

UNIPAK CORP., Brooklyn, NY

AWARDED ITEMS

RFB № 2016-288-10-05-FAZ

“JANITORIAL SUPPLIES, INDUSTRIAL CHEMICALS & SUPPLIES”

	DESCRIPTION OF ITEM(S)	BRAND	QTY.	UNIT PRICE	PRICE PER CASE
219	Trash Liners - 45 Gal X-Large 40x48 16 Mic High Density Can Liner	UPC	250	\$0.09196	\$22.99
220	Trash Liners - Pitt Plastics 23x33 12-16 gal Black 1000 cs. (32 BL) or equal	UPC	1,000	\$0.0245	\$24.50
221	Trash Liners - Large Trash Can 13 MIC 30x37 High Density Can Liners	UPC	500	\$0.04396	\$21.98
223	Trash Liners - Tall Trash Can 8 MIC 24x33 High Density Can Liners	UPC	1,000	\$0.0208	\$20.80

EXHIBIT "B"
BID PAGE
RFB № 2016-288-10-05-FAZ
"JANITORIAL SUPPLIES, INDUSTRIAL CHEMICALS & SUPPLIES"

Janitorial & Industrial Supplies					
DESCRIPTION OF ITEM(S)		BRAND	QTY	UNIT PRICE	PRICE PER CASE
184	Toothbrush Medium Specify Size				
185	Toothbrush Soft Specify Size				
186	Toothpaste Std Size, Specify Size				
187	Toothpaste Travel Size, Specify Size				
188	Americo 20" Beige Ultra High Speed Burnishing Pads 5/bx- (20MUHSTBP) or equal				
189	Buffing Pads 17" White				
190	Buffing Pads 20" White				
191	Filters Windsor Exhaust for Sensor Xp12 Vacuum Cleaner (5143EF) or equal				
192	Filters Windsor Micro Hygiene for Sensor XP12 Vacuum Cleaner (5301ER) or equal				
193	Stripping Pads 17" Black				
194	Stripping Pads 20" Black				
195	Vacuum Bags Windsor for Sensor XP12 Vacuum Cleaner 10 pk (Johnson & Johnson) or equal				
196	Gloves - Food Service Large Clear (Brand Name)				
197	Gloves - Food Service - Medium clear (Brand Name)				
198	Gloves Latex Small Disposable (Ansell) Yw or equal				
199	Gloves Latex Large Disposable				
200	Gloves Latex Large Non-Disposable Yw (Ansell) or equal				
201	Gloves Latex Medium Non Disposable Yw (Ansell) or equal				
202	Gloves Latex Medium Disposable (Ansell) or equal				
203	Gloves Latex Small Non Disposable Yellow (Ansell) or equal				
204	Gloves Safety (Nitrile) SFZGNPRXL1M or equal				
205	Gloves Vinyl, Small Powdered				
206	Gloves Vinyl, Small Powdered				
207	Gloves Vinyl, Small Powdered				
208	Gloves Vinyl, Small Powder Free				
209	Gloves Vinyl, Medium Powder Free				
210	Gloves Vinyl, Large Powder Free				
211	Gloves Latex, Small Powder Free				
212	Gloves Latex, Small Powder Free				
213	Gloves Latex, Small Powder Free				
214	Gloves Latex, Small Powdered				
215	Gloves Latex, Small Powdered				
216	Gloves Latex, Small Powdered				

EXHIBIT "B"

BID PAGE

RFB № 2016-288-10-05-FAZ

"JANITORIAL SUPPLIES, INDUSTRIAL CHEMICALS & SUPPLIES"

