

PLEASURE DRIVEWAY and PARK DISTRICT of PEORIA, ILLINOIS

Planning, Design and Construction Division • 1314 N. Park Road Peoria, IL 61604 • Phone (309) 686-3386 • Fax (309) 686-3383

June 11, 2014

Request For Quotes

Owens Recreation Center - Ice Rink #2 Relighting

Quotes shall include all labor, material, equipment, and incidentals required to provide a complete project per the description below at the Owens Recreation Center located in Lakeview Park, at 1019 W. Lake Avenue, Peoria, IL. All work must conform to all applicable local, state, and national building codes.

Please note that the prevailing rate of wage including benefits for the Peoria area shall be paid for each craft or type of worker needed to execute this project or perform this work as required by the State of Illinois Department of Labor.

Contractor is responsible for field verifying all quantities of light fixtures to be replaced and P&S twist lock plug catalog number prior to submitting quote. Please contact me at 686-3386 to schedule access to this area. Quotes will be due on Wednesday, June 18, 2014 by 11 a.m. at the Planning, Design and Construction Division office located in Bradley Park. Quotes can be faxed, emailed to <u>zterry@peoriaparks.org</u> or hand delivered to the address noted above.

General Description and Scope of Work:

Replace 45 – 400 watt Metal Halide HID fixtures in Rink #2 with 6 lamp T5 fixtures.

Remove and properly dispose of the existing 400 watt Metal Halide HID fixtures.

Contractor is responsible for field verifying all measurements.

Fixtures/Lamps:

Fixtures shall be Lithonia, Cooper, Howard, or approved equal. Catalog cuts are attached.

Fixtures shall be provided complete with all mounting accessories, lamps, and wire guard.

Lamps and ballasts will be furnished as required to meet Ameren rebate programs in effect at the time.

Fixtures shall be cable hung with a self-gripping cable on each end of the fixture.

Lamps shall be SPX41 shatter proof safety coated lamps.

Furnish and install, on each new fixture, P&S S-2348-DF twist lock plug and proper length cord on the new fixtures to connect to the existing power hook. If this plug is not available provide a matching twist lock plug and receptacle to fit in the existing power hook assembly.

PEORIA PARK BOARD

TIMOTHY J. CASSIDY	NANCY L. SNO	OWDEN K	ELLY A. CUMMINGS	JAMES T. HANCOCK
President	Trustee)	Trustee	Trustee
ROBERT L.	JOHNSON, SR.	JACQUELINE J. PETTY	/ MATTHEV	/ P. RYAN
Т	rustee	Trustee	Trus	stee

Installation:

Fixtures shall be installed in a true and straight line. Fixtures straying from a true line will be adjusted to the Owner's satisfaction.

All work shall be performed during normal working hours but shall not interfere with the Owner's scheduled activities. Owner will provide schedule of activities but are subject to change.

Prior to Monday, August 11, 2014 Rink #2 will not have ice.

For any work done after Monday, August 11, 2014 lifts may be used on the ice but verify with Owner if ice protection is required.

Any debris shall be cleaned up at the end of each day's work. Broken lamps shall be immediately cleaned up.

Schedule:

Quotes are due on Wednesday, June 18, 2014 by 11 a.m. at the Planning, Design and Construction Division office located in Bradley Park. Quotes can be faxed, emailed to <u>zterry@peoriaparks.org</u> or hand delivered to the address noted above. Work shall be substantially complete by Friday, August 8, 2014.

Administrative Requirements

Submitted with quote:

- 1. <u>EEO Certification</u> A completed Certificate of Equal Employment Opportunity Compliance (form attached) must be submitted with quotes if not currently approved.
- <u>Workforce Profile</u> A completed Workforce Profile (form attached) must be submitted if not currently approved.
- 3. <u>Sexual Harassment Policy</u> A sexual harassment policy must be submitted for approval if not currently on file. Sample attached.
- 4. <u>W-9 Taxpayer Identification Form:</u> Bidder must complete and sign the form included in this package.
- Substance Abuse Prevention Program Certification Submit provided form with appropriate section completed. If Part B of the form is completed, your company's Substance Abuse Policy must be submitted for approval.
- 6. <u>Certification of Safety Compliance</u> A completed certification of safety compliance (form attached) must be submitted.
- 7. <u>Illinois Drug Free Workplace Certification</u> A completed certification of safety compliance (form attached) must be submitted.

Required forms after Award is made before work can begin:

1. <u>Insurance Requirements:</u> A Certificate of Insurance and Endorsement with a minimum of one million (\$1,000,000) of liability coverage, naming the Peoria Park District as Additional Insured, will be required, before work begins. Verification that all employees who will be working at the site are currently covered by Workers Compensation Insurance will also be required. See Attachment A-6.

PEORIA PARK BOARD

TIMOTHY J. CASSIDY	NANCY L. SN	IOWDEN	KELLY A. CUMMINGS	JAMES T. HANCOCK
President	Truste	e	Trustee	Trustee
ROBERT L.	JOHNSON, SR.	JACQUELINE J. PE	ETTY MATTHEW	P. RYAN
Т	rustee	Trustee	Trus	tee

Forms to be submitted with pay requests and project closeout:

- <u>Certified Payroll</u> Prevailing wage is required for this job. A certified payroll form must accompany all requests for payment. A sample form is attached, but contractor may use own form.
- 2. <u>Weekly Workforce Reports</u> Contractor shall submit completed Weekly Workforce Report (Forms attached) for each week until project is completed.
- 3. Pay Requests

Please contact me at 686-3386 if you have any questions or concerns.

Sincerely,

Lachery Terry

Zach Terry

PEORIA PARK BOARD

 TIMOTHY J. CASSIDY
 NANCY L. SNOWDEN
 KELLY A. CUMMINGS
 JAMES T. HANCOCK

 President
 Trustee
 Trustee
 Trustee
 Trustee

 ROBERT L. JOHNSON, SR.
 JACQUELINE J. PETTY
 MATTHEW P. RYAN

 Trustee
 Trustee
 Trustee



QUOTE FORM

PEORIA PARK DISTRICT OWENS RECREATION CENTER ICE RINK RELIGHTING

ITEM	TOTAL COST
Base Quote – All labor, material, equipment, &incidentals necessary for	\$
the relighting of the ice rinks per specifications. Price shall include	
shatter proof safety coated lamps.	

THE UNDERSIGNED CERTIFIES THAT THIS QUOTATION IS IN ACCORDANCE WITH PEORIA PARK DISTRICT SPECIFICATIONS.

QUOTE SUBMITTED BY:

Company Name

Address

Telephone Number

Signature

Fax Number

City

Title

Date

Zip

State

PEORIA PARK BOARD

TIMOTHY J. CASSIDY	NANCY L. SI	NOWDEN	KELLY A. CUMMINGS	JAMES T. HANCOCK
President	Truste	ee	Trustee	Trustee
ROBERT L.	JOHNSON, SR.	JACQUELINE J. PE	TTY MATTHEW	P. RYAN
Т	rustee	Trustee	Trus	tee



Peoria Park District

Certificate of Equal Employment Opportunity Compliance

for

Contractors and Vendors

Disclosure of the information requested in this form is required by the Peoria Park District. Failure to properly complete and sign this form will result in it being returned unprocessed thereby resulting in a delay or denial of eligibility to bid.

As part of the Company's commitment to equal employment opportunity practices, this company does the following:

- Recruits, trains, upgrades, promotes and disciplines persons without regard to race, color, sex, religion, national origin, veteran status, age, mental or physical ability.
- Notifies all recruitment sources that all qualified applicants will be considered for employment without regard to race, color, sex, religion, national origin, veteran status, age, mental or physical ability.
- When advertising is used, specifies that all qualified applicants will be considered for employment without regard to race, color, sex, religion, national origin, veteran status, age, mental or physical ability.
- Notifies all labor organizations which furnish this company with any skilled or non-skilled labor of the Company's responsibility to comply with the equal employment opportunity requirements required in all contracts by the Peoria Park District.
- Notifies all of its sub-contractors of their obligation to comply with the equal employment opportunity requirements required in all contracts by the Peoria Park District.
- Has an affirmative action program that assures the company's fair employment practices are understood and carried out by all of its managerial, administrative and supervisory personnel.

Is the Company a minority/woman owned business (MBE/WBE)? ____YES ____NO

The Company does not discriminate against any employees or applicants for employment because of race, color, religion, sex, national origin, veteran status, age, mental or physical ability.

The Company does not maintain segregated facilities for any of its employees on the basis of race, religion, color, national origin, because of habit, local custom, or otherwise.

By signing this form, the Company attests that it complies with all statements listed above as part of the Company's commitment to equal employment opportunity practices. The Company further agrees that it has completed the attached Workforce Profile Sheet truthfully, to the best of its knowledge.

Company Name

Company Address

Signature of Company Official

Name / Title

Telephone Number & Fax Number

Email Address

Rev. 6/2012

WORK FORCE PROFILE - FULL TIME ONLY

Job Classifications	Tota Emplo		Blac	:k	Hispa	anic	Nativ Americ		Asia	an	Vete	eran	Disat	oled
	М	F	М	F	М	F	М	F	М	F	М	F	М	F
1. Officials, Managers, Supervisors														
2. Professionals														
3. Technicians														
4. Sales														
5. Office/Clerical														
6. White Collar Trainees:														
7. Skilled Crafts:														
8. Apprentices:														
9. On-the-job Trainees:														
10. Semi-skilled														
11. Service Workers														
12. Unskilled			Ī											
TOTALS			Ī											
	•		•	1			•		1	1				

PLEASE BE ADVISED!

Every party to a public contract and every party bidding on public contracts are required to have a written sexual harassment policy that contains:

- (1) a definition of sexual harassment under state law:
- (2) a description of sexual harassment utilizing examples;
- (3) a formalized complaint procedure;
- (4) a statement of victims rights;
- (5) directions on how to contact the Illinois Department of Human Rights Illinois companies. Out-of-State companies must include directions on how to contact the enforcement agency within their state. Companies that issue a standard policy for all business locations must prepare an addendum providing directions on how to contact the appropriate enforcement agency.
- (6) a recitation that there cannot be any retaliation against employees who elect to file charges.

Recommendation: Your sexual harassment policy should be drafted in language easy to understand and any revisions should be reviewed by legal counsel. A copy of your policy should be posted in a prominent and accessible location to assure all employees will be notified of the company's position.

<u>In order to conduct business with the THE PEORIA PARK DISTRICT, you must have a written</u> <u>sexual harassment policy that conforms to the new ACT.</u>

FAILURE TO DO SO WILL DISQUALIFY YOU AS AN ELIGIBLE VENDOR!!!

Please be advised, effective July 1, 1993, Governor Jim Edgar established under Executive Order Number 7 (Public Act 87-1257) that every party to a public contract and every party bidding on a public contract within the State of Illinois must have a written policy statement prohibiting sexual harassment. The following model policy statement is a draft copy provided for use in formulating your company's policy statement

SEXUAL HARASSMENT POLICY STATEMENT

It is the responsibility of each individual employee to refrain from sexual harassment and it is the right of each individual employee to work in an environment free from sexual harassment.

DEFINITION OF SEXUAL HARASSMENT

According to the Illinois Human Rights Act, sexual harassment is defined as:

Any unwelcome sexual advances or requests for sexual favors or any conduct of a sexual nature when

- 1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- 2. submission to or rejection of such conduct by an individual is used as the basis for employment decision(s) affecting such individual; or
- 3. such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

The courts have determined that sexual harassment is a form of discrimination under Title VII of the U.S. Civil Rights act of 1964, as amended in 1991. One such example is a case where a qualified individual is denied employment opportunities and benefits <u>ج____</u>) to ا that are, instead, awarded to individual ᠲ wits (voluntarily or under it) ordel to receiv Another example is where an ivià nwelcome/ ual conduc n el ployment opportunity. must si Other conduct commonly con ⊧reď be sexu a ment inc/

 \Rightarrow Verbal: Sexual innuendoes, suggestive comments, insults, humor and jokes about sex, anatomy or gender-specific traits, sexual propositions, threats, repeated requests for dates, or statement about other employees, even outside of their presence, of a sexual nature.

- \Rightarrow Non-Verbal: Suggestive or insulting sounds (whistling), leering, obscene gestures, sexually suggestive bodily gestures, "catcalls", "smacking" or "kissing" noises.
- \Rightarrow Visual: Posters, signs, pin-ups, slogans of a sexual nature.
- \Rightarrow Physical: Touching, unwelcome hugging or kissing, pinching, brushing the body, coerced sexual intercourse or actual assault.

Sexual harassment most frequently involves a man harassing a woman. However, it can also involve a woman harassing a man or harassment between members of the same gender.

The most severe and overt forms of sexual harassment are easier to determine; however, some sexual harassment is more subtle and depends to some extent on individual perception and interpretation. The trend in the courts is to assess sexual harassment by a standard of what would offend a "reasonable woman" or a "reasonable man", depending upon the gender of the alleged victim.

An example of the most subtle form of sexual harassment is the use of endearments. The use of terms such as "honey", "darling", and "sweetheart" is objectionable to many women who believe that these terms undermine their authority and their ability to deal with men on an equal and professional level.

Another example is the use of a compliment that could potentially be interpreted as sexual in nature. Below are three statements that might be made about the appearance of a woman in the workplace:

Sexual Harassment Model Policy Statement Page 2

- \Rightarrow "That's an attractive dress you have on."
- \Rightarrow "That's an attractive dress. It really looks good on you."
- \Rightarrow "That's an attractive dress. You really fill it out well."

The first statement appears to be simply a compliment. The last is most likely to be perceived as sexual harassment depending on individual perceptions and values. To avoid the possibility of offending an employee, it is best to follow a course of conduct above reproach, or to err on the side of caution.

RESPONSIBILITY OF INDIVIDUAL EMPLOYEES

Each individual employee has the responsibility to refrain from sexual harassment in the workplace. An individual employee who harasses a fellow worker is, of course, liable for his or her individual conduct. The harassing employee will be subject to disciplinary action up to and including discharge in accordance with company/organization policy or a collective bargaining agreement, as appropriate.

RESPONSIBILITY OF SUPERVISORY PERSONNEL

Each supervisor is responsible for maintaining a workplace free of sexual harassment. This is accomplished by promoting a professional environment and by dealing with sexual harassment as with all other forms of employee misconduct.

The courts have found companies/organizations as well as supervisors can be held liable for damages related to sexual harassment by a manager, supervisor, employee, or third party (an individual who is not an employee but does business with a company/organization, such as a contractor, customer, sales representative, or repair person).

Liability is based either on a com	rganizati	sponsibility t	maintain a	tami vel v	d discipline, or on the
supervisor acting as an agent of	e com ny/orga	zat). As suct	pervisors r	st_lct quickly	d responsibly, not only to
minimize their own liability, but a	o that / the cor	Vorganizati			1
				J	

RESOLUTION OUTSIDE THE COMPANY/ORGANIZATION

It is hoped that most sexual harassment complaints and incidents can be resolved within a company/organization. However, an employee has the right to contact the Illinois Department of Human Rights (IDHR) or the U.S. Equal Employment Opportunity Commission (EEOC) about filing a formal complaint. An IDHR complaint must be filed within 180 days of the alleged incident(s) unless it is a continuing offense. A complaint with EEOC must be filed within 300 days.

