



**ERIE COUNTY WATER AUTHORITY**  
**INTEROFFICE MEMORANDUM**

May 16, 2017

To: Terrence D. McCracken, Secretary to the Authority

From: Michael T. Haendiges, Production Engineer *MTH*

Subject: Contract HSQ-018  
SCADA Maintenance  
from June 1, 2018 to May 31, 2019  
ECWA Project No. 201800024

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Attached is the ECWA Authorization Forms for Legal Department approval, Board authorization to execute, and execution by Chairman of Professional Service Contract with HSQ Technology as well as the three originals of Professional Service Contract for the above referenced project already executed by Consultant.

The current maintenance contract for our SCADA system will expire May 31, 2018. HSQ Technology is the manufacturer and sole provider of services for our current SCADA (control equipment for the water distribution) system. "Sole Source" documentation is also included in this package.

RJS:PDM:jmf  
Attachments  
cc: R.Stoll  
S.Aiple  
CONT-HSQ-018-1801-011

**SOLE SOURCE JUSTIFICATION**

Requisition Item: Renewal of SCADA Maintenance Contract 2018 - 2019

Purchase Order or Master Purchase Order Number: PN 201800024

Prior Purchase Order or Master Purchase Order Number (if item has been approved previously): MPO 7041 - 18

1. Please describe the item and its function: Maintenance for SCADA system on equipment and software obtained from HSQ

2. This is a sole source\* because:

- Sole provider of a licensed or patented good or service.
- Sole provider of items that are compatible with existing equipment, inventory, systems, programs, or services.
- Sole provider of goods and services for which the Authority has established a standard\*\*.
- Sole provider of factory-authorized warranty service.
- Vendor/ distributor is a holder of a used item that would represent good value and is advantageous to the Authority (please attach information on market price survey, availability, etc.)
- Sole provider of goods or services that will meet the specialized needs of the Authority or perform the intended function (please detail below or in an attachment.)

SEE ATTACHED

3. What necessary features does this vendor provide which are not available from other vendors? Be specific.

The SCADA system was designed and currently maintained by HSQ.

4. What steps were taken to verify that these features are not available elsewhere?

- Verification from manufacturer of sole source attached (current year).
- Other brands/ manufacturers were examined (please list phone numbers and names and explain why these were not suitable).

SEE ATTACHED

- Other vendors were contacted (please list phone numbers and names and explain why these were not suitable).

**SUBMIT TO DIRECTOR OF ADMINISTRATION FOR APPROVAL**

Buyer's Signature: *Paul Miklos* Date: 5-17-2018

Buyer's Name PAUL MIKLOS

Approved: *Paul Miklos* Date: 5/17/18  
Director of Administration

\* Sole Source: Only one vendor possesses the unique and singularly available capability to meet the requirement of the solicitation.  
\*\* Procurement of items for which the Authority has established a standard by designating a brand or manufacturer or by pre-approving via a testing, shall be competitively bid if there is more than one vendor of the item.



26227 Research Road  
Hayward, California 94545-3725  
Telephone: (510) 259-1334 ◆

<http://www.hsq.com>  
Facsimile: (510) 259-1392

By Email [saiple@ecwa.org](mailto:saiple@ecwa.org)

April 17, 2018

Erie County Water Authority  
3030 Union Road  
Cheektowaga, NY 14227

Attention: Scott Aiple

**Reference: Quotation for Month-to-Month SCADA Support Services  
HSQ Quotation No. 1804-0009-MA**

Dear Mr. Aiple:

HSQ Technology is pleased to offer month-to-month maintenance service for your Supervisory Control and Data Acquisition (SCADA) system at the monthly rate of \$750.00. This amount, which will be billed monthly in advance, is for telephone support via the HSQ Hayward, California, office at 510-259-1334 during HSQ Technology West Coast business hours (08:00 PT to 5:00 PT).

Please note, telephone support is intended to maintain system functionality, and is not intended to be an unlimited technical resource; HSQ reserves the right to request additional compensation for any of the activities list as 'Work Excluded' in the attached agreement for Month-to-Month SCADA Support Services. These additional services will be quoted at standard HSQ T&M rates – which are provided in Exhibit A of the Agreement for Month-to-Month SCADA Support Services

If any site visit(s) are required during the term of the agreement, HSQ can provide a three (3) day site visit, including one (1) day of pre-trip preparation, one (1) day of post-trip documentation, and two (2) travel days, for the cost of \$15,500 per site visit. Invoicing for any request site visit can be coordinated to occur in advance or at the conclusion of the site visit.

In addition, HSQ Technology can provide replacement, spare parts and/or repair services at the prices listed on the HSQ "*Parts and Service Price List*" (Exhibit A of the Agreement for Month-to-Month SCADA Support Services). Parts not listed on the HSQ "*Parts and Service Price List*" will be quoted on request. Parts and service requests that are outside the scope of the maintenance agreement will require a separate purchase order. To facilitate the order and repair of equipment, HSQ

*Promote Safety . . . Every Day !*



Erie County Water Authority – Month-to-Month SCADA Support Services

Quotation No. 1804-0009-DJP

Attention: Scott Aiple

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April 17, 2018

suggests that you add a \$5,000 to \$15,000 blanket purchase order for any emergency order.

Enclosed is a signed Agreement for Month-to-Month SCADA Support Services. If you find it acceptable, please print two (2) copies of the Agreement and complete the Customer Acceptance portion of both documents and return one fully executed copy to HSQ Technology with a purchase order or contract. Please keep one copy for your files.

HSQ looks forward to meeting your SCADA support service needs. Please contact the undersigned at (800) 486-6684 with any questions.

Sincerely yours,

HSQ TECHNOLOGY

A handwritten signature in black ink, appearing to read 'DP', written over a horizontal line.

David Pulice, PE  
Director of Operation

DJP/ks

Enclosure



26227 Research Road  
Hayward, California 94545-3725  
Telephone: (510) 259-1334 ◆

<http://www.hsq.com>  
Facsimile: (510) 259-1392

By E-mail [saiple@ecwa.org](mailto:saiple@ecwa.org)

February 7, 2018

Erie County Water Authority  
3030 Union Road  
Cheektowaga, New York 14227

Attention: Scott A. Aiple

Reference: **Sole Source Letter -  
HSQ Technology System, Software, RTUs, and Boards**

Gentlemen:

This letter is to certify that HSQ Technology, A Corporation, is the manufacturer of the HSQ MISER SCADA System, the HSQ Series 2500, including 25X86, Remote Terminal Units (RTUs), and all associated software and boards for said System and RTUs.

As the manufacturer, we are the only authorized company that supports the hardware and software for both the MISER SCADA System and the RTUs.

We are a sole source manufacturer and do not sell or authorize support through distributors or any other agency, and we are the only authorized repair facility.

If you have any questions, please call the undersigned at 800/486-6684.

Sincerely yours,

HSQ TECHNOLOGY

A handwritten signature in black ink, appearing to read 'DJP', written over a horizontal line.

David J. Pulice  
Director of Operations

DJP/ks



## AGREEMENT FOR MONTH-TO-MONTH SUPPORT SERVICE

**HSQ TECHNOLOGY and ERIE COUNTY WATER AUTHORITY**

**SUPERVISORY CONTROL AND DATA ACQUISITION SYSTEM**

**Maintenance Agreement No. 1804 – 0009 - MA**

This Agreement is made and entered into this 17<sup>th</sup> day of **April, 2018**, by and between HSQ TECHNOLOGY, A Corporation, hereinafter referred to as “HSQ,” and Erie County Water Authority, hereinafter referred to as “CUSTOMER,” for Month-to-Month Support Service(s) for the CUSTOMER’s SCADA System located at various CUSTOMER locations.

### **TERM**

This Agreement shall be effective June 1, 2018, and shall continue for a term of up to twelve months through May 31, 2019. CUSTOMER shall have the right to terminate this Agreement upon thirty (30) day written notice to HSQ. CUSTOMER has agreed to pre-pay for Month-to-Month Support Service, in consideration for the right to terminate this Agreement upon thirty (30) day written notice to HSQ.

### **SCOPE OF WORK**

In consideration of payment by CUSTOMER, HSQ agrees to provide telephone support for questions regarding operations of, or problems arising with, the CUSTOMER SCADA system. Telephone support will be available during HSQ Technology West Coast normal business hours of 08:00 PT to 5:00 PT, from HSQ’s Hayward, California, office at 510-259-1334.

Please note, telephone support is intended to maintain system functionality, and is not intended to be an unlimited technical resource; HSQ reserves the right to request additional compensation for any of the activities list as ‘Work Excluded’, below.

#### **Work included:**

- Operation or maintenance questions from Customer authorized staff related to maintaining system functionality.
- Assist in diagnosing hardware problems for HSQ supplied equipment
- Provide fixes for any latent software defects, for software furnished by HSQ
- Access Customer System as available for any of the above issues

#### **Work Excluded:**

- Development of custom software including reports, control blocks, VCL
- Significant modifications to the System Database for points or Graphics
- Preparations of new Drawings or Documentation
- Technical support related to migrating HSQ MISER functionality and/or other functionality of the CUSTOMER’s SCADA system to another SCADA platform
- Any material or equipment

**Site Visits:**

Site visits can be coordinated between CUSTOMER and HSQ:

- CUSTOMER shall provide the scope of work expected for each visit in order for HSQ to assign to the appropriate HSQ support Engineer for the site visit
- Site visits include labor only and may include training, maintenance, assisting with the development of minor software modifications or providing technical support related to migrating HSQ MISER functionality and/or other functionality of the CUSTOMER's SCADA system to another SCADA platform
- ❖ HSQ can provide a three (3) day site visit, upon thirty (30) day advance notice, which shall include: one (1) day of pre-trip preparation, one (1) day of post-trip documentation, two (2) travel days, and all nominal travel costs (air fare, hotel, rental car, and per diem) for the cost of \$15,500 per HSQ employee, per site visit. Invoicing for any request site visit can be coordinated to occur in advance or at the conclusion of the site visit.

**PAYMENT**

In consideration of the above Month-to-Month (Standard Telephone) Support Service, CUSTOMER agrees to pay HSQ the sum of Seven Hundred and Fifty Dollars and No Cents (\$750.00), billed in monthly, payable in advance. Invoices are payable upon receipt.

As noted above, invoicing for any request site visit can be coordinated to occur in advance or at the conclusion of the site visit.

**ACCEPTANCE**

By CUSTOMER:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

By HSQ TECHNOLOGY:

  
\_\_\_\_\_  
Signature

David Pulice, PE

\_\_\_\_\_  
Typed/Printed Name

Director of Operations

\_\_\_\_\_  
Title

04/17/18

\_\_\_\_\_  
Date



Exhibit A

Valid April 09, 2018

# Parts and Service Price List

## Terms and Conditions

- ◇ All prices are FOB Hayward, California and are exclusive of sales tax. Taxes and transportation charges will be prepaid and added to the invoice.
- ◇ VISA and MasterCard are accepted, subject to a 3% surcharge.
- ◇ Prices are subject to change. Call or email for current prices.
- ◇ Minimum parts order is \$250.00.
- ◇ New items are warranted for one (1) year.
- ◇ Repair items are warranted for ninety (90) days.
- ◇ Extended warranty is available on most items.
- ◇ The prices on this list do not apply to parts damaged as a result of improper use or acts of god.
- ◇ If no part number is listed, please call. The application will dictate the specific part number.
- ◇ Quantity discounts are available for the 2500 - 25x86 Series Interface and Expansion boards shown below, as follows:

- Qty. 5-15            10% Discount
- Qty. 16-30        20% Discount
- 30 or More        35% Discount

**NOTE:** Part numbers underlined and in blue are links to datasheets with more detailed information.

| <u>Contacts</u> | <u>Title</u>                |
|-----------------|-----------------------------|
| Hugh Carter     | Small Parts Project Manager |



## Logic Processors (RTUs)

| PART No.    | DESCRIPTION  | LIST PRICE |
|-------------|--|------------|
| 8600-3343F  | 25x86 Logic Processor – Standard                                   | \$1,950.00 |
| 8600-3343L  | 25x86 Logic Processor – Low Power                                  | \$1,950.00 |
| 8600-3343Z2 | 25x86 Logic Processor – Extended Temperature (-40 to 85° C)        | Call       |
| 6000-1140   | Low Point Count Logic Processor – Low Power                        | ‡          |
| 6000-1150   | Low Point Count Logic Processor                                    | ‡          |
| HSQ-1110    | Modern Low Point Count Logic Processor                             | \$1,090.00 |
| HSQ-1911    | Logic Processor CPU w/ 8 AI, 32 DI, and 32 DO Onboard Input/Output | \$1,750.00 |
| 8600-2504   | 2500 Series Logic Processor (refurbished)                          | \$800.00   |
| 8600-386X   | Latest CPU Exchange for 386 or 486 CPU                             | \$800.00   |
| 8600-V8     | V8 Software Upgrade (only available for 9579 and 9588 processors)  | \$300.00   |
| CPF-UP      | Compact Flash Upgrade  | Call       |

## 3000 Series Modules for 25x86/1000/6000 RTUs

| PART No. | DESCRIPTION  | LIST PRICE |
|----------|--|------------|
| HSQ-3010 | 8-Channel Analog Input / 8-Channel Digital Input / 4-Channel Digital Output Module | \$464.00   |