		Brand	Qty	Unit Price	Price
217	Body Towels Standard Size				
218	Hand Towels Standard Size				
219	Trash Liners - 45 Gal X-Large 40x48 16 Mic High Density Can Liner	VPC	250/cs	09796 22.98	22.98
220	Trash Liners - Pitt Plastics 23x33 12-16 gal Black 1000cs (32 BL) or equal	VPC	1000/cs	0245 24.50	24.50
221	Trash Liners - Large Trash Can 13 MIC 30 x 37 High Density Can Liners	VPC	500/cs	04396 21.98	21.98
222	Trash Liners - Large Trash Can 16 MIC 33 Gal 33x40 High Density Can Liners	VPC	250/cs	06996 17.49	17.49
223	Trash Liners - Tall Trash Can 8 MIC 24 x 33 High Density Can Liners	VPC	1000/cs	0208 20.80	20.80
224	Trash Liners - 55 gallons 38x58 1.5 mil Black	VPC	100/cs	22.95 22.95	22.95
225	Toilet Brushes (Standard Size) Plastic				
226	Toilet Brushes - Hard Bristle Bowl Brush (0310) (Rubbermaid) or equal				
227	Weed Killer (Round Up) or equal				
228	Weed Killer 55 Gallon concentrated - Specify Dilution				
229	Spartan Sanitize Quart Food Service 12/32 oz (SRTU) or equal				
230	Sprayer (Trigger/Nozzles Only) red & white				
231	Bleach - Disinfectant Cleaner Dry Air - Hospital				
232	Bleach - Pure Bright Disinfection 6/cs (6BLCH) or equal				
233	Bio-Hazard Bag Red 40 X 48 3 mil				
234	Disinfectant Wipes (Lysol) or equal				

ACKNOWLEDGMENT FORM/BIDDER INFORMATION

I/We the undersigned hereby certify that I/We am/are a duly authorized official of the company and have the authority to sign on behalf of the company and assure that all statements made in the bid are true. I/We agree to furnish and deliver the specified items/services at the prices stated herein, and have read, understand, and agree to the terms and conditions contained herein and on all of the attachments.

BIDDER/COMPANY
NAME:

Unipak Corp

ADDRESS:

POB 300027

CITY/STATE/ZIP CODE:

Brooklyn, NY 11230

TELEPHONE NUMBER

718-677-1065

E-MAIL ADDRESS:

unipakcorp@aol.com

CELLULAR NUMBERS:

917-582-5413

FAX NUMBER:

718-677-9371

AUTHORIZED
SIGNATURE:

Brian Marcus

PRINTED NAME:

BRIAN MARCUS

TITLE:

PRES.

DATE:

9/30/16



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/08/2016

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 STEVE BERNSTEIN AGENCY, INC. 1301 CONEY ISLAND AVENUE BROOKLYN, NEW YORK 11230	CONTACT NAME: PHONE (A/C No. Ext): E-MAIL ADDRESS:	FAX (A/C No.):
	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company	
INSURED UNIPAK CORP. PO BOX 30027 BROOKLYN, NEW YORK 11230	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	92-B3-U005-3	04/09/2016	04/09/2017	PER STATUTE OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	DISABILITY BENEFITS		92-CP-8027-3	07/01/2016	07/01/2017	STATUTORY

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 LOCATION 2759 STRICKLAND AVENUE BROOKLYN, NEW YORK 11234

CERTIFICATE HOLDER COUNTY OF HIDALGO 2802 S. HIGHWAY 281 EDINBURG, TEXAS 78539	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
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CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:
2016-115403

Date Filed:
09/22/2016

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Unipak Corp.
Brooklyn, NY United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

2016-288-10-05-FAZ
Janitorial Supplies & Industrial Chemicals & Supplies

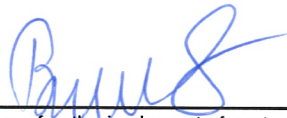
4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Marcus, Brian	Brooklyn, NY United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

MICHAEL PICCINNINI
Notary Public, State of New York
No. 01PI6033812
Qualified in Kings County
Commission Expires November 29, 2017



Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brian Marcus, this the 30 day of Sept, 2016, to certify which, witness my hand and seal of office.



Signature of officer administering oath

MICHAEL PICCINNINI

Printed name of officer administering oath



Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2016-115403

Date Filed:
 09/22/2016

Date Acknowledged:
 11/02/2016

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Unipak Corp.
 Brooklyn, NY United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

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 Janitorial Supplies & Industrial Chemicals & Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Marcus, Brian	Brooklyn, NY United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath