

Daikin Applied, OMNIA PUBLIC Quote for (2) Daikin Trailblazer Air-Cooled Scroll Chillers



City of Watsonville, Provide (2) Trailblazer Air-Cooled Scroll Chillers

CITY OF WATSONVILLE
250 MAIN ST
Watsonville, CA 95076
Quote #: Q-55690
Certified Proposal Number: R200401-CA-333350
OMNIA Membership Id:4001844

OMNIA[®]
P A R T N E R S

Prepared for:

Grant Adams
Facilities & Maintenance Supervisor
CITY OF WATSONVILLE
Quote Document Date: 1/2/25

Prepared by:

Franklin Ohlinger
Account Representative
Phone: (510) 846-0324 Mobile:
E-mail: franklin.ohlinger@daikinapplied.com
Daikin Applied Americas, Inc.

Proposal Details

Daikin Applied Americas Inc. is pleased to offer the following Equipment Quote for your consideration. Thank you for selecting Daikin Applied Service Group to care for your building's system. Our service personnel have the knowledge and experience to deliver the best support available. Daikin is pleased to offer this Quote for your consideration.

Background:

Existing equipment: (2) McQuay 175 Ton AGS chillers.

Scope of Work:

Provide equipment and documentation from Daikin for the following equipment:

- (2) Daikin AGZ010F Trailblazer Packaged Air Cooled Scroll Chiller

Warranty information

- 2-year entire unit warranty, unit parts and unit labor
- 1-year refrigerant warranty

Clarifications and exclusions:

- Freight to local storage yard included.
- Installation services are not included.
- Please see equipment documentation for detailed technical information.

Emergency Service Response

Emergency service is available on a 7-day, 24 hour basis. For scheduled service and repairs covered under this agreement and performed at the Customer's request outside of normal working hours, the Customer agrees to pay the difference between the prevailing standard billing rate and the prevailing overtime rate.

OMNIA Pricing and Acceptance

Feel free to contact me if you have any questions or concerns regarding the information contained in this Equipment Only Quote. If you would like us to proceed with the solution presented above, sign the acceptance line below (including PO# if applicable) and return a copy so that we can begin to mobilize our efforts to complete services as quickly as possible. We appreciate the opportunity to provide you with this solution and look forward to working with you on this and servicing your needs in the future.

Investment Amount and Billing Terms:

Investment required to implement the proposed solution

\$293,350.00 (Two Hundred Ninety Three Thousand, Three Hundred Fifty dollars and Zero cents)

***Price does not include applicable sales tax**

Quote, inclusive of the pricing, is provided in accordance with Region 4 ESC Contract # R200401, available via OMNIA Partners, including the terms and conditions contained therein

(<https://www.omniapartners.com/suppliers/daikin-applied/public-sector/contract-documents#contract-375>) shall govern this Quote and the corresponding scope of work as described herein which are hereby incorporated by this reference. Pricing and acceptance are subject to Daikin Applied's final credit approval.

Billing/Payment Terms*: Billed in full upon completion

*All billings are due immediately upon Receipt

Milestone billing

Payments shown below shall be made per the following Milestone billing amounts. Each amount shall be invoiced at the completion of each milestone and shall constitute Customer's acceptance of the Work. All payments are due upon receipt.

This includes the scope of work provided by Daikin Applied as defined in this Quote and per the terms and conditions provided under separate cover.

Billing Milestone Name	Milestone Amount
30% Down Payment	88,005.00
70% Equipment Arrival Payment	205,345.00

This Quote will be honored by Daikin Applied for 30 days from the date on the front of the Quote. After 30 days, Daikin Applied reserves the right to evaluate cost changes (both increases and decreases) from the Quote.

Grant Adams
CITY OF WATSONVILLE
250 MAIN ST
Watsonville, California 95076

Site Address:
CITY OF WATSONVILLE
250 MAIN ST
Watsonville, CA 95076

Accepted by:

Approved by:

(Print Full Legal Name of Customer)

(Print Full Legal Name of Daikin Applied Representative)

(Signature)

(Signature)

(Title)

(Title)

Date:

Date:

Note: This Agreement is subject to final credit approval by Daikin Applied.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/30/2024

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 MARSH USA LLC 400 West Market Street, Suite 700 Louisville, KY 40202 Attn: Louisville.certrequest@marsh.com	CONTACT NAME: GeeAnn Missi PHONE (A/C, No, Ext): 866-966-4664 E-MAIL ADDRESS: Louisville.CertRequest@marsh.com	FAX (A/C, No): 212-948-0804
	INSURER(S) AFFORDING COVERAGE	
CN101863513-DAA-GAWU-24-25	INSURER A : Mitsui Sumitomo Insurance USA Inc INSURER B : Sentry Casualty Company INSURER C : N/A INSURER D : INSURER E : INSURER F :	22551 28460 N/A

COVERAGES **CERTIFICATE NUMBER:** CLE-006842408-06 **REVISION NUMBER:** 14

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	ADDITIONAL SUBROGATION WAIVED	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"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		GL 2122557 (subject to self-insured retentions for various perils covered)	04/01/2024	04/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BVR8406442 (AOS) BVM8803074 (MA)	04/01/2024	04/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		UMB5700287 (subject to self-insured retention for various perils covered)	04/01/2024	04/01/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	90-20216-002 (Daikin Ded.)	04/01/2024	04/01/2025	<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)
Evidence Only

CERTIFICATE HOLDER Daikin Applied Americas 13600 Industrial Park Boulevard Minneapolis, MN 55441	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Marsh USA LLC</i>
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ACORD 25 (2016/03)

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