## 6000/6200 Series Modules for 25x86/1000/6000 RTUs

| PART No.  | DESCRIPTION   | LIST PRICE |
|-----------|---|------------|
| HSQ-6015  | 7-Channel RTD Input Module  | \$560.00   |
| HSQ-6017  | 8-Channel Analog Input / 2-Channel Digital Output Module                              | \$470.00   |
| HSQ-6018  | 8-Channel Thermocouple Input / 8-Channel Digital Output Module                        | \$670.00   |
| HSQ-6024  | 12-Channel Universal (6 AI, 2 AO, 2 DI, 2 DO) Input/Output Module                     | \$720.00   |
| HSQ-6050  | 12-Channel Digital Input / 6-Channel Digital Output Module                            | \$295.00   |
| HSQ-6051  | 12-Channel Digital Input / 2-Channel Digital Output or 2-Channel Counter Input Module | \$290.00   |
| HSQ-6052  | 8-Channel Digital Input / 8-Channel Digital Output                                    | \$320.00   |
| HSQ-6060  | 6-Channel Digital Input / 6-Channel Relay Module                                      | \$320.00   |
| HSQ-6066  | 6-Channel Digital Input / 6-Channel Power Relay Module                                | \$340.00   |
| HSQ-6217  | 8-Channel Analog Input Module   | \$490.00   |
| HSQ-6224  | 4-Channel Analog Output / 4-Channel Digital Input Module                              | \$580.00   |
| HSQ-6250  | 8-Channel Digital Input / 7-Channel Digital Output Module                             | \$320.00   |
| HSQ-6251  | 16-Channel Digital Input Module   | \$320.00   |
| HSQ-6256  | 16-Channel Digital Output Module  | \$320.00   |
| HSQ-6260  | 6-Channel Relay Output Module   | \$320.00   |
| HSQ-6266  | 4-Channel Digital Input / 4-Channel Relay Output Module                               | \$320.00   |
| HSQ-6000R | Communication Ribbon Cable (HSQ-6000 to 2572)   | \$45.00    |

‡ – No longer available. The HSQ-1110 can be used as a direct replacement.

## 2500 - 25x86 Series Interface Boards

| PART No. | DESCRIPTION  | LIST PRICE |
|----------|--|------------|
| 1046     | 8-Channel Digital DC Input Board .....                           | \$190.00   |
| 1047     | 8-Channel Digital DC Output Board .....                          | \$210.00   |
| 1332     | 8-Channel Relay Output Board .....                               | \$250.00   |
| 1362     | CI Pulse Input Adapter (2504 CPU Only) .....                     | \$75.00    |
| 2506     | 16-Channel DI/DO Termination Board (2504 CPU Only) .....         | \$425.00   |
| 8646     | 12-Channel DI/12-Channel DO Termination Board (25x86 Only) ..... | \$400.00   |

## 2500 - 25x86 Series Expansion Boards

| PART No. | DESCRIPTION  | LIST PRICE   |
|----------|--|--------------|
| 2507     | 4-Channel Analog Output Board .....                              | \$800.00     |
| 2508     | 32-Channel Analog Input Board .....                              | \$1,200.00   |
| 2509     | 32-Channel Digital Input Board .....                             | \$475.00     |
| 2510     | 64-Channel Digital Output Board .....                            | \$625.00     |
| 2533     | 32-Channel Digital Output .....                                  | \$550.00     |
| 2534     | 32-Channel Intelligent Digital Input .....                       | \$1,000.00   |
| 2535     | 4-Channel Digital Input to Analog Input Adapter Board .....      | \$80.00      |
| 2548     | 16-Channel Relay Digital Output .....                            | \$450.00     |
| 2569     | 16-Channel Digital Input / 16-Channel Digital Output Board ..... | \$625.00     |
| 2587     | 64-Channel TTL Digital Input Board .....                         | \$225.00     |
|          | Ribbon Cable .....   | \$35.00 & Up |

## System Products

| PART No.      | DESCRIPTION  | LIST PRICE |
|---------------|--|------------|
| RTS-GEN       | RTS Generator — designed for older radios that lack the key-on Ready-To-Send feature ..... | \$375.00   |
| 1014          | Fiber Optic Modem .....  | \$695.00   |
| 1354          | 1200 Baud DC Powered Asynchronous 202DL Modem .....  | \$450.00   |
| FMC           | Fiber Optic Media Converter 10/100 Base FX .....   | \$310.00   |
| CEL-2000      | Cellular Modem (need provider when ordering) .....   | \$450.00   |
| HSQ-DIALIN    | Data/Fax Modem – v.92 .....  | \$400.00   |
| 1358          | RTU Photoelectric Board .....  | \$70.00    |
| 2511          | Power Box Assembly .....   | \$125.00   |
| 2531          | Data Environment Simulator .....   | \$3,200.00 |
| 2523          | Dual Processor Failover Board .....  | \$800.00   |
| HSQ-2921-     |  |            |
| Switch-Serial | Network Router Switch and Serial Port Network Device – Configured .....                    | \$7,500.00 |
| HSQ-UPS-3KVA  | Uninterruptible Power Supply, 3kVA, Rackmount .....  | \$3,105.00 |
| 2585          | RTU Battery Backup Controller .....  | \$360.00   |

## System Products (cont.)

| PART No.             | DESCRIPTION   | LIST PRICE             |
|----------------------|---|------------------------|
| 2516-182             | Power Supply (27 V <sub>DC</sub> / 150 Watt) .....  | \$135.00               |
| 2516-183             | Power Supply (27 V <sub>DC</sub> / 100 Watt) – DIN Rail .....   | \$130.00               |
| 2572                 | Communications Board — provides 2 serial ports and indicator lights for<br>6000 series RTUs (uses 2 serial ports) .....   | \$96.00                |
| 2592                 | Communications Board — provides 4 serial ports and 1 Ethernet port for<br>25x86 RTUs (9579, 9588, and 3343 processors only) .....   | \$160.00               |
| PTA                  | Pulse to Analog Card — converts a DO pulse duration to an analog value .....  | \$100.00               |
| 8733-101             | Battery Charger (1 Amp) .....   | \$190.00               |
| HSQ-19/45U           | Open Rack, 19", 45U, Power Strip .....  | \$2,700.00             |
| EP-BURN              | EPROM Burner .....  | \$675.00               |
| HSQ-FW               | RTU Firewall (includes software configuration) .....  | \$650.00               |
| HSQ-GPS              | GPS (includes software for clock settings) .....  | \$950.00               |
| HSQ-DAT72            | Tape Drive .....  | \$1,500.00             |
| <u>HSQ-RX2800</u>    | HSQ Integrity rx2800 i4 Server/Workstation: 16 GB RAM, 24" LCD Monitor,<br>146 GB Hard Drive, DVD/CD ROM Drive, Graphics Port, Pedestal Mount;<br>Configured (excludes HSQ MISER license) ..... | \$16,500.00            |
| HSQ-XVIEW-<br>WRKPRO | MISER XView for Windows Professional Workstation .....  | \$3,880.00             |
| HSQ-ASU              | MISER Workstation Alarm Sound Unit, includes OpenVMS sound card and 2 speakers .....  | \$300.00               |
| HSQ-HST-147          | History Disk .....  | \$750.00               |
| HSQ-T1R              | T1 Router (configured) .....  | \$2,845.00             |
| HSQ-GC1              | Graphic Card for DS10, DS15, and Integrity .....  | \$300.00               |
| HSQ-GC2              | Dual Video Card for Compaq Personal Workstation .....   | \$300.00               |
| HSQ-GC4              | Quad Port Video Card .....  | \$500.00               |
| HSQ-ETH2             | Dual Port Ethernet Card .....   | \$249.00               |
| HSQ-5ES              | Five (5) Port Ethernet Switch .....   | \$200.00               |
| HSQ-TS1              | One (1) Port Terminal Server .....  | \$400.00               |
| HSQ-CP-<br>M553DN    | Color Laser Printer .....   | \$1,000.00             |
| HSQ-MON-24           | 24" 1920 x 1200 IPS/VA Display .....  | \$700.00               |
| HSQ-MON-27           | 27" 1920 x 1200 IPS/VA Display .....  | \$900.00               |
| HSQ-PC4              | Windows PC .....  | \$2,250.00             |
| HSQ-P3               | Modem Security Unit .....   | \$210.00               |
| <u>HSQ-TS19</u>      | 19" Touchscreen with Windows 7 or Windows 10, Standard Hard Drive,<br>XView for Windows .....   | \$6,450.00             |
|                      | <b>TS19 Add-Ons:</b>  |                        |
|                      | Standard MISER Drivers .....  | \$250.00 to \$1,500.00 |
|                      | RTU Software – V8 .....   | \$250.00               |
|                      | History Hard Drive .....  | \$600.00               |
| <u>HSQ-TALK3</u>     | MISERTalk Hardware (with pre-configured software) .....   | \$6,500.00             |
| HSQ-EXW              | Hardware – extended warranty .....  | Call                   |
|                      | (Extended warranties can be bought for all hardware, please call for pricing.)  |                        |
| HSQ-TELE             | Telephone Support, Basic (eight hours a day, five days a week) .....  | Call                   |
| Other Than Basic     | .....   | Call                   |

## Software

| PART No.           | DESCRIPTION   | LIST PRICE  |
|--------------------|---|-------------|
| HSQ-MISER-A        | MISER License (non-redundant server) .....  | \$10,000.00 |
| HSQ-MISER-B        | MISER License (redundant server) .....  | \$15,000.00 |
| HSQ-MISER-C        | MISER License (workstation) .....   | \$1,500.00  |
| MISER-UP-SITE      | MISER System Site Upgrade License .....   | \$7,500.00  |
| MISER-UP-A         | MISER System Upgrade License (non-redundant server) .....   | \$4,000.00  |
| MISER-UP-B         | MISER System Upgrade License (redundant server) .....   | \$6,000.00  |
| MISER-UP-C         | MISER System Upgrade License (workstation) .....  | \$750.00    |
| <u>MISER-DR</u>    | Standard MISER Device Driver (existing NCC) .....   | \$2,000.00  |
| XVIEW-WIN          | XView for Windows (XView only, full client version) .....   | \$900.00    |
| XVIEW-UP           | XView for Windows Upgrade (XView only, client upgrade version) .....  | \$300.00    |
| WIN-XCD            | XView for Windows, Exceed Edition, Full Version (XView and XServer software) .....                          | \$1,320.00  |
| WIN-XCD-UP         | XView for Windows, Exceed Edition, Upgrade Version (XView and XServer software) .....                       | \$720.00    |
| <u>HSQ-TALK</u>    | MISERTalk Software for Windows .....  | \$2,500.00  |
| HSQ-PAGE           | MISERTalk Pager Software .....  | \$2,500.00  |
| <u>HSQ-VCL</u>     | MISER VisualCL Software (Server) .....  | \$3,500.00  |
| HSQ-VCLW           | VisualCL Software for Windows (Client) .....  | \$750.00    |
| HSQ-POR            | MISER Web Portal .....  | \$3,000.00  |
| HSQ-POR-UP         | MISER Web Portal Upgrade .....  | \$1,200.00  |
| <u>HSQ-SRV-WIN</u> | ODBC Server for Windows (database software) .....   | \$4,525.00  |
| <u>HSQ-ODBC</u>    | ODBC Bridge for MISER (database software) .....   | \$1,500.00  |
| <u>HSQ-ODOC</u>    | ODBC Bridge with Oracle for MISER .....   | \$3,100.00  |
| <u>HSQ-ODRD</u>    | ODBC Bridge (redundant software) .....  | \$1,125.00  |
| HSQ-ENC-H          | Host Encryption Feature .....   | \$2,500.00  |
| HSQ-ENC-R          | RTU Encryption Feature (HSQ RTUs <b>ONLY</b> ) .....  | \$500.00    |
| RTU-DIAG           | RTU Diagnostic Software (CD-ROM)<br>(Includes software, manual, and two (2) hours telephone support.) ..... | \$950.00    |
| RTU-DELV           | RTU Control / Configuration Development Software for 2504 RTU<br>(Requires EPROM burner.) .....             | \$800.00    |

## Documentation

| PART No.  | DESCRIPTION                            | LIST PRICE |
|-----------|--|------------|
| HSQ-MOM   | MISER Operator Manual .....            | \$125.00   |
| HSQ-TRM   | MISER Technical Reference Manual ..... | \$150.00   |
| HSQ-SYS   | MISER System Manual .....              | \$125.00   |
| HSQ-VCLM  | VisualCL Manual .....                  | \$125.00   |
| HSQ-RTU   | 2500 RTU Manual .....                  | \$125.00   |
| HSQ-RTU86 | 25x86 Logic Processor Manual .....     | \$175.00   |
| HSQ-DIAG  | RTU Diagnostic Manual .....            | \$100.00   |
| HSQ-CDR   | MISER Manuals on CD-ROM .....          | \$150.00   |

## Repair Prices

| PART No. | DESCRIPTION                     | LIST PRICE |
|----------|---------------------------------|------------|
| 1046     | .....                           | \$100.00   |
| 1047     | .....                           | \$100.00   |
| 1332     | .....                           | \$100.00   |
| 1351     | .....                           | \$100.00   |
| 1354     | .....                           | \$200.00   |
| 1357     | .....                           | \$100.00   |
| 2504     | .....                           | \$400.00   |
| 2505     | .....                           | \$100.00   |
| 2506     | .....                           | \$150.00   |
| 2507     | .....                           | \$200.00   |
| 2508     | .....                           | \$350.00   |
| 2509     | .....                           | \$200.00   |
| 2510     | .....                           | \$200.00   |
| 2533     | .....                           | \$200.00   |
| 2534     | .....                           | \$300.00   |
| 2548     | .....                           | \$200.00   |
| 2569     | .....                           | \$200.00   |
| 2585     | .....                           | \$150.00   |
| 2587     | .....                           | \$125.00   |
| 25x86    | RTU Stack (excluding CPU) ..... | \$300.00   |
| 25x86    | CPU .....                       | \$800.00   |
| 8646     | .....                           | \$150.00   |

Repair prices for parts not listed here are time and material at \$135.00 per hour.  
There is a \$110.00 evaluation fee for parts not listed.

All parts returned for repair require an RMA number. Please contact Hugh Carter or Karen Santos at (510) 259-1334 or email: [repairs@hsq.com](mailto:repairs@hsq.com) for a return authorization.

The minimum repair charge is \$100.00 for any item.

25x86 Logic Processor units may be returned as a complete unit. The repair price is dependent on the actual board failure within the unit.

# Service Pricing Sheet

## I. FIELD SERVICE (NOTE 1)

|  |                |
|--|----------------|
| Service Engineer (hardware and software) ..... | \$1,500.00/Day |
| Service Engineer (hardware and software) ..... | \$190.00/Hour  |
| Overtime .....                                 | \$285.00/Hour  |
| Service Technician .....                       | \$1,250.00/Day |
| Service Technician .....                       | \$160.00/Hour  |
| Overtime .....                                 | \$240.00/Hour  |

## II. JOBSITE EXPENSES (NOTE 2)

|                     |              |
|---------------------|--------------|
| Lodging .....       | \$130.00/Day |
| Vehicle .....       | \$70.00/Day  |
| Daily Stipend ..... | \$110.00/Day |

## III. TRAVEL EXPENSES (NOTE 2)

|                     |                |
|---------------------|----------------|
| Local Vehicle ..... | \$0.56/Mile    |
| Air Fare .....      | Billed At Cost |

## IV. IN-TRANSIT RATES (PER SITE VISIT)

|  |                |
|--|----------------|
| Domestic (West Coast) One (1) Day .....  | \$1,250.00/Day |
| Domestic (East Coast) Two (2) Days ..... | \$1,250.00/Day |
| International Three (3) Days .....       | \$1,250.00/Day |

## V. PARTS AND MATERIALS (NOTE 3)

|           |                              |
|-----------|------------------------------|
| A/R ..... | Pricing Available On Request |
|-----------|------------------------------|

### NOTES

1. Field service rates are based on an eight (8) hour weekday, exclusive of any travel and/or living expenses.
2. Jobsite/travel expenses are *estimated for budgeting purposes only*. Actual amount billed will be cost plus a fifteen percent (15%) administration fee.
3. Per the HSQ published price list or invoice plus twenty-five percent (25%) and ten percent (10%). All shipping is FOB factory or supplier.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/26/2018

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

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must 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).

| <b>PRODUCER</b><br>Arthur J. Gallagher Risk Management Services, Inc.<br>250 Park Avenue<br>3rd Floor<br>New York NY 10177 | <b>CONTACT NAME:</b> Alex Winters<br><b>PHONE (A/C, No, Ext):</b> 212-994-7100<br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> Alex_Winters@ajg.com  |                               |        |  |       |   |       |   |       |   |       |  |       |   |
|--|---|-------------------------------|--------|--|-------|---|-------|---|-------|---|-------|--|-------|---|
|  | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Insurance Company of State of PA</td> <td>19429</td> </tr> <tr> <td>INSURER B : New Hampshire Insurance Company</td> <td>23841</td> </tr> <tr> <td>INSURER C : American Home Assurance Company</td> <td>19380</td> </tr> <tr> <td>INSURER D : Markel American Insurance Company</td> <td>28932</td> </tr> <tr> <td>INSURER E : Westchester Fire Insurance Company</td> <td>10030</td> </tr> <tr> <td>INSURER F : Starr Indemnity &amp; Liability Company</td> <td>38318</td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Insurance Company of State of PA | 19429 | INSURER B : New Hampshire Insurance Company | 23841 | INSURER C : American Home Assurance Company | 19380 | INSURER D : Markel American Insurance Company | 28932 | INSURER E : Westchester Fire Insurance Company | 10030 | INSURER F : Starr Indemnity & Liability Company |
| INSURER(S) AFFORDING COVERAGE  | NAIC #  |                               |        |  |       |   |       |   |       |   |       |  |       |   |
| INSURER A : Insurance Company of State of PA   | 19429   |                               |        |  |       |   |       |   |       |   |       |  |       |   |
| INSURER B : New Hampshire Insurance Company  | 23841   |                               |        |  |       |   |       |   |       |   |       |  |       |   |
| INSURER C : American Home Assurance Company  | 19380   |                               |        |  |       |   |       |   |       |   |       |  |       |   |
| INSURER D : Markel American Insurance Company  | 28932   |                               |        |  |       |   |       |   |       |   |       |  |       |   |
| INSURER E : Westchester Fire Insurance Company   | 10030   |                               |        |  |       |   |       |   |       |   |       |  |       |   |
| INSURER F : Starr Indemnity & Liability Company  | 38318   |                               |        |  |       |   |       |   |       |   |       |  |       |   |
| <b>INSURED</b><br>HSQ Technology, A Corporation<br>26227 Research Road<br>Hayward, CA 94545                                | <b>RAILCOR-01</b>   |                               |        |  |       |   |       |   |       |   |       |  |       |   |

**COVERAGES**                      **CERTIFICATE NUMBER: 74475008**                      **REVISION NUMBER:**

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

| INSR LTR              | TYPE OF INSURANCE  | ADDITIONAL INSURED | SUBROGATION | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY)                                  | POLICY EXP (MM/DD/YYYY)                                  | LIMITS  |
|-----------------------|--|--------------------|-------------|--|--|--|---|
| A                     | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Incl. Cont. Liab<br><input checked="" type="checkbox"/> 50' RR Exl. Del.<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC<br>OTHER: | Y                  |             | GL7468783<br><br>02035<br>19429<br>AXV   | 5/1/2018   | 4/1/2019   | EACH OCCURRENCE \$4,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$4,000,000<br>GENERAL AGGREGATE \$8,000,000<br>PRODUCTS - COMP/OP AGG \$8,000,000<br>\$ |
| A                     | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   | Y                  |             | CA 4288084(AOS)<br>CA 4288085(MA)<br><br>02035<br>19429<br>AXV   | 5/1/2018<br>5/1/2018                                     | 4/1/2019<br>4/1/2019                                     | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| D<br>E<br>F           | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$  | Y                  |             | MKLM1EUL100332 00602<br>G71120983001 28932<br>1000024082 AXV   | 5/1/2018<br>5/1/2018<br>5/1/2018                         | 4/1/2019<br>4/1/2019<br>4/1/2019                         | EACH OCCURRENCE \$11,000,000<br>AGGREGATE \$11,000,000<br>\$  |
| C<br>B<br>B<br>B<br>B | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br><input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N                | N/A         | WC 014629568(CA)<br>WC 014629565(NJ, PA)<br>WC 014629566(AK, AZ, VA)<br>WC 014629567(FL)<br>WC 014629569 (MA,ND,NE,OH, WA, WI, WY) | 5/1/2018<br>5/1/2018<br>5/1/2018<br>5/1/2018<br>5/1/2018 | 4/1/2019<br>4/1/2019<br>4/1/2019<br>4/1/2019<br>4/1/2019 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000                                      |
| B<br>B                | Workers Compensation<br>Workers Compensation   |                    |             | WC 014629563(AOS)<br>WC 014629564 (IL,KY,NC,NH,UT,VT)  | 5/1/2018<br>5/1/2018                                     | 4/1/2019<br>4/1/2019                                     | Limits Same as above<br>Limits Same as above  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: Project # 201800024 - INS2013 - Maintenance Agreements - 2013 03 01  
 Foregoing per policy form. As per written contract, additional insured status encompasses General Liability, Auto and Excess Liability: Erie County Water Authority. \* Workers Compensation Not Applicable in Monopolistic States - OH, ND, NY, WA, WY.\*

APPROVED MAY 22 2018

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br>Erie County Water Authority<br>350 Ellicott Square Building<br>295 Main Street<br>Buffalo NY 14203<br>USA | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|



**ADDITIONAL REMARKS SCHEDULE**

|  |           |  |  |
|--|-----------|--|--|
| AGENCY<br>Arthur J. Gallagher Risk Management Services, Inc. |           | NAMED INSURED<br>HSQ Technology, A Corporation<br>26227 Research Road<br>Hayward, CA 94545 |  |
| POLICY NUMBER  |           | EFFECTIVE DATE:  |  |
| CARRIER  | NAIC CODE |  |  |

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Carrier : Westchester Fire Insurance Company.  
 Policy No. 1000024082 (\$5M p.o. \$10M xs \$1M) 2nd Excess Quota Share  
 Carrier : Starr Indemnity & Liability Company.  
 RE: Project # 201800024 - INS2013 - Maintenance Agreements - 2013 03 01  
 Foregoing per policy form. As per written contract, additional insured status encompasses General Liability, Auto and Excess Liability: Erie County Water Authority. \* Workers Compensation Not Applicable in Monopolistic States - OH, ND, NY, WA, WY.\*





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/26/2018

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**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).

|  |  |   |  |
|--|--|---|--|
| <b>PRODUCER</b><br>Arthur J. Gallagher Risk Management Services, Inc.<br>250 Park Avenue<br>3rd Floor<br>New York NY 10177 |  | <b>CONTACT NAME:</b> Alex Winters<br><b>PHONE (A/C, No, Ext):</b> 212-994-7100<br><b>E-MAIL ADDRESS:</b> Alex_Winters@ajg.com<br><b>FAX (A/C, No):</b>  |  |
| <b>INSURED</b><br>HSQ Technology, A Corporation<br>26227 Research Road<br>Hayward, CA 94545                                |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Insurance Company of State of PA<br><b>INSURER B:</b> New Hampshire Insurance Company<br><b>INSURER C:</b> Zurich American Insurance Company<br><b>INSURER D:</b> American Home Assurance Company<br><b>INSURER E:</b> See Remarks<br><b>INSURER F:</b> |  |

**COVERAGES**                      **CERTIFICATE NUMBER:** 699624448                      **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY)                                  | POLICY EXP (MM/DD/YYYY)                                  | LIMITS  |
|----------|--|-----------|----------|--|--|--|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Incl. Cont. Liab<br><input checked="" type="checkbox"/> 50' RR Exl. Del.<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER: | Y         |          | GL7468783  | 5/1/2018   | 4/1/2019   | EACH OCCURRENCE \$4,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$4,000,000<br>GENERAL AGGREGATE \$8,000,000<br>PRODUCTS - COMP/OP AGG \$8,000,000<br>\$ |
| A        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  | Y         |          | CA 4288084 (AOS)<br>CA 4288085 (MA)  | 5/1/2018<br>5/1/2018                                     | 4/1/2019<br>4/1/2019                                     | COMBINED SINGLE LIMIT (Ea accident) \$2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| E        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED      RETENTION \$  | Y         |          | See Remarks  | 5/1/2018   | 4/1/2019   | EACH OCCURRENCE \$11,000,000<br>AGGREGATE \$11,000,000<br>\$  |
| D        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      | WC 014629568 (CA)<br>WC 014629565 (NJ,PA)<br>WC 014629566 (AK, AZ, VA)<br>WC 014629567 (FL)<br>WC 014629569 (MA,ND,NE,OH,WA,WI,WY) | 5/1/2018<br>5/1/2018<br>5/1/2018<br>5/1/2018<br>5/1/2018 | 4/1/2019<br>4/1/2019<br>4/1/2019<br>4/1/2019<br>4/1/2019 | <input checked="" type="checkbox"/> PER STATUTE      OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000  |
| B        | Workers Compensation<br>Professional Liability<br>Workers Compensation   |           |          | WC 014629563 (AOS)<br>EOC 9378749-14<br>WC 014629564 (IL,KY,NC,NH,UT,VT)   | 5/1/2018<br>4/1/2018<br>5/1/2018                         | 4/1/2019<br>4/1/2019<br>4/1/2019                         | Limits Same as above<br>Each Claim/Each Agg. \$10,000,000<br>Limits Same as above   |

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

Excess Liability:(See Remarks)

Policy No. MKLM1EUL100332 (\$1M xs Primary) - 1st Excess  
Carrier: Markel American Insurance Company.

Policy No: G71120983001 (\$5M p.o. \$10M xs \$1M) – 2nd Excess Quota Share  
See Attached...

**APPROVED MAY 22 2018**

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br>Erie County Water Authority<br>350 Ellicott Square Building<br>295 Main Street<br>Buffalo NY 14203<br>USA | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|

# Zurich American Insurance Company

A.M. Best #: 002563 NAIC #: 16535 FEIN #: 364233459

## Administrative Office

1299 Zurich Way  
Schaumburg, IL 60196-1056  
United States

[View Additional Address Information](#)

**Web:** [www.zurichna.com](http://www.zurichna.com)

**Phone:** 800-987-3373

**Fax:** 877-962-2567

Financial Strength Rating



Assigned to insurance companies that have, in our opinion, a superior ability to meet their ongoing insurance obligations.

[View additional news, reports and products for this company.](#)

Based on A.M. Best's analysis, 050457 - Zurich Insurance Group Ltd is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. [View a list of operating insurance entities in this structure.](#)

## Best's Credit Ratings

### Financial Strength Rating View Definition

**Rating:** A+ (Superior)  
**Affiliation Code:** g (Group)  
**Financial Size Category:** XV (\$2 Billion or greater)  
**Outlook:** Stable  
**Action:** Affirmed  
**Effective Date:** December 08, 2017  
**Initial Rating Date:** June 30, 1922

### Long-Term Issuer Credit Rating View Definition

**Long-Term:** aa-  
**Outlook:** Stable  
**Action:** Affirmed  
**Effective Date:** December 08, 2017  
**Initial Rating Date:** September 14, 2004

A.M. Best Rating Services

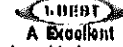
The Insurance Company of the State of Pennsylvania

A.M. Best #: 002036 NAIC #: 10420 FEIN #: 105840000  
 Administrative Office  
 178 Water Street 18th Floor  
 New York, NY 10038  
[United States](#)

[View Additional Address Information](#)

Web: [www.ig.com](http://www.ig.com)  
 Phone: 212-770-7000

Financial Strength Rating



Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.

View additional [news, reports and products](#) for this company.

Based on A.M. Best's analysis, [058702 - American International Group, Inc.](#) is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of [generating insurance entities](#) in this structure.

**Best's Credit Ratings**

**Financial Strength Rating [View Definition](#)**

|                          |                             |
|--------------------------|-----------------------------|
| Rating:                  | A u (Excellent)             |
| Affiliation Code:        | r (Reinsured)               |
| Financial Size Category: | XV (\$2 Billion or greater) |
| Implication:             | Negative                    |
| Action:                  | Under Review                |
| Effective Date:          | January 26, 2017            |
| Initial Rating Date:     | December 31, 1997           |

**Long-Term Issuer Credit Rating [View Definition](#)**

|                      |                  |
|----------------------|------------------|
| Long-Term:           | a u              |
| Implication:         | Negative         |
| Action:              | Under Review     |
| Effective Date:      | January 26, 2017 |
| Initial Rating Date: | April 08, 2005   |

u Denotes [Under Review Best's Rating](#)

**Best's Credit Rating Analyst**

Rating Issued by: A.M. Best Rating Services, Inc.  
 Senior Financial Analyst: Darin Ryan  
 Senior Director: Michael J. Legomarsino, OFA, FRM

**Disclosure Information**



[View A.M. Best's Rating Disclosure Form](#)

[A.M. Best Places Credit Ratings of American International Group, Inc. and Subsidiaries Under Review with Negative Implications](#)  
 January 26, 2017

**Rating History**

A.M. Best has provided ratings & analysis on this company since 1997.