Illinois Department of Human Rights

(217) 785-5100 – Springfield (217) 785-5125 – TDD Springfield (312) 814-6200 – Chicago (312) 263-1579 – TDD Chicago *Illinois Human Rights Commission* (217) 785-4350 – Springfield (217) 785-5125 – TDD Springfield (312) 814-6269 – Chicago (312) 814-4760 – TDD Chicago

U.S. Equal Employment Opportunity Commission

(312) 353-2613 – Chicago District Office (800) 669-4000 – Toll Free Within State of Illinois (800) 669-6820 – TDD Chicago

An employee who is suddenly transferred to a lower paying job or passed for promotion, after filing a complaint with IDHR or EEOC, may file a retaliation charge, also due 180 days (IDHR) or 300 days (EEOC) from the alleged retaliation.

An employee who has been physically harassed or threatened while on the job may also have grounds for criminal charges of assault and battery.

FALSE AND FRIVOLOUS COMPLAINTS

False and frivolous charges refer to cases where the accuser is using a sexual complaint to accomplish some end other than stopping sexual harassment. It does not refer to charges made in good faith which cannot be proven. Given the seriousness of the consequences for the accused, a false and frivolous charge is a severe offense that can itself result in disciplinary action.

Name (as shown on your income tax return)

page 2.	Business name/disregarded entity name, if different from above		
uo	Check appropriate box for federal tax classification:	Trust/estate	Exemptions (see instructions):
on de			Exempt payee code (if any)
Print or type c Instruction	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partner	ship) ►	Exemption from FATCA reporting code (if any)
Prin c Ins	□ Other (see instructions) ►		
Print or type Specific Instructions	Address (number, street, and apt. or suite no.)	Requester's name a	and address (optional)
See S	City, state, and ZIP code		
	List account number(s) here (optional)		
Pa	t I Taxpayer Identification Number (TIN)		
to avo reside entitie	your TIN in the appropriate box. The TIN provided must match the name given on the "Name bid backup withholding. For individuals, this is your social security number (SSN). However, for ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> n page 3.	ra	
	If the account is in more than one name, see the chart on page 4 for guidelines on whose er to enter.	Employer	identification number
Par	t 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
- 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	U.S. person ►	Date ►
Sign	Signature of	

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien,

• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,

- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding atx. Therefore, if you are a U.S. person that is a partner in a partnership to conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

• In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,

• In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and

• In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt* payee code on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the	Э
"Name" line and any business, trade, or "doing business as (DBA) name" on th	e
"Business name/disregarded entity name" line.	

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the disregarded entity anem" line. If the complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2-The United States or any of its agencies or instrumentalities

3-A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

 $4-{\rm A}$ foreign government or any of its political subdivisions, agencies, or instrumentalities

5-A corporation

6-A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States

7-A futures commission merchant registered with the Commodity Futures Trading Commission

8-A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10-A common trust fund operated by a bank under section 584(a)

11-A financial institution

 $12\mathchar`-A$ middleman known in the investment community as a nominee or custodian

13-A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B-The United States or any of its agencies or instrumentalities

C-A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

D-A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

E-A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G-A real estate investment trust

 $\rm H-A$ regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I-A common trust fund as defined in section 584(a)

J-A bank as defined in section 581

K-A broker

L-A trust exempt from tax under section 664 or described in section 4947(a)(1)

M-A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
 Individual Two or more individuals (joint account) 	The individual The actual owner of the account or, if combined funds, the first individual on the account '
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
 4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law 	The grantor-trustee ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
 Disregarded entity not owned by an individual 	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
 Association, club, religious, charitable, educational, or other tax-exempt organization 	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- · Protect your SSN,
- · Ensure your employer is protecting your SSN, and
- · Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to minic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.govlidtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



SUBSTANCE ABUSE PREVENTION PROGRAM CERTIFICATION

Project Name:

Location:

The Substance Abuse Prevention on Public Works Act Public Act 95-0635, prohibits the use of drugs and alcohol, as defined in the Act, by employees of the Contractor and by employees of all approved Subcontractors while performing work on a public works project. The Contractor/Subcontractor herewith certifies that it has a superseding collective bargaining agreement or makes the public filing of its written substance abuse prevention program for the prevention of substance abuse among its employees who are not covered by a collective bargaining agreement dealing with the subject as mandated by the Act.

A. The undersigned representative of the Contractor/Subcontractor certifies that the contracting entity has signed collective bargaining agreements that are in effect for all of its employees, and that deal with the subject matter of Public Act 95-0635.

Contractor/Subcontractor

Name of Authorized Representative (type or print)

Title of Authorized Representative (type or print)

Signature of Authorized Representative

B. The undersigned representative of the Contractor/Subcontractor certifies that the contracting entity has in place, for all of its employees not covered by a collective bargaining agreement that deals with the subject of the Act, the attached substance abuse prevention program that meets or exceeds the requirements of Public Act 95-0635.

Contractor/Subcontractor

Name of Authorized Representative (type or print)

Title of Authorized Representative (type or print)

Signature of Authorized Representative

Date

Date



CERTIFICATION OF SAFETY COMPLIANCE

The undersigned Contractor/Vendor hereby certify that they and their sub-contractors will comply with any and all prevailing occupational safety and health standards including, but not limited to the following: hazard communication, hearing conservation, respirator use, permit required confined space entry, scaffolding, personal protective equipment, ladder usage, ventilation, flammable and combustible liquids handling and storage and lockout/tagout. Such compliance may include a training component or require a written program of compliance.

Dated this day of _____, 20 ____.

CONTRACTOR/VENDOR: _____

By: _____



ILLINOIS DRUG FREE WORKPLACE CERTIFICATION

The undersigned Contractor/Vendor hereby certifies that it will comply with all provisions of the Illinois Drug Free Workplace Act of 1991.

Dated this _____, 20 _____,

Contractor/Vendor

By: _____

ATTACHMENT A.6 INSURANCE REQUIREMENTS ROUTINE CONSTRUCTION, MAINTENANCE AND REPAIR PROJECTS

Contractor shall obtain insurance of the types and in the amounts listed below.

A. COMMERCIAL GENERAL AND UMBRELLA LIABILITY INSURANCE

Contractor shall maintain commercial general liability (CGL) and, if necessary, commercial umbrella insurance with a limit of not less than \$1,000,000 each occurrence. If such CGL insurance contains a general aggregate limit, it shall apply separately to this project/location.

CGL insurance shall be written on Insurance Services Office (ISO) occurrence form CG 00 01 10 93, or a substitute form providing equivalent coverage, and shall cover liability arising from premises, operations, independent contractors, products-completed operations, personal injury and advertising injury, and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).

Owner shall be included as an insured under the CGL, using ISO additional insured endorsement CG 20 10 or a substitute providing equivalent coverage, and under the commercial umbrella, if any. This insurance shall apply as primary insurance with respect to any other insurance or self-insurance afforded to Owner.

There shall be no endorsement or modification of the CGL limiting the scope of coverage for liability arising from pollution, explosion, collapse, or underground property damage.

B. CONTINUING COMPLETED OPERATIONS LIABILITY INSURANCE

Contractor shall maintain commercial general liability (CGL) and, if necessary, commercial umbrella liability insurance with a limit of not less than \$1,000,000 each occurrence for at least one (1) year following substantial completion of the work.

Continuing CGL insurance shall be written on ISO occurrence form CG 00 01 10 93, or substitute form providing equivalent coverage, and shall, at minimum, cover liability arising from products-completed operations and liability assumed under an insured contract.

Continuing CGL insurance shall have a products-completed operations aggregate of at least two times its each occurrence limit.

Continuing commercial umbrella coverage, if any, shall include liability coverage for damage to the insured's completed work equivalent to that provided under ISO form CG 00 01.

C. BUSINESS AUTO AND UMBRELLA LIABILITY INSURANCE

Contractor shall maintain business auto liability and, if necessary, commercial umbrella liability insurance with a limit of not less than \$1,000,000 each accident. Such insurance shall cover liability arising out of any auto including owned, hired and non-owned autos.

