



NYS OFFICE OF GENERAL SERVICES
Serving New York

MWBE UTILIZATION PLAN

Contract No.: RFP 1786

INSTRUCTIONS: This form must be submitted with any bid, proposal, response to request for qualifications or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award as required in the IFB, RFP or RFQ. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each certified Minority and Women-owned Business Enterprise (MWBE) under the contract. Attach additional sheets if necessary.

Contractor's Name, Address and Telephone No. Cool Insuring Agency, Inc. 784 Troy-Schenectady Road Latham, New York 12110 (518-783-2665) Federal Identification No. 14-0582160	Contract Description Location (Region)	MWBE Goals In Contract MBE <u> 10% </u> % WBE <u> 10% </u> %
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Certified M/WBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Federal ID. No.	NYS ESD CERTIFIED		Detailed description of Work (Attach additional sheets if necessary)	Dollar Value of Subcontracts/ supplies/ services and Intended performance dates of each component of the contract
		MBE	WBE		
Copies by Colleen, Inc. P.O. Box 16154 Albany, New York 12212 518-461-3899	14-1812849	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Process & review sensitive claim data for insurers & attorneys. Work with claims adjusters as they process claims for final settlement	10%
HMS Agency, Inc. 454 Sand Creek Road Albany, New York 12205 518-690-0360 bmatherjr@hmsagency.com	14-1798814	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work with OGS, Cool Insuring, and carriers on matters related to safety and risk management, including on-site inspections and participation in meetings and teleconferences as warranted.	10%
		<input type="checkbox"/>	<input type="checkbox"/>		

IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form MWBE 101/BDC 333)

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the M/WBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.

Prepared By (Signature)	Email Address <u>idneifeld@coolins.com</u>
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Name and Title of Preparer (Print or Type) <u>Ira D. Nelfeld, Senior Vice President</u>	Telephone No. <u>518-783-2665</u>	Date <u>11/15/2013</u>
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FOR M/WBE USE ONLY

Reviewed By <u>Aniela Swidjick</u>	Date <u>12/30/13</u>
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Utilization Plan Approved <input checked="" type="checkbox"/> es <input type="checkbox"/> o	Date <u>12/30/13</u>
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Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
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Date: 11/18/2013 Time: 1:42 PM To: 5184734984 Cool - 518-783-8754 Page: 02