by contract-end#96658; Umbrella includes "Blended Pollution Endorsement"
-excess over the contractors pollution liability. Evidence of Coverage Only**

Diesel Fuel, Invitation for Bids

Attachment 4

TAX COMPLIANCE CERTIFICATION

Pursuant to M.G.L. Chapter 62C, § 49A, I certify under penalties of perjury that I have, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

04-2275626

Social Security Number or
Federal Identification Number

Dennis K. Burke, Inc.

Business or Corporate Name

by: 

Signature of Individual Corporate Officer (if applicable)

Diesel Fuel, Invitation for Bids

Attachment 5

BUSINESS REFERENCE FORM

Bidder: Dennis K. Burke, Inc.
Bid: Additive Premium Diesel Fuel

The Bidder must provide 3 business references from Massachusetts based companies, schools, institutions or governments indicating their names, addresses, telephone numbers, contact persons, dates of service and annual volume of diesel service. The references will demonstrate that during at least the past **five (5)** years, the bidder has provided safe and efficient services for organizations which have needs that are similar to those of this cooperative. One reference will be of a former customer no longer buying diesel from the bidder.

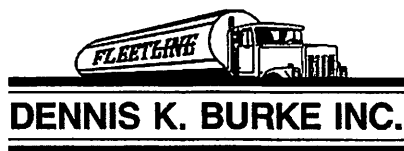
Reference Name: State of Massachusetts Contact: Michael Barry
Address: One Ashburton Place, Rm 1017 Boston MA 02108 Phone #: (617) 720-3182
Fax: _____ E-mail: Michael.barry3@mass.gov
Dates of Service: Multiple years Product Provided: Gasoline, diesel fuel and heating oil
Approximate Annual Volume: 10 million gallons

Reference Name: City of Boston Contact: Chris Radcliffe
Address: One City Hall Square, Boston MA 02201 Phone #: (617) 635-3422
Fax: _____ E-mail: christopher.radcliffe@boston.gov
Dates of Service: Multiple years Product Provided: Gasoline, diesel fuel and heating oil
Approximate Annual Volume: 2 million gallons

Former Customer:

Reference Name: Lower Pioneer Valley Educational Collaborative Contact: Paul Schroeder
Address: 174 Brush Hill Ave, W. Springfield, MA 01089 Phone #: (413) 735-2234
Fax: _____ E-mail: Paul Schroeder <paul@ljod.net>
Dates of Service: numerous years in past Product Provided: Gasoline, diesel fuel and heating oil
Approximate Annual Volume: 1 million gallons

UL50



May 1, 2023

Dennis K Burke is a family owned and operated business in Taunton MA that has been delivering diesel fuel and gasoline for over 50 years, Incorporated in 1961.

We have a 70 million dollar bank line with Bank of America. We have storage at 8 sites over New England and have a brokerage account to handle fixed futures. We are happy to provide additional financial information if required.

FLEETLINE
LUBRICANTS



Castrol



Kendall



BIOBLEND
BLENDED WITH SYNTHETIC OIL
FOR ALL TYPES OF ENGINES



555 CONSTITUTION DRIVE • TAUNTON, MA 02780

1-800-BUY-BURKE

1-800-289-2875

www.burkeoil.com



Bid Bond

Bond#0659639

KNOW ALL MEN BY THESE PRESENTS: That we, the undersigned, Dennis K. Burke, Inc.

555 Constitution Drive, P.O. Box 711, Taunton, MA 02780

as Principal, and Harco National Insurance Company, a corporation of the
State of Illinois, as Surety, are hereby held and firmly bound unto

Lower Pioneer Valley Educational Collaborative

in the penal sum of One Thousand Dollars and 00/100 (\$ 1,000.00)
for the payment of which, well and truly to be made, we hereby jointly and
severally bind ourselves, our heirs, executors, administrators, successors and assigns.

Signed, this 1st day of May, 2023

The condition of the above obligation is such that whereas the Principal has submitted
a certain bid, to enter into a contract in writing for

Bid: Gasoline #2024-02

NOW, THEREFORE,

- (a) If said bid shall be rejected, or in the alternate
- (b) If said bid shall be accepted and the Principal shall execute and deliver an acceptable form of contract, and shall furnish a bond for the faithful performance of said Contract, and for the payment of the persons performing labor or furnishing materials in connection therewith, and shall in all other respects perform the agreement created by the acceptance of said bid;

THEN, THIS OBLIGATION SHALL BE VOID, otherwise the same shall remain in force and effect; it being expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no event, exceed the penal amount of this obligation as herein stated.

IN WITNESS WHEREOF, the Principal and the Surety have hereto set their hands and seals, and such of them as are corporations have caused their corporate seals, to be hereto affixed and these presents to be signed by their proper officers, the day and year first set forth above.

Signed, sealed and delivered in the presence of:

ATTEST:

ATTEST:

Susan Kinnear
Susan Kinnear

Bid Bond Date May 1, 2023

Dennis K. Burke, Inc.

Principal

Harco National Insurance Company

By:
Matthew Wilkoff,

Attorney-In-Fact

Individual Acknowledgment

State of _____

County of _____

On the _____ day of _____, 20____, before me personally appeared _____

_____ to me known and known to me to be the person described in and who executed the foregoing instrument and _____ he _____ thereupon acknowledged to me that _____ he _____ executed the same.

Notary Public

Partnership/L.L.C. Acknowledgment

State of _____

County of _____

On the _____ day of _____, 20____, before me personally appeared _____

_____ to me known and known to me to be one of the firm of _____ described in and who executed the foregoing instrument and _____ he _____ thereupon acknowledged to me that _____ he _____ executed the same as and for the act and deed of said firm.

Notary Public

Corporate Acknowledgment

State of Ma

County of Hampden

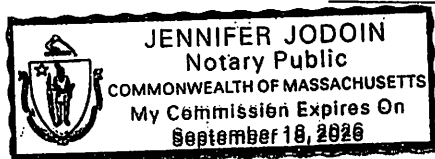
On the 3 day of May, 2023, before me personally appeared _____

Mark T. Pszcwiczny
to me known, who being by me duly sworn, did depose and say that x he _____ is the _____
Director of Sales of the Dennis L. Burke, Inc

the corporation described in and which executed the foregoing instrument; that y he _____ knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation; and that x he _____ signed his/her name thereto by like order.

Jennifer Jodoin

Notary Public



ACKNOWLEDGEMENT OF SURETY

State of New York }
 }
County of Nassau } SS.

On this 1st day of May 2023, before me, a Notary Public in and for said County, personally appeared Matthew Wilkoff personally known to me, who being by me duly sworn, did say that he/she is the aforesaid attorney-in-fact of the Harco National Insurance Company of Newark, New Jersey, a corporation duly organized and existing under the laws of the State of Illinois, that the seal affixed to the foregoing instrument is the corporate seal of said corporation, that the said instrument was signed, sealed and executed in behalf of said corporation by authority of its Board of Directors, and further acknowledge that the said instrument and the execution thereof to be a voluntary act and deed of said corporation.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed by official seal the day and year last above written.

SUSAN KINNEAR
NOTARY PUBLIC, State of New York
No. 01KI6373947
Certificate Filed in Suffolk County
Commission Expires April 16, 2026


Notary Public

POWER OF ATTORNEY
HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Bond # 0659639

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MATTHEW WILKOFF, GERALD J. WILKOFF

Mineola, NY

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents
on this 31st day of December, 2018



STATE OF NEW JERSEY
County of Essex

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark,
New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, May 1, 2023

A01165 Gerald J. Wilkoff, Inc.

Irene Martins, Assistant Secretary

HARCO NATIONAL INSURANCE COMPANY
1701 GOLF ROAD, SUITE 1-600, ROLLING MEADOWS, IL 60008

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS
AT SEPTEMBER 30, 2022

ASSETS

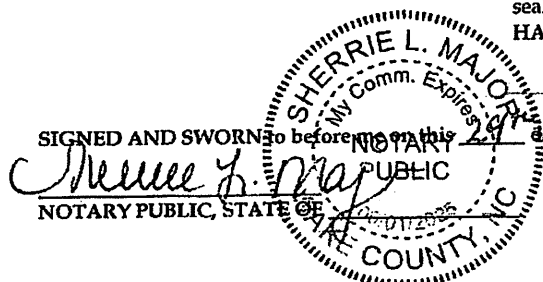
Bonds (Amortized Value)	\$105,181,701
Stocks (Preferred Stocks)	3,295,066
Stocks (Common Stocks)	778,236,190
Cash, Bank Deposits & Short-Term Investments	96,096,636
Other Invested Assets	9,472,789
Unpaid Premiums & Assumed Balances	199,513,027
Deferred Premiums, Agents Balances & Installments booked	14,607,456
Reinsurance Recoverable from Reinsurers	173,737,809
Reinsurance - Funds Held by or deposited with reinsured companies ..	11,725,032
Current Federal & Foreign Income Tax Recoverable & Interest	0
Investment Income Due and Accrued	1,464,544
Receivables from Parent Subsidiaries & Affiliates	14,272,395
Other Assets	23,450
TOTAL ASSETS	<u>\$1,407,626,095</u>

LIABILITIES, SURPLUS & OTHER FUNDS

Losses (Reported Losses Net as to Reinsurance Ceded and	
Incurred But Not Reported Losses)	\$180,644,649
Reinsurance payable on paid losses & loss adjustment expense	75,457,912
Loss Adjustment Expenses	36,536,496
Commissions Payable, Contingent Commissions & Other Similar Charges	7,558,287
Other Expenses (Excluding Taxes, Licenses and Fees)	337,815
Taxes, Licenses & Fees (Excluding Federal Income Tax)	1,547,176
Current federal and foreign income taxes	731,275
Net Deferred Tax Liability	2,488,818
Unearned Premiums	150,238,670
Advance Premium	523,586
Ceded Reinsurance Premiums Payable	148,119,627
Funds held by Company under reinsurance treaties	15,875,212
Amounts Withheld by Company for Account of Others	55,251,038
Payable to Parent Subsidiaries & Affiliates	12,507,389
Other Liabilities	11,960,787
TOTAL LIABILITIES	<u>\$699,778,737</u>
 Common Capital Stock	 \$3,500,004
Gross Paid-in & Contributed Surplus	670,781,834
Unassigned Funds (Surplus)	33,565,520
Surplus as Regards Policyholders	<u>\$707,847,358</u>
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS	<u>\$1,407,626,095</u>

I, John Mruk, Treasurer of HARCO NATIONAL INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, September 30, 2022, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Illinois.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 28th day of November, 2022.
HARCO NATIONAL INSURANCE COMPANY



SIGNED AND SWORN to before me on this 28th day of November, 2022.

NOTARY PUBLIC, STATE OF NORTH CAROLINA