Business auto insurance shall be written on Insurance Services Office (ISO) form CA 00 01, CA 00 05, CA 00 12, CA 00 20, or a substitute form providing equivalent liability coverage. If necessary, the policy shall be endorsed to provide contractual liability coverage equivalent to that provided in the 1990 and later editions of CA 00 01.

D. WORKERS COMPENSATION INSURANCE

Contractor shall maintain workers compensation as required by statute and employers liability insurance. The commercial umbrella and/or employers liability limits shall not be less than \$1,000,000 each accident for bodily injury by accident or \$1,000,000 each employee for bodily injury by disease.

If Owner has not been included as an insured under the CGL using ISO additional insured endorsement CG 20 10 under the Commercial General and Umbrella Liability Insurance required in this Contract, the Contractor waives all rights against Owner and its officers, officials, employees, volunteers and agents for recovery of damages arising out of or incident to the Contractor's work.

E. GENERAL INSURANCE PROVISIONS

1. Evidence of Insurance. Prior to beginning work, Contractor shall furnish Owner with a certificate(s) of insurance and applicable policy endorsement(s), executed by a duly authorized representative of each insurer, showing compliance with the insurance requirements set forth above.

All certificates shall provide for 30 days written notice to Owner prior to the cancellation or material change of any insurance referred to therein. Written notice to Owner shall be by certified mail, return receipt requested.

Failure of Owner to demand such certificate, endorsement or other evidence of full compliance with these insurance requirements or failure of Owner to identify a deficiency from evidence that is provided shall not be construed as a waiver of Contractor's obligation to maintain such insurance.

Owner shall have the right, but not the obligation, of prohibiting Contractor or any subcontractor from entering the project site until such certificates or other evidence that insurance has been placed in complete compliance with these requirements is received and approved by Owner.

Failure to maintain the required insurance may result in termination of this Contract at Owner's option.

With respect to insurance maintained after final payment in compliance with a requirement above, an additional certificate(s) evidencing such coverage shall be promptly provided to Owner whenever requested.

Contractor shall provide certified copies of all insurance policies required above within 10 days of Owner's written request for said copies.

- 2. Acceptability of Insurers. For insurance companies which obtain a rating from A.M. Best, that rating should be no less than A VII using the most recent edition of the A.M. Best's Key Rating Guide. If the Best's rating is less than A VII or a Best's rating is not obtained, the Owner has the right to reject insurance written by an insurer it deems unacceptable.
- **3. Cross-Liability Coverage.** If Contractor's liability policies do not contain the standard ISO separation of insureds provision, or a substantially similar clause, they shall be endorsed to provide cross-liability coverage.
- 4. Deductibles and Self-Insured Retentions. Any deductibles or self-insured retentions must be declared to the Owner. At the option of the Owner, the Contractor may be asked to eliminate such deductibles or self insured retentions as respects the Owner, its officers, officials, employees, volunteers and agents or required to procure a bond guaranteeing payment of losses and other related costs including but not limited to investigations, claim administration and defense expenses.
- **5. Subcontractors.** Contractor shall cause each subcontractor employed by Contractor to purchase and maintain insurance of the type specified above. When requested by the Owner, Contractor shall furnish copies of certificates of insurance evidencing coverage for each subcontractor.

F. INDEMNIFICATION

To the fullest extent permitted by law, the Contractor shall indemnify and hold harmless the Owner and the Architect and their officers, officials, employees, volunteers and agents from and against all claims, damages, losses and expenses including but not limited legal fees (attorney's and paralegal's fees and court costs), arising

out of or resulting from the performance of the Contractor's work, provided that any such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property, other than the work itself, including the loss of use resulting therefrom and (2) is caused in whole or I part by any wrongful 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, except to the extent it is caused in part by a party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this Paragraph. Contractor shall similarly protect, indemnify and hold and save harmless the Owner, its officiens, officials, employees, volunteers and agents against and from any and all claims, costs, causes, actions and expenses including but not limited to legal fees, incurred by reason of Contractor's breach of any of its obligations under, or Contractor's default of, any provision of the Contract.

SAMPLE LIABILITY INSURANCE ENDORSEMENT

The following spaces preceded by an asterisk (*) need not be completed if this endorsement and policy have the same inception date.

This endorsement changes the policy. Please read it carefully.

AUTOMATIC ADDITIONAL INSUREDS

The following provision is added to (SECTION II), Who Is An Insured.

5. Any entity you are required in a written contract (hereinafter called Additional Insured) to name as an insured is an insured but only with respect to liability arising out of your premises, "your work" for the Additional Insured, or acts or omissions of the Additional Insured in connection with the general supervision of "your work" to the extent set forth below.

a. The Limits of Insurance provided on behalf of the Additional Insured are not greater than those required by such contract.

- b. The coverage provided to the Additional Insured(s) is not greater than that customarily provided by the policy forms specified in and required by the contract.
- c. All insuring agreements, exclusions and conditions of this policy apply.
- d. In no event shall the coverages or Limits of Insurance in this Coverage Form be increased by such contract.

Except when required otherwise by contract, this insurance does not apply to:

- 1) "Bodily injury" or "property damage" occurring after
 - a) All work on the project (other than service, maintenance or repairs) to be performed by or on behalf of the Additional Insured(s) at the site of the covered operations has been completed; or
 - b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- "Bodily injury" or "property damage" arising out of any act or omission of the Additional Insured(s) or any of their employees, other than the general supervision of work performed for the Additional Insured(s) by you.
- 3) "Property damage" to
 - a) Property owned, used or occupied by or rented to the Additional Insured(s);
 - b) Property in the care, custody or control of the Additional Insured(s) or over which the Additional Insured(s) is for any purpose exercising physical control; or

c) "Your work" for the Additional Insured(s).

With respect to Additional Insureds who are architects, engineers or surveyors, this insurance does not apply "bodily injury", "property damage", "personal injury" or "advertising injury" arising out of the rendering of or the failure to render any professional services by or for you, including:

- a) The preparing, approving, or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, designs or specifications; and
- b) Supervisory, inspection or engineering services.

Any coverages provided hereunder shall be excess over any other valid and collectible insurance available to the Additional Insured(s) whether primary, excess, contingent or on any other basis unless a contract specifically requires that this insurance be primary or you request that it apply on a primary basis.

No person or organization is an Additional Insured with respect to the conduct of any current or past partnership or joint venture that is not shown as a Named Insured in the Declarations.

END OF ATTACHMENT A.6

Specification Sheet

2/11/2014

HFA1 Series



Highbay Fluorescent - Six Lamp Flat Profile Design



Applications

Warehouse Manufacturing Facility Gymnasium Cafeteria Auditorium

Features

- Easy access to wiring compartment & ballast
- Access plate provides access to electrical wiring with-out the need to open the fixture
- Knock-outs for easy electrical wiring and assembly
- Factory Installed Occupancy Sensor option
- Factory Installed Emergency ballast option
- Lamp Installation option available
- Multiple power cord set options, (voltage, length, gage)
- Pendant mount kit provides a top J-box to simplify HID retrofit installations. Can be used with a hook or rigid conduit and fasteners (Fixture must be specified with "J" option)
- Door and lens kit options available
- Choice of 86% Standard Specular Aluminum Reflector, 95% Specular Enhanced Aluminum Reflector, 95% Enhanced Specular Aluminum Enhanced Performance or 91% White Reflector
- Heavy Duty pre-painted steel construction
- Factory Installed Wireguard option
- Custom configurations available
- Can be easily mounted by a single person
- Suspended or Pendant mounting insures a quick painless install
- Chain and V-Clip Hanging option
- Wire cable hanging option.
- UL Listed for Damp Locations

Specifications subject to change without notice.

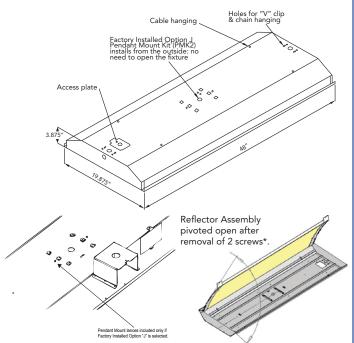
Project:	
Catalog#:	
Approved by:	

Description

HFA1 series high-bay fluorescent fixture is a great energy saving alternative to traditional HID highbay fixtures. This fixture operates six lamps and as a standard feature comes equipped with Howard ballasts.

Benefits

- Energy Saving Compared to HID systems
- Exceptional Color Rendering
- High System Efficacy
- Long Lamp Life
- Instant On/Re-strike Capability
- Howard Ballast and Howard Lamp as a system is covered by Howard Industries Warranty
- Quality Lamp holders
- Computer Designed Reflectors
- System Designed, Approved, Manufactured, and Tested by Howard Industries in Mendenhall Mississippi.
- Compliant with Safety and performance standards.



*Optional: 1/4 turn fasteners offer toolless access to the ballast compartment without removing lamps. Simply rotate the two 1/4 turn fasteners. See Factory Installed Option Q for more information.



2/11/2014

Highbay Fluorescent - Six Lamp Flat Profile Design

Project:	
Catalog#:	
Approved by:	

Ordering Information

Model	Reflector	NL of		CDI/CCT	Dellest	Esstern Installed	Cardaat Ontiona		Pack.	
Family	Reflector	No. of Lamps	Lamp Type/ Wattage ⁽¹⁾	CRI/CCT	Ballast	Input Volts	Factory Installed Options	Cordset Options (see customer service for other cordset options)	т В А	Раск.
HFA1	E	6	32	А	SE	MV	000	00	0	1
HFA1	E: Enhanced Specular Aluminum (95%) F: Enhanced Specular Enhanced Performance (95%) A: Specular Aluminum (86%) W: White reflective (91%)	6	T8 Lamps 28: F28T8 32: F32T8 T5 Lamps 28:F28T5 54: F54T5HO	CRI CCT High Lumen T8 T5 A: No Lamps X B: 75 3000 X X C: 75 3500 X X D: 75 4100 X X E: 75 5000 X X F: 85 3000 X X G: 85 3500 X X H: 85 4100 X X J: 85 6500 X X K: 85 3500 Y X L: 85 3500 Y X L: 85 3500 Yes X M: 85 4100 Yes X M: 85 5000 Yes X N: 85 5000 Yes X	SE: SBF High Eff ⁽²⁾ HE: HBF High Eff ⁽²⁾ LE: LBF High Eff ⁽²⁾ P8: PRS T8 ⁽²⁾ PS: PRS T5	MV: 120-277v AX: 480-277 ⁽³⁾ MV: 120-277v HV: 347-480v (т5но)	000: No FIOs A: Occ Sensor ⁽⁴⁾ B: Emergency Ballast ⁽⁵⁾ C: Door W/Lens & Safety Cable ⁽⁶⁾ D: Door W/Lens ⁽⁶⁾ G: Wireguard I: Special Wiring Instructions J: J-box config. ⁽⁷⁾ T: Toggle switch bi- level lighting control ⁽⁸⁾ Q: Quarter Turn Fasteners ⁽⁹⁾ W: Gymnasium wire guard door and lens ⁽¹⁰⁾	00: Standard Disconnect 01: 6' SJT 18/3, no plug 02: 10' SJT 18/3, no plug 03: 6' SJT 18/3 L5-15, twist lock 120v 04: 10' SJT 18/3 L5-15twist lock 120v 05: 6' SJT 18/3 5-15non twist lock 120v 06: 10' SJT 18/3 5-15non twist lock 120v 07: 6' SJT 18/3 L7-15 twist lock 277v 08: 10' SJT 18/3 L7-15 twist lock 277v 09: 6' SJT 7-15 non twist lock 277v 10: 10' SJT 7-15 non twist lock 277v 10: 10' SJT 7-15 non twist lock 277v 11: 16/3, no plug spec len 12: 16/4, no plug spec len 13: 16' SJT 18/3 7-15, non twist lock 277v 17: 18/3, no plug spec len 18: 6' STW L8-20, twist lock 480v 19: 10' STW L8-20, twist lock 480v 20: 16' SJT 18/3 L5-15, twist lock 120v 21: 16' SJT 18/3 L5-15, twist lock 277v		I: Single B: Bulk

(1) Lamp installation available.

(2) High Efficiency ballasts are CEE Listed.

(3) Step-down autotransformer. Allows hook-up of standard MV ballast to 480v.

(4) Occupancy Sensors should be used with programmed rapid start ballasts for maximum lamp life Standard Occupancy Sensor requires neutral wired fixtures (ex. -120v or -277v).

For phase-to-phase voltage applications (240v) advise Customer Service at time of request. (5) Please specify Emergency Ballast (120-277v only) lumen requirements at time of request.

(6) Standard acrylic prismatic, pattern 12, 0.100" thick. Call for options.

(7) Unless otherwise specified, fixture will include field installed J-box. Supply wires will exit the center of the fixture, not the

access plate. J-box can be installed without entering the fixture. (8) Allows for separate control of two ballasts through simple "toggling" of a standard wall switch.

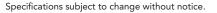
Recommend use of programmed rapid start ballast with this control.

(9) 1/4 Turn Fasteners for tool-less access to ballast compartment. Does not require lamp removal.

(10) Gymnasium wire guard with door and lens is a rough service option that provides 3 inches of space between wire guard and lens offering additional protection in a gymnasium application. This option is best ordered with factory installed lamps.

Sample Ordering Number: HFA1 E 6 32 A SE MV 000 00 I HFA1 Series Highbay Fluorescent Enhanced Specular Aluminum Reflector 6-lamps (none installed) F32T8 Standard Ballast Factor High Efficiency Ballast Multi-volt (120-277v) No Factory Installed Options No Cordset Single Packaging

SE	Standard Ballast Factor High Efficiency Instant Start T8 Ballast
HE	High Ballast Factor High Efficiency Instant Start T8 Ballast
LE	Low Ballast Factor High Efficiency Instant Start T8 Ballast
PS	Program Rapid Start T5 Ballast
P8	Program Rapid Start High Efficiency T8 Ballast
	LE PS



Specification Sheet

HFA1 Series



2/11/2014 Project: Catalog#: **Field Installed Options Ordering Highbay Fluorescent** Approved by: HFA-WCH HF-PMK2 HFA1-WG Wire Cable Hanging Kit Pendant Mount Kit Wire Guard (2 pcs per kit) with 1.0" diameter through hole HF-2CV (2 foot) HF-SK1 HF-3CV (3 foot) Stabilizer Kit (Hub, color and wire cable) Hanging Chain & V-clips **Energy Cost Estimator Existing System** New System HFA1E632ASE 400W MH Highbay High Eff Standard BF **Fluorescent Highbay** \$250 Hours burned per year Number of Fixtures Number of Fixtures 4368 1 1 52% Annual Savings \$200 Watts per Fixture Watts per Fixture Cost per kWh\$ \$150 0.12 458 222

(existing system) (new system) \$100 Energy used Energy used per year (new system) per year (existing system) \$240 \$116 \$50 **Energy Cost** \$240 \$124 Estimation \$0 \$124.00 Energy saving per year (per fixture) Existing System New System

Howard Industries provides this tool to examine the potential impact of lighting decisions. This tool provides an ESTIMATE only. The analysis of this tool does not warrant or guarantee the actual costs or savings that will be realized as the analysis suggested. You can find the full version of this cost saving tool at the Howard Lighting Website—www.howardlightingproducts.com. Click "Cost of Ownership Calculator". Copyright (c) 2008 Howard Industries All Rights Reserved.

Specifications subject to change without notice.

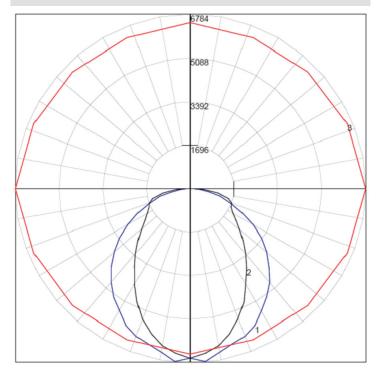
HFA1 Series



2/11/2014

Photometric Data - 6 Lamp T8 (HFA1E632)

Candela Polar Plot



HFA1E632 Test Report: HFA1E632.ies Spacing Criteria (0-180): 1.26 Spacing Criteria (90-270): 0.92 Spacing Criteria (Diagnonal): 1.14

Maximum Candela = 6783.91

Located at Horizontal Angle = 0, Vertical Angle = 5

#1 = Vertical Plane Through Horizontal Angles (0-180) Through Max Cd.

#2 = Vertical Plane Through Horizontal Angles (45-225)
 #3 = Horizontal Cone Through Vertical Angle (5) (Through Max. Cd.)

Coefficients of Utilization - Zonal Cavity Method

Effect	Effective Floor Cavity Reflectance 0.20																	
RC		8	0			7	0			50	30			10			0	
RW	70	50	30	10	70	50	30	10	50	30	10	50	30	10	50	30	10	0
0	108	108	108	108	105	105	105	105	101	101	101	97	97	97	93	93	93	91
1	98	93	89	85	95	91	87	84	87	84	81	83	81	78	80	78	76	74
2	89	81	74	69	86	79	73	68	76	71	66	73	68	65	70	66	63	61
3	81	71	63	57	78	69	62	56	67	60	55	64	59	54	62	57	54	51
4	74	63	55	48	72	62	54	48	59	53	47	57	51	47	55	50	46	44
5	68	56	48	42	66	55	48	42	53	46	41	52	46	41	50	45	40	38
6	63	51	43	37	61	50	42	37	48	41	36	47	41	36	45	40	36	34
7	59	46	38	33	57	46	38	33	44	37	32	43	37	32	42	36	32	30
8	55	42	35	29	53	42	34	29	41	34	29	39	33	29	38	33	29	27
9	51	39	32	27	50	39	31	27	38	31	26	37	31	26	36	30	26	24
10	48	36	29	24	47	36	29	24	35	29	24	34	28	24	33	28	24	22

Specifications subject to change without notice.

Project:	
Catalog#:	
Approved by:	

Luminaire Efficiencies*

Reflector Type	Т8
Enhanced Specular	91%
Specular	85%
White	86%

*Luminaire efficiency is the ratio of light output emitted by the luminaire to the light output emitted by its lamps.

Zonal Lumen Summary

Zone	Lumens	%Lamp	%Fix
0-30	4562.84	26.20	28.90
0-40	7094.96	40.80	44.90
0-60	11757.00	67.60	74.50
0-90	15786.34	90.70	100.00
0-180	15786.34	90.70	100.00

Luminance Data (cd/Sq.m)

Angle In Degrees	Average 0-deg	Average 45-deg	Average 90-deg
45	10437	6669	6175
55	9835	5974	6401
65	8714	6262	8420
75	7399	8056	8930
85	5706	5575	5847

Specification Sheet

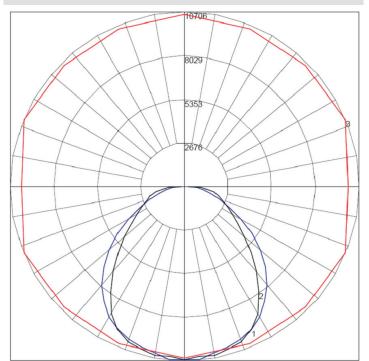
HFA1 Series



2/11/2014

Photometric Data - 6 Lamp T5 (HFA1E654)

Candela Polar Plot



HFA1E654 Test Report: HFA1E654.ies Spacing Criteria (0-180): 1.24 Spacing Criteria (90-270): 1.14 Spacing Criteria (Diagnonal): 1.28

Maximum Candela = 10705.7

Located at Horizontal Angle = 22.5, Vertical Angle = 5

#1 = Vertical Plane Through Horizontal Angles (22.5-202.5) Through Max Cd.

#2 = Vertical Plane Through Horizontal Angles (45-225)

#3 = Horizontal Cone Through Vertical Angle (5) (Through Max. Cd.)

Coefficients of Utilization - Zonal Cavity Method

Effect	Effective Floor Cavity Reflectance 0.20																	
RC		8	0			7	0			50			30			10		
RW	70	50	30	10	70	50	30	10	50	30	10	50	30	10	50	30	10	0
0	112	112	112	112	110	110	110	110	105	105	105	100	100	100	96	96	96	94
1	102	97	93	89	99	95	91	88	91	88	85	87	85	82	84	82	80	78
2	93	85	78	72	90	83	77	72	80	74	70	76	72	68	74	70	67	65
3	85	75	67	60	82	73	66	60	70	64	59	68	62	58	65	61	57	55
4	78	66	58	51	75	65	57	51	63	56	50	60	54	50	58	53	49	47
5	72	59	51	45	70	58	50	44	56	49	44	54	48	43	53	47	43	41
6	66	54	45	39	64	53	45	39	51	44	39	49	43	38	48	42	38	36
7	62	49	41	35	60	48	40	35	47	40	34	45	39	34	44	38	34	32
8	57	45	37	31	56	44	36	31	43	36	31	42	35	31	40	35	30	29
9	54	41	33	28	52	41	33	28	39	33	28	38	32	28	37	32	28	26
10	50	38	31	26	49	38	30	26	37	30	25	36	30	25	35	29	25	24

Specifications subject to change without notice.

Project:	
Catalog#:	
Approved by:	

Luminaire Efficiencies*

Reflector Type	T5
Enhanced Specular	94%
Specular	89%
White	89%

*Luminaire efficiency is the ratio of light output emitted by the luminaire to the light output emitted by its lamps.

Zonal Lumen Summary

Zone	Lumens	%Lamp	%Fix
0-30	8287.54	27.6	29.3
0-40	13181.73	43.9	46.6
0-60	21818.65	72.7	77.1
0-90	28314.35	94.4	100.00
0-180	28314.35	94.4	100.00

Luminance Data (cd/Sq.m)

Angle In Degrees	Average 0-deg	Average 45-deg	Average 90-deg
45	17720	13944	12116
55	16537	11505	11614
65	15128	10678	12356
75	12791	12044	15723
85	8439	11387	11511

Howard Lighting Products | 580 Eastview Drive | Laurel, MS 39443 (toll free) 800.956.3456 | (direct) 601.422.0033 | (fax) 601.422.1652 www.HowardLightingProducts.com

Specification Sheet

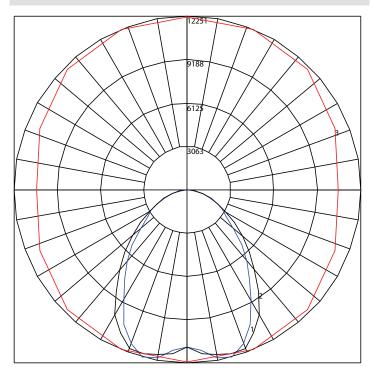
HFA1 Series



2/11/2014

Photometric Data - 6 Lamp T5 (HFA1F654)

Candela Polar Plot



HFA1F654 Test Report: HFA1F654.ies Spacing Criteria (0-180): 1.30 Spacing Criteria (90-270): 1.18 Spacing Criteria (Diagnonal): 1.30

Maximum Candela = 12250.6

Located at Horizontal Angle = 67.5, Vertical Angle = 15

- # 1 Vertical Plane Through Horizontal Angles (67.5 247.5) (Through Max. Cd.)
- # 2 Vertical Plane Through Horizontal Angles (45 225)
- # 3 Horizontal Cone Through Vertical Angle (15) (Through Max. Cd.)