**Financial Strength Rating**

| Effective Date | Rating |
|----------------|--------|
| 1/26/2017      | A u    |
| 6/2/2016       | A      |
| 1/27/2016      | A u    |
| 2/27/2015      | A      |
| 2/20/2014      | A      |
| 1/25/2013      | A      |

**Long-Term Issuer Credit Rating**

| Effective Date | Rating |
|----------------|--------|
| 1/26/2017      | a u    |
| 6/2/2016       | a      |
| 1/27/2016      | a u    |
| 2/27/2015      | a      |
| 2/20/2014      | a      |
| 1/25/2013      | a      |

# Markel American Insurance Company

A.M. Best #: 000602 NAIC #: 28932 FEIN #: 541398877

## Domiciliary Address

4521 Highwoods Parkway  
Glen Allen, VA 23060-6148  
United States

**Web:** [www.markelcorp.com](http://www.markelcorp.com)

**Phone:** 804-747-0136

**Fax:** 804-527-7905

Financial Strength Rating



Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.

View additional news, reports and products for this company.

Based on A.M. Best's analysis, 058405 - Markel Corporation is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of operating insurance entities in this structure.

## Best's Credit Ratings

### Financial Strength Rating View Definition

**Rating:** A (Excellent)  
**Affiliation Code:** g (Group)  
**Financial Size Category:** XV (\$2 Billion or greater)  
**Outlook:** Stable  
**Action:** Affirmed  
**Effective Date:** December 20, 2017  
**Initial Rating Date:** July 06, 1992

### Long-Term Issuer Credit Rating View Definition

**Long-Term:** a+  
**Outlook:** Stable  
**Action:** Affirmed  
**Effective Date:** December 20, 2017  
**Initial Rating Date:** June 29, 2005



**Workers' Compensation Board**

**CERTIFICATE OF  
NYS WORKERS' COMPENSATION INSURANCE COVERAGE**

|   |  |
|---|--|
| <p><b>1a. Legal Name &amp; Address of Insured (use street address only)</b></p> <p>HSQ Technology<br/>18228 Research Road<br/>Hayward, CA 94545</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>           | <p><b>1b. Business Telephone Number of Insured</b><br/>510-259-1334</p> <p><b>1c. NYS Unemployment Insurance Employer Registration Number of Insured</b></p> <p><b>1d. Federal Employer Identification Number of Insured or Social Security Number</b><br/>13-0594190</p>  |
| <p><b>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</b></p> <p>Erie County Water Authority<br/>350 Elliot Square Building<br/>295 Main Street<br/>Atn: Risk Manager<br/>Buffalo, NY 14203</p> <p style="text-align: center;">APPROVED APR 19, 2018 K30</p> | <p><b>3a. Name of Insurance Carrier</b><br/>New Hampshire Insurance Company <span style="float: right;">02363<br/>23841</span></p> <p><b>3b. Policy Number of Entity Listed in Box "1a"</b><br/>WCO14629563 <span style="float: right;">AXV</span></p> <p><b>3c. Policy effective period</b><br/>5/01/2018 to 4/01/2019</p> <p><b>3d. The Proprietor, Partners or Executive Officers are</b><br/> <input checked="" type="checkbox"/> Included. (Only check box if all partners/officers included)<br/> <input type="checkbox"/> all excluded or certain partners/officers excluded.</p> |

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under **Item 3A** on the **INFORMATION PAGE** of the workers' compensation insurance policy). The insurance carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days if a policy is canceled due to nonpayment of premiums or within 30 days if there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

**Please Note:** Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Brett Horn  
(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 4/18/18  
(Signature) (Date)

Title: Attorney In Fact

Telephone Number of authorized representative or licensed agent of insurance carrier: 905-679-3807

**Please Note:** Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are **NOT** authorized to issue it.

A.M. Best Rating Services

New Hampshire Insurance Company (a)

A.M. Best #: 002363 NAIC #: 93941 FRIN #: 020172170

Mailing Address  
176 Water Street 18th Floor  
New York, NY 10038  
United States

[View Additional Address Information](#)

Web: [www.eln.com](http://www.eln.com)  
Phone: 212-770-7000

Financial Strength Rating



Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.

View additional [news, reports and products](#) for this company.

Based on A.M. Best's analysis, 058702 - American International Group, Inc. is the AMB Ultimate Parent and identifies the topmost entity of the corporate structure. View a list of [operating insurance entities](#) in this structure.

**Best's Credit Ratings**

**Financial Strength Rating [View Definition](#)**

|                          |                             |
|--------------------------|-----------------------------|
| Rating:                  | A u (Excellent)             |
| Affiliation Code:        | r (Reinsured)               |
| Financial Size Category: | XV (\$2 Billion or greater) |
| Implication:             | Negative                    |
| Action:                  | Under Review                |
| Effective Date:          | January 28, 2017            |
| Initial Rating Date:     | December 31, 1907           |

**Long-Term Issuer Credit Rating [View Definition](#)**

|                      |                  |
|----------------------|------------------|
| Long-Term:           | a u              |
| Implication:         | Negative         |
| Action:              | Under Review     |
| Effective Date:      | January 28, 2017 |
| Initial Rating Date: | April 08, 2006   |

u Denotes [Under Review Best's Rating](#)

**Best's Credit Rating Analyst**

Rating issued by: A.M. Best Rating Services, Inc.  
Senior Financial Analyst: Darlan Ryan  
Senior Director: Michael J. Legomarsino, CFA, FRM

**Disclosure Information**



[View A.M. Best's Rating Disclosure Form](#)

**A.M. Best Places Credit Ratings of American International Group, Inc. and Subsidiaries Under Review with Negative Implications**  
January 28, 2017

**Rating History**

A.M. Best has provided ratings & analysis on this company since 1907.

**Financial Strength Rating**

| Effective Date | Rating |
|----------------|--------|
| 1/28/2017      | A u    |
| 6/2/2016       | A      |
| 1/27/2016      | A u    |
| 2/27/2015      | A      |
| 2/20/2014      | A      |
| 1/26/2013      | A      |

**Long-Term Issuer Credit Rating**

| Effective Date | Rating |
|----------------|--------|
| 1/28/2017      | a u    |
| 6/2/2016       | a      |
| 1/27/2016      | a u    |
| 2/27/2015      | a      |
| 2/20/2014      | a      |
| 1/26/2013      | a      |



Workers' Compensation Board

# CERTIFICATE OF INSURANCE COVERAGE DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

**PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier**

|   |  |
|---|--|
| <p>1a. Legal Name &amp; Address of Insured (use street address only)<br/> <b>HSQ TECHNOLOGY CORPORATION</b><br/> <b>83 CENTRAL AVENUE</b><br/> <b>EAST FARMINGDALE, NY 11735</b></p> <p>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</p> | <p>1b. Business Telephone Number of Insured<br/> <b>510-259-1334</b></p> <p>1c. Federal Employer Identification Number of Insured or Social Security Number<br/> <b>94-2587160</b></p>   |
| <p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)<br/> <b>ERIE COUNTY WATER AUTHORITY</b><br/> <b>295 MAIN STREET, ROOM 350</b><br/> <b>BUFFALO, NY 14203</b></p>   | <p>3a. Name of Insurance Carrier<br/> <b>Standard Security Life Insurance Company of New York</b></p> <p>3b. Policy Number of Entity Listed in Box "1a" <b>00705</b><br/> <b>D7427C-007</b> <b>69078 A-IX</b></p> <p>3c. Policy effective period<br/> <b>3/22/2002</b> to <b>4/16/2019</b></p> |

4. Policy provides the following benefits:

A. Both disability and paid family leave benefits.  
 B. Disability benefits only.  
 C. Paid family leave benefits only.

5. Policy covers:

A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.  
 B. Only the following class or classes of employer's employees:

\_\_\_\_\_

\_\_\_\_\_

APPROVED MAY 19 2018 KZJ

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed 4/17/2018 By *Beth A. Admail*  
(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES

**IMPORTANT:** If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

**PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)**

**State of New York  
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Name and Title \_\_\_\_\_

**Please Note:** Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.

APPROVED MAY 22 2018



# Standard Security Life Insurance Company of New York

A.M. Best #: 007075    NAIC #: 69078    FEIN #: 135679267

## Domiciliary Address

485 Madison Avenue 14th Floor  
New York, NY 10022-5872  
United States

**Web:** [www.sslicny.com](http://www.sslicny.com)

**Phone:** 212-355-4141

**Fax:** 212-754-3346

Financial Strength Rating



A- Excellent

Assigned to insurance companies that have, in our opinion, an excellent ability to meet their ongoing insurance obligations.

View additional news, reports and products for this company.

Based on A.M. Best's analysis, 055438 - Geneve Holdings, Inc. is the **AMB Ultimate Parent** and identifies the topmost entity of the corporate structure. View a list of operating insurance entities in this structure.

## Best's Credit Ratings

### Financial Strength Rating View Definition

**Rating:** A- (Excellent)  
**Affiliation Code:** g (Group)  
**Financial Size Category:** IX (\$250 Million to \$500 Million)  
**Outlook:** Stable  
**Action:** Affirmed  
**Effective Date:** December 20, 2017  
**Initial Rating Date:** June 30, 1974

### Long-Term Issuer Credit Rating View Definition

**Long-Term:** a-  
**Outlook:** Stable  
**Action:** Affirmed  
**Effective Date:** December 20, 2017  
**Initial Rating Date:** June 20, 2005



**Erie County Water Authority Insurance Requirements for Maintenance  
Agreements**

**Project Number:**     201800024

**Description:**         Control / Distribution SCADA Maintenance Agreement

The following minimum insurance requirements shall apply to vendors providing maintenance services to the Erie County Water Authority (ECWA). If at anytime, in the opinion of ECWA, there is an unusual or exceptional risk, ECWA may establish additional insurance requirements for the duration of the service period. All insurance required herein shall be obtained at the sole cost and expense of the service vendor, including deductibles and self-insured retentions. These requirements include but are not limited to the minimum insurance requirements.

An X indicates insurance coverage is required.

X    **Commercial General Liability Insurance:** (including, but not limited to, Bodily (Personal) Injury, Premises Operations, Property Damage Liability (broad form), Contractual Liability, Advertising Injury, Independent Contractors, Product Liability, Completed Operations Liability and Explosion, Collapse and Underground Coverage) in an amount not less than \$1,000,000 combined single limit and \$2,000,000 in the aggregate:

\_\_\_\_\_    **Per Policy**

X        **Per Project or Job**

\_\_\_\_\_    **Per Location**

There should be no exclusions for any claims filed, actual or alleged, for violation of any applicable statute including, but not limited to, the New York State or federal labor laws, ordinances, administrative orders, executive orders, rules, regulations, or decrees of any court of competent jurisdiction.

X    **Commercial Business Automobile Insurance** in an amount of not less than \$1,000,000 each accident and shall cover liability arising out of any automobile owned, leased, hired, borrowed and non-owned automobiles. Additionally, if vehicles are used for transporting hazardous materials, the contractor shall obtain and maintain the "broadened" coverage (endorsement CA 99 48 10 01 or CA 99 48 12 93), as well as proof of MCS 90 04 00.

**Excess Umbrella Liability Insurance** in an amount of not less than:

\$1,000,000 in the aggregate

\$2,000,000 in the aggregate

\$3,000,000 in the aggregate

\$4,000,000 in the aggregate

\$5,000,000 in the aggregate

**Per Policy**

**Per Project or Job**

**Per Location**

**Professional Liability Insurance:** Per each occurrence and in the aggregate. Continuous coverage shall be maintained, or on an extended discovery period (“tail coverage”), for a period of not less than two years from the time the agreement has been completed in an amount of not less than:

\$1,000,000 in the aggregate

\$2,000,000 in the aggregate

\$3,000,000 in the aggregate

\$4,000,000 in the aggregate

\$5,000,000 in the aggregate

**All-Risk Installation Floater:** Builder’s risk completed value form based on the total value of the project, providing coverage for work performed, equipment, supplies and materials at the project location, as well as any off-site storage location.

**Workers’ Compensation and Employers’ Liability and New York State Disability Benefits Insurances,** as required by New York State statute.

Certificates of Insurance and renewals, on forms approved by the New York State Department of Insurance, must be submitted to ECWA prior to the award of contract. Each insurance carrier issuing a Certificate of Insurance shall be rated by A. M. Best no lower than “A-” with a Financial Strength Code (FSC) of at least VII. The professional

service provider shall name ECWA, its officers, agents and employees as additional insured on a Primary and Non-Contributory Basis, including a Waiver of Subrogation endorsement (form CG 20 26 11 85 or equivalent), on all applicable liability policies. Any liability coverage on a "claims made" basis should be designated as such on the Certificate of Insurance.

To avoid confusion with similar insurance company names and to properly identify the insurance company, please make sure that the insurer's National Association of Insurance Commissioners (N.A.I.C.) identifying number or A. M. Best identifying number appears on the Certificate of Insurance.

Acceptance of a Certificate of Insurance and/or approval by ECWA shall not be construed to relieve the service vendor of any obligations, responsibilities or liabilities.

Certificates of Insurance should be e-mailed to [AALESSI@ECWA.ORG](mailto:AALESSI@ECWA.ORG). or mailed to Mr. Anthony Alessi, ECWA Claims Representative/Risk Manager, Erie County Water Authority, 295 Main Street – Room 350, Buffalo, New York 14203-2494, or If you have any questions you can contact Mr. Alessi by e-mail or phone (716) 849-8477.

Please refer to the bid and the contract document(s) for additional information regarding insurance requirements.