Coefficients of Utilization - Zonal Cavity Method

Effect	Effective Floor Cavity Reflectance 0.20																	
RC		8	0			7	0			50			30			10		0
RW	70	50	30	10	70	50	30	10	50	30	10	50	30	10	50	30	10	0
0	111	111	111	111	109	109	109	109	104	104	104	100	100	100	96	96	96	94
1	103	99	95	92	100	97	94	91	93	90	88	89	87	85	86	84	83	81
2	94	87	81	77	92	86	80	76	82	78	74	79	76	72	76	73	71	69
3	87	77	70	65	84	76	69	64	73	68	63	71	66	62	68	64	61	59
4	80	69	62	56	78	68	61	55	66	59	55	64	58	54	62	57	53	51
5	74	62	54	49	72	61	54	48	59	53	48	58	52	47	56	51	47	45
6	68	56	48	43	67	56	48	43	54	47	42	52	46	42	51	46	42	40
7	63	51	44	38	62	51	43	38	49	43	38	48	42	37	47	41	37	35
8	59	47	39	34	58	46	39	34	45	39	34	44	38	34	43	38	34	32
9	55	43	36	31	54	43	36	31	42	35	31	41	35	31	40	34	30	29
10	52	40	33	28	51	40	33	28	39	32	28	38	32	28	37	32	28	26

Specifications subject to change without notice.

Project:	
Catalog#:	
Approved by:	

Luminaire Efficiencies*

Reflector Type	Т5
Enhanced Performance	94%

*Luminaire efficiency is the ratio of light output emitted by the luminaire to the light output emitted by its lamps.

Zonal Lumen Summary

Zone	Lumens	%Lamp	%Fix
0-30	9319.82	31.1	33.2
0-40	14747.32	49.2	52.5
0-60	23756.17	79.2	84.6
0-90	28094.87	93.6	100.00
0-180	28094.87	93.6	100.00

Luminance Data (cd/Sq.m)

Angle In Degrees	Average 0-deg	Average 45-deg	Average 90-deg
45	16251	11863	10043
55	15345	8834	7305
65	13222	6354	6211
75	9564	4225	3508
85	3279	636	618



FEATURES & SPECIFICATIONS

INTENDED USE — The IBZ fluorescent high bay is ideal for new construction and renovation projects. It is a one-for-one replacement of common metal halide high bay systems. The unique Cool Running Plus™ technology provides industry-leading, trouble-free operation in ambient temperatures up to 155°F (68°C). Applications include manufacturing, warehousing, commercial and industrial facilities. The IBZ fixture performs well at mounting heights from 15'-40'. Certain airborne contaminants can diminish integrity of acrylic. Click here for Acrylic Environmental Compatibility table for suitable uses.

CONSTRUCTION — The highly configurable design of the IBZ high bay allows for a multitude of fixture options that can either be factory- or field-installed. The easy-access ballast channel houses the proprietary Cool Running Plus technology, which is the most advanced fluorescent ballast technology available for fluorescent high bay lighting. It has independent lamp operation to reduce lamp maintenance costs, is fast-starting to improve occupancy sensing, and a proprietary thermal-sensing processor that allows for reliable operation in environments where ambient temperatures can reach up to 155°F (68°C).

In addition to the reliable operation of IBZ fixtures, the reflectors tightly control the distribution of light and effectively manage lamp heat to increase the overall efficiency. The result is superior optics in either narrow distribution for aisles, or wide distribution for general lighting. Installation is made guick and easy with IBZ hanging accessories such as the aircraft cable and single-point mounting bracket. IBZ fixtures can be factorywired to have both sensors and cord sets, further reducing installation time. The configurability, performance and ease of installation make IBZ fixtures the preferred choice for fluorescent high bay lighting.

Channel is formed of heavy-duty code-gauge (22-gauge) steel to stand up to the most demanding elements. Lamp holder assembly protects from incidental damage or movement of sockets during handling and installation. Lamp holders (sockets) are manufactured from PBT (polybutylene terephthalate) material for increased chemical resistance along with secure positioning rotating collars and enclosed contacts. Access plate on the back of the channel housing allows quick and easy wiring.

Finish: Channel is high-gloss white baked enamel; five-stage iron phosphate pretreatment ensures superior paint adhesion and rust resistance.

OPTICS — Two optical systems are available. Narrow distribution is ideal for narrow or aisle lighting applications and features precision-formed segmented optics utilizing specular aluminum reflector. Provides 95% reflectivity and warranted for 25 years. Wide distribution includes high-reflectance white finish for general or open areas.

ELECTRICAL — Thermally protected, resetting, Class P, HPF, A sound-rated electronic ballast. AWM TFM or THHN wire used throughout rated for required temperatures. Ballast disconnect (BDP) is standard unless EL14 or cord set is requested.

INSTALLATION — Suitable for suspension by chain, cable, surface-mounting bracket, hook monopoint or single (pendant) monopoint. Surface mounting not recommended without optional surface mounting bracket. To maintain high ambient listing, fixture should be mounted at a minimum plenum height of 8".

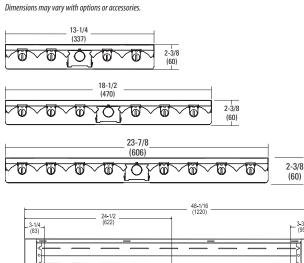
LISTINGS — CSA Certified to U.S. and Canadian safety standards (UL1598 and CSA 250.0-08) for 55°C and 40°C lensed. Suitable for damp locations.

WARRANTY — 1-year limited warranty. Complete warranty terms located at www.acuitybrands.com/CustomerResources/Terms_and_conditions.aspx

Actual performance may differ as a result of end-user environment and application.

Note: Specifications subject to change without notice.

DIMENSIONS



Catalog

Number

Notes

Туре

4-, 6- or 8-lamp T5H0 Patent Pending

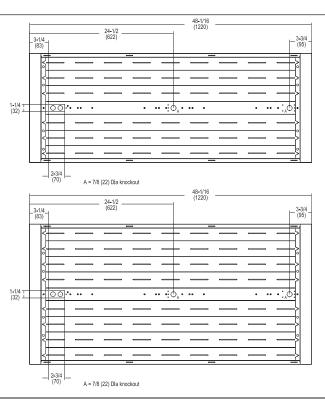
FLUORESCENT HIGH BAY

Fluorescent High Bay

IB7

SPECIFICATIONS							
	Length	Width	Depth	Weight			
4-lamp	48-1/16 (1221)	13-1/4 (337)	2-3/8 (60)	16 lbs. (7.3 kg)			
6-lamp	48-1/16 (1221)	18-1/8 (460)	2-3/8 (60)	20 lbs (9.1 kg)			
8-lamp	48-1/16 (1221)	23-7/8 (606)	2-3/8 (60)	25 lbs. (11.3 kg)			

All dimensions are inches (millimeters) unless otherwise specified and may vary with options or accessories.



3-3/4 (95) 1-1/4 ••

> 2-3/4 7/8 (22) Dia knockou

IBZ Fluorescent High Bay, T5HO

IBZ							
Series	Lamp type	Distribution	Shielding ^{2,3}	Voltage	Ballast configuration	Ballast ⁶	
IBZ For tandem double-length unit, add prefix "T". Ex: TIBZ	Lamps installed ¹ 454L 4-lamp 54W T5HC 654L 6-lamp 54W T5HC 854L 8-lamp 54W T5HC <u>Unlamped</u> 454 4-lamp 54W T5HC 654 6-lamp 54W T5HC 854 8-lamp 54W T5HC	NDU Narrow distribution, enhanced uplight, ≤13% uplight WD Wide distribution, ≤5% uplight	 (blank) No shielding A12125 Pattern 12 acrylic, 0.125" ⁴ ACL Clear acrylic, 0.125" ⁴ PCL125 Clear polycarbonate, 0.125" ⁴ NLWG No lens; wireguard in door frame 		 (blank) Standard configuration 4-lamp = (1) 4-lamp ballast 6-lamp = (1) 2-lamp and (1) 4-lamp ballast 8-lamp = (2) 4-lamp ballasts 	(blank) GEB10PS90	Cool Running Plus T5 elec- tronic, 1.0 BF, programmed rapid start T5 electronic, 1.0 BF, pro- grammed rapid start
Lamp color	Opti	ons					
LP835 LP850 <u>Amalgam lam</u> LP841A LP835A	F54T5H0/841 116. F54T5H0/835 OU' F54T5H0/835 OU' F54T5H0/850 OC	F Internal slow-blow fuse ^{8,1} 4 Emergency battery pack ^{8,1} 4SD Emergency battery pack w 2 1250 lumens per lamp bat ICTR Wiring leads pulled throug 6 RELOC® OnePass® 5' instal 9 Integrated modular plug ¹	10, 11 CS3W r/ self-diagnostics ^{8, 10, 11} CS7W tery ^{10, 11, 12} CS11W yh back center of fixture ³ CS25W ed ⁸ CS97W	ts: Straight plug, 120V ^{14, 15} Twist-lock, 120V ^{14, 15} Straight plug, 277V ^{14, 15} Twist-lock, 277V ^{14, 15} Twist-lock, 347V ^{14, 15} Twist-lock, 480V ^{14, 15} 600 SO white cord, no p (no voltage required) ¹⁴	MSI360 360° r MSE360 360° r MSE360LB 360° r XP1 XPoin XP2 XPoin XP2 XPoin Wireguards:	notion sensor, pre- notion sensor , pre- notion sensor , emb notion sensor, em t single relay ¹⁹ t double relay ¹⁹ nal wirequard inst.	wired ¹⁶ bedded ^{8, 17} bedded ^{8, 18}

Mounting:		Field-installable do	or and lens assemblies: 22, 23	Cord sets and	sensors for IMP option:	Wireguards:	
IBAC120 M20 IBAC240 M20 IBHMP IBZACVH IBZTFC IBZPMP IBZPMPHB HBBS36 IBZSMB	Aircraft cable 10' with hook (one pair) Aircraft cable 20' with hook (one pair) Hook monopoint Aircraft 10' V hanger (one pair) Tandem coupler and side panel Pendant monopoint splice box, includes side covers ²¹ Pendant monopoint splice box, includes side covers (3/4" hub) ²¹ Chain hanger, 36" (one pair) Surface-mounting bracket (one pair)	DLIBZ14 A12125 DLIBZ14 ACL DLIBZ14 PCL125 DLIBZ19 A12125 DLIBZ19 ACL DLIBZ19 PCL125 DLIBZ24 ACL DLIBZ24 PCL125	 4-lamp pattern 12 acrylic lens, 0.125" ^{22, 23} 4-lamp clear acrylic lens ^{22, 23} 4-lamp clear polycarbonate lens, 0.125" ^{22, 23} 6-lamp pattern 12 acrylic lens, 0.125" ^{22, 23} 6-lamp clear acrylic lens ^{22, 23} 6-lamp clear acrylic lens ^{22, 23} 8-lamp clear acrylic lens ^{22, 23} 8-lamp clear acrylic lens ^{22, 23} 8-lamp clear polycarbonate lens, 0.125" ^{22, 23} 	CS1WIMP CS3WIMP CS7WIMP CS11WIMP CS25WIMP CS93WIMP CS97WIMP MSIIMP MSI360IMP	Straight plug, 120V ^{8, 14, 15} Twist-lock, 120V ^{8, 14, 15} Straight plug, 277V ^{8, 14, 15} Twist-lock, 277V ^{8, 14, 15} Twist-lock 347V 600V S0 white cord, no plug (no voltage required) ¹⁴ Twist-lock 480V Aisle sensor ^{8, 24}	WGIBZ14 WGIBZ19 WGIBZ24	Standard 4-lamp wireguar Standard 6-lamp wireguar Standard 8-lamp wireguar

Notes

1 Lamps installed are F54T5H0/841 unless otherwise specified.

2 5/55°F warranty with open fixtures only.

3 Not available with MSE360 option.

- 4 For wireguard in door frame, add "WG" to shielding. Ex: A12125WG.
- Nonstandard configurations may require factory installed $\mathsf{BACKPACK}^{\mathsf{M}}.$ Consult factory. 5
- 6 Certain ballast may require a BACKPACK™ installed by the factory in order to accommodate the size of the battery. The BACKPACK is NOT field installable. May only be surface mounted using IBZSMB. Not available with pendant mount using IBZ PMP or IBZ PMPHB. Not available with IMP.
- 7 Not for use with motion sensors.
- Specify voltage. Consult factory for Canadian applications. 8
- Not available with 347 voltage. 9
- 10 Battery options require a BACKPACK[™] installed by the factory in order to accommodate the size of the battery. The BACKPACK is NOT field installable. May only be surface mounted using IBZSMB. Not available with pendant mount using IBZ PMP or IBZ PMPHB. Not available with IMP.
- 11 Certified to UL1598 (approx. 1100 lumens at 25°C when using 49W lamps, and 911 lumens at 45°C). Single-lamp operation only. 120 or 277 voltage only.

- 12 Max 2500 lumens when used with 54W T5 lamps up to 55°C ambient temperature (120 or 277 voltage only).
- 13 Must be factory-installed. Not available on TIBZ 16-lamp configurations.
- 14 All cord sets are 18/3, 6', white.
- 15 Cord sets are voltage specific. Specify voltage. Other configurations available. Consult factory.
- 16 Specify voltage; 120, 208, 240, 277, 347 or 480.
- 17 Recommended for heights of 30-40'. Not available with lensed units. 120, 277 or 347 voltage only.
- 18 Embedded sensor. For mounting heights up to 20', not available with lensed units. 120, 277 or 347 voltage only.
- 19 Contact LC&D for additional system components required.
- 20 One wireguard shipped as separate line item for top installation in field. Not available with IBZPMP.
- 21 When ordering IBZPMP, two-ballast configurations are recommended. Ex: 2/2. Not available with tandem units. Not available with any battery pack.
- 22 Not available with MSE360 or MSE360LB.
- 23 Add WG to nomenclature if wire guard is to be installed in door frame, ex: DLIBZ14 A12125WG.
- 24 Must have "IMP" power cord to power fixture.

OPTIONS AND ACCESSORIES

The I-BEAM fixture offers numerous options for almost every electrical and optical component, including a long list of field-installable accessories.



INTEGRATED MODULAR PLUG (IMP)

Must be factory-installed and allows for field installation of various modular accessories including cordsets, motion sensors, photocells and LC&D XPoint[™] relays. Requires IMP cordset for operation.

Order as: IMP





IBZ BACKPACK™

Electrical box must be factory-installed to house additional components such as emergency ballasts, step-down transformers and dimming ballasts. Extended brackets allow air flow for increased heat management of all components.

Factory-installed.



V-SHAPED WIRE GUARD (external)

Flex on impact to absorb shock, reducing damage to the fixture assemblies. Wire guards can be mounted on top and bottom of fixtures to provide full protection.

Factory-installed option:

WGX 2WGX

Field-installed option: WGIBZ14 WGIBZ19 WGIBZ24



TANDEM CAPABILITY

Supports applications requiring high luminance and high mounting heights. The 8' tandem option is factory-assembled with continuous steel side panels and tensioning couplers. Tandem kits are also available for field installation.

Factory-installed option: TIBZ

Field-installed option: IBZTFC

PENDANT MONOPOINT BRACKET

Accepts $\frac{34''}{2}$ rigid conduit for single-point mounting. The bracket can be adjusted to help counterbalance fixture to off set weight variance from end to end.

Order as: IBZPMP IBZPMPHB



IBZ X54

Page 3 of 3