

**REQUEST FOR PROPOSALS
FOR AN INDEPENDENT PUBLIC AUDITOR TO AUDIT
THE PAWTUCKET HOUSING AUTHORITY**

PURPOSE

The Housing Authority of the City of Pawtucket RI (PHA) will accept proposals for its Annual Financial Audit for the 3 years beginning with the fiscal year ending March 31, 2026 (FY 2026) with an option to extend the agreement annually for FY 2029 and FY 2030. It is the Authority's desire to retain and contract with a duly qualified Independent Public Auditor (IPA) in order to audit the general ledgers and accounts of the Authority. All services must be in accordance with the existing rules, orders, directives, regulations and handbooks promulgated by the United States Department of Housing and Urban Development.

The services that are requested will be as follows and will encompass all the Housing Authority's programs including, but not limited to: Public Housing (788 units, five AMPs), Housing Choice Voucher (HCV) Program – 800 vouchers, Capital Fund Programs, ROSS, HCV and Public Housing FSS Programs, a final Cost Certification for completed CFP grants, currently expected to be completed: CFPs 2020-2026, Park Manor LLC (a 28 unit apartment complex, a tax credit property) owned by the PHA independent of the Public Housing program, and Pawtucket Housing Inc., a 501 (c) (3) entity formed in 2020.

1. Audit the accounts and records of the Authority for the twelve month periods ending March 31, in accordance with generally accepted auditing standards and the auditing and reporting Standards for Audit Government Organizations, Programs, and provisions in OMB Circular A-133, Audits of State, Local Governments , as promulgated by the Statement of Uniform Guidance (2 CFR Part 200; Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards) as issued by the U.S. Office of Management and Budget. The audit performed should be sufficient in scope to enable the auditor to express an opinion on whether the financial statements fairly present the financial position of the Authority and related entities.
2. The audit report must be in a format which will be approved by the United States Department of Housing and Urban Development as detailed in the HUD Audit Guide (7476.1 REV-1), the Single Audit Act Amendments of 1996, and any relevant government regulations.
3. Upon completion of the report, printed copies should be made available to key executive staff (two) with a copy, one copy for the HUD Area Office, required information for the Audit Clearing House, one copy for the office of the Mayor of the City of Pawtucket, and an electronic copy.
4. Ability to attend meetings, as requested, with PHA commissioners/staff, HUD Auditors, and HUD staff and must make work papers available for a period of time as directed by the federal government.

TERMS AND CONDITIONS

All proposals shall remain valid for a period of sixty calendar days after the date specified for receipt of proposal in accordance with procurement regulations. All costs of the proposal process, interviews, contract negotiation, and related expenses are solely the responsibilities of the respondent.

The PHA reserves the right to reject any or all proposals, to waive informalities and minor irregularities, and/or modify or cancel the solicitation. Proposals which appear unrealistic in terms of management commitments or are indicative of failure to comprehend the complexity of this RFP

and subsequent contracts may be rejected.

Respondents are requested and advised to be as complete as possible in their response. PHA reserves the right to:

- Contact any respondent to clarify their proposal
- Contact any past/current clients of the respondent
- Solicit information from any available source concerning any aspects of the proposal
- Seek and review any other information deemed pertinent to the evaluation process

REQUEST FOR AUDIT PROPOSALS

QUALIFICATIONS

1. Must be licensed as a Certified Public Accountant (CPA).
2. The selected Auditor must meet the standards specified in the Standards for Audit of Government Organizations, Programs, Activities and Functions.
3. Should have previous experience auditing Public Housing Authorities, and is approvable by HUD (**include experience with your proposal**).
4. Familiarity with our housing software, PHA-WEB, is required in order to independently generate the necessary documents required for auditing purposes.

PROPOSAL REQUIREMENTS

1. Proposals shall be submitted on company letterhead, and signed by the owner or an executive officer of the firm. Interested firms should have at least five (5) years of experience.
2. Proposals shall contain a copy of the organization's/firm's Business Registration issued by the State of Rhode Island's Division of Revenue.
3. Two separate audits will be required: one for Park Manor LLC, and one encompassing the rest of the Pawtucket Housing Authority. The audit for Park Manor is due to RI Housing on June 30th while the PHA audit to HUD is due on December 31st. The Pawtucket Housing Authority reserves the right to cancel the contract for Park Manor if this site is no longer under PHA's ownership.
4. Incorporation certification or affidavit stating the date of partnership was established, including the names and business address of corporate ownership/partners.
5. Description of the company and three (3) references should be included.
6. Professional licenses and qualifications, including resumes of all personnel that will be dealing with this contract.
7. Each company submitting a proposal shall execute an affidavit to the effect that he or she has not colluded with any other person, firm or corporation in regard to any proposal submitted. Such affidavit shall be attached to the proposal.
8. Certified Statement that neither the firm nor the members of the firm or individuals are debarred, suspended or otherwise prohibited from professional practice by any Federal, State or Local oversight and/or regulatory authority.
9. Evidence of all appropriate and applicable insurance coverage carried by the firm or individual, including policy coverage periods.
10. Statement that the firm operated in full compliance with all applicable civil rights and non-discrimination statutes, executive orders, rules and regulations.
11. Each offeror is required to submit four (4) signed copies and a USB of their proposal at the time and date specified. Failure to include any of the above information or a proposal received after the appointed time will result in the rejection of a proposal. Proposal documents shall be formatted in accordance with the criteria specified herein and bound in a binder properly tabbed.

12. The Finance Director and the appointed management staff will review proposals and make a recommendation to the Board of Commissioners potentially for the March 2026 monthly meeting (Wednesday 02/18/26). The Executive Director, under the guidance of the Board of Commissioners, reserves the right to award the contract to the responsible proposer whose qualifications, price, and other factors considered are the most advantageous to the PHA.
13. PHA reserves the right to waive any informality, and to reject any and all proposals. No proposal may be withdrawn after the due date. Proposals may be withdrawn prior to the due date either in person or by mail.
14. **Required Documentation**
 - Executed Copy of the attached HUD-5369-C (Certifications and Representations of Offerors)
 - State of Rhode Island Business Registration Certificate
 - Certification regarding Non-debarment, Suspension, Ineligibility and Voluntary Exclusion
 - Non-Collusion Affidavit (copy attached)
 - Proof of Certificate of Insurance (copy attached)

FORMAT OF PROPOSAL

All proposals shall include the following sections and documentation:

1. Executive Summary – Provide a brief non-technical overview of the respondent's business including the range of services offered. Respondent should provide business information reflecting how and why their services meet PHA needs
2. Company profile – Provide a history of the business and resumes of key staff to be involved in all aspects of the audit. This shall include both the company history providing general auditing services as well as its experience providing services to public housing authorities.
3. Audit Services – Describe in detail each aspect of the auditing services proposed, including the evaluations of the financials, the audit report, training of PHA staff if required, and implementation of recommendations for the current fiscal year and beyond
4. References – Vendor is required to submit a minimum of three (3) housing authority references as well as a redacted sample audit report
5. Proposed Costs – Describe in detail a breakdown of the proposed cost required for the required services. Include any and all rates, etc. necessary to calculate the final proposed fees separate from any out-of-pocket travel costs.

PROPOSAL REVIEW

All proposals will be reviewed according to the "Competitive Proposal" process outlined in the HUD Procurement Handbook 7460.8. The following is the rating system which will be used to evaluate all proposals received in response to this request for proposals.

EVALUATION CRITERIA

Competitive Proposal:

1. Technical Approach:

The evaluation of the proposal for this factor will be based on the Respondent's understanding and awareness of the various tasks required to perform activities and requirements of the RFP. The evaluation of the Respondent's proposal will be based upon the degree to which the Respondent has presented a quality approach to the specific parameters of the RFP. The quality of the approach will be evaluated in terms of the Respondent's areas of staffing, proposed procedures and methodologies, the proposed work plan and schedule, and the expected outcomes and deliveries as follows:

- **Responsiveness** – Proposal clearly states the respondent understands the work to be performed including a complete understanding of all state and federal guidelines applicable to public housing authorities and has the capabilities and staff to perform such services. **(30 Points)**
 - **Respondent's Experience** – This includes not only the firm's technical experience in auditing of other public housing authorities and similarly situated clients, but the individual experience of key personnel who will be conducting the services. Respondent shall be evaluated on their submission of detailed information on respondent experience in providing similar services to housing authorities and providing information on the respondent's financial and audit experience. Respondents shall have a demonstrated minimum of five (5) years of experience in conducting the required services, which can be documented through the references/work experience provided. **(30 points)**
 - **Work Plan** - Respondents shall be evaluated on their overall work plan including proposed schedule, availability of key personnel, and quality and effectiveness of proposal. **(15 points)**
 - **Peers Review** – Respondents shall be evaluated on the results of peer and external quality control reviews. **(5 Points)**
2. Fee Proposal
- All Respondents shall submit a price proposal which shall include a proposed fixed fee for all services to be performed under the terms and conditions of this RFP and out-of-pocket travel costs. Any such proposal shall also indicate the rates at which such fees have been calculated. **(20 points)**

Total Possible Points - 100 Points

SCOPE OF SERVICES

The Annual audit shall be in Accordance with Generally Accepted Government Auditing Standards (GAGAS), as promulgated by the American Institute of Certified Public Accountants (AICPA), and Government Auditing Standards (GAS).

THE INDEPENDENT AUDITOR IS REQUIRED TO PERFORM TO THE FOLLOWING STANDARDS:

- Plan and perform an Audit to obtain reasonable assurance the financial statements of the PHA are presented fairly in all material respects in accordance with generally accepted accounting principles. These basic financial statements shall include, but not be limited to: a balance sheet and the related statements of revenues, expenses/expenditures, changes in net position/fund balance, and cash flows for the year then ended.
- The auditor must also determine whether the schedule of expenditures of Federal awards is stated fairly in all material respects in relation to the PHA's financial statements as a whole.
- Include an assessment of the accounting principles used and significant estimates made by the PHA and must further include such additional procedures as shall be required by any security/financing agreement, as well as an evaluation of the overall financial statement presentation.
- Should be knowledgeable in HUD's Rental Assistance Demonstration (RAD) Program.
- Any supplementary information presented shall be subjected to the auditing procedures applied in the audit of the financial statements and an opinion rendered in relation to

- the financial statements taken as a whole.
- Prepare an independent Auditor's Report on the financial statements and on supplementary information and schedules.
- Prepare a report on the internal control structure and a compliance report.
- Prepare a report on supplementary information schedules of federal and state financial assistance.
- Electronic submission of required report to REAC.
- Conduct a personal interview with the Executive Director if requested.
- Prepare a management letter recommending remedial actions.

The Auditor shall include the following financial reporting under GAAP required under General Purpose Financial Statements (GPFS) and/or Component Unit Financial Statements (CUES) as applicable:

- Combined Balance Sheet – All fund types, Account Groups and discretely presented component units.
- Combined statement of revenues, expenditures and changes in fund balances – all governmental fund types and discretely presented component units.
- Combined statement of revenues, expenditures and changes in fund balances and general and special revenue fund types.
- Combined statement of revenues, expenses and changes in net position for all proprietary fund types and discretely presented component units;
- Combined statement of cash flows – all proprietary fund types and discretely presented component units;
- Notes to the financial statements; and
- Required supplementary information.

The Auditor's reporting responsibility in audits of federal and state financial assistance is primarily driven by four levels of auditing standards and requirements that shall apply:

- Generally Accepted Auditing Standards issued by the American Institute of Certified Public Accountants.
- Government auditing standards issued by the United States General Accounting Office.
- Single Audit Act and applicable Federal OMB Circulars.
- Single Audit Policy for recipients of Federal Grants, State Grants and State Aid and OMB Circulars.

STATEMENTS

The following financial statements, but not limited to, are to be reported on by the auditor. The supplemental information is included along with the basic financial statements for purposes of additional analysis and the auditor is not required to report separately thereon. The supplemental information should be subject to the auditing procedures applied in the audit of the basic financial statements taken, as a whole.

- Comparative Statement of Net Position (Balance Sheet)
- Comparative Statement of Revenues, Expenses, and Changes in Net Position
- Statement of Net position (Balance Sheet)
- Statement of Revenues, Expenses, and Changes in Program Net Position
- Statement of Cash Flows
- Notes to Financial Statements
- Supplementary Information
- Financial Data Submission Summary of Net Position accounts

PROPOSAL SUBMISSION

All questions or comments regarding this Request for Proposal and/or Scope of Services may be addressed to Lourdes Marrero, Deputy Executive Director, Pawtucket Housing Authority, 214 Roosevelt Avenue, Pawtucket, RI 02860, or e-mailed to lmarrero@pawthousing.org.

Proposals may be delivered in person, by mail or delivery service to Galego Court located at 483 Weeden Street, Pawtucket, RI 02860. Faxed or emailed submissions will not be considered. Proposals should be mailed or hand delivered to the Authority on or before Friday, January 30th at 12pm US EST and should be addressed as follows:

Patrick Hall
Purchasing Manager
Pawtucket Housing Authority
483 Weeden Street
Pawtucket, RI 02860

ATTN: PROPOSAL FOR INDEPENDENT PUBLIC AUDITOR FOR AUDIT SERVICES.

Office Hours: Monday through Thursday (Excluding Federal Holidays), 8:00AM to 4:00PM;
Friday 8:00AM to 1:00PM
Telephone: 401-721-6000

Certifications and Representations of Offerors

Non-Construction Contract

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No: 2577-0180 (exp. 7/30/96)

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This form includes clauses required by OMB's common rule on bidding/offering procedures, implemented by HUD in 24 CFR 85.36, and those requirements set forth in Executive Order 11625 for small, minority, women-owned businesses, and certifications for independent price determination, and conflict of interest. The form is required for nonconstruction contracts awarded by Housing Agencies (HAs). The form is used by bidders/offerors to certify to the HA's Contracting Officer for contract compliance. If the form were not used, HAs would be unable to enforce their contracts. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

1. Contingent Fee Representation and Agreement

(a) The bidder/offeror represents and certifies as part of its bid/offer that, except for full-time bona fide employees working solely for the bidder/offeror, the bidder/offeror:

(1) ☐ has, ☐ has not employed or retained any person or company to solicit or obtain this contract; and

(2) ☐ has, ☐ has not paid or agreed to pay to any person or company employed or retained to solicit or obtain this contract any commission, percentage, brokerage, or other fee contingent upon or resulting from the award of this contract.

(b) If the answer to either (a)(1) or (a)(2) above is affirmative, the bidder/offeror shall make an immediate and full written disclosure to the PHA Contracting Officer.

(c) Any misrepresentation by the bidder/offeror shall give the PHA the right to (1) terminate the resultant contract; (2) at its discretion, to deduct from contract payments the amount of any commission, percentage, brokerage, or other contingent fee; or (3) take other remedy pursuant to the contract.

2. Small, Minority, Women-Owned Business Concern Representation

The bidder/offeror represents and certifies as part of its bid/offer that it:

(a) ☐ is, ☐ is not a small business concern. "Small business concern," as used in this provision, means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding, and qualified as a small business under the criteria and size standards in 13 CFR 121.

(b) ☐ is, ☐ is not a women-owned small business concern. "Women-owned," as used in this provision, means a small business that is at least 51 percent owned by a woman or women who are U.S. citizens and who also control and operate the business.

(c) ☐ is, ☐ is not a minority enterprise which, pursuant to Executive Order 11625, is defined as a business which is at least 51 percent owned by one or more minority group members or, in the case of a publicly owned business, at least 51 percent of its voting stock is owned by one or more minority group members, and whose management and daily operations are controlled by one or more such individuals.

For the purpose of this definition, minority group members are:

(Check the block applicable to you)

- | | |
|---|---|
| <input type="checkbox"/> Black Americans | <input type="checkbox"/> Asian Pacific Americans |
| <input type="checkbox"/> Hispanic Americans | <input type="checkbox"/> Asian Indian Americans |
| <input type="checkbox"/> Native Americans | <input type="checkbox"/> Hasidic Jewish Americans |

3. Certificate of Independent Price Determination

(a) The bidder/offeror certifies that—

(1) The prices in this bid/offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other bidder/offeror or competitor relating to (i) those prices, (ii) the intention to submit a bid/offer, or (iii) the methods or factors used to calculate the prices offered;

(2) The prices in this bid/offer have not been and will not be knowingly disclosed by the bidder/offeror, directly or indirectly, to any other bidder/offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the bidder/offeror to induce any other concern to submit or not to submit a bid/offer for the purpose of restricting competition.

(b) Each signature on the bid/offer is considered to be a certification by the signatory that the signatory:

(1) Is the person in the bidder/offeror's organization responsible for determining the prices being offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or

(2) (i) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above (insert full name of person(s) in the bidder/offeror's organization responsible for determining the prices offered in this bid or proposal, and the title of his or her position in the bidder/offeror's organization);

(ii) As an authorized agent, does certify that the principals named in subdivision (b)(2)(i) above have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and

(iii) As an agent, has not personally participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above.

- (c) If the bidder/offeror deletes or modifies subparagraph (a)2 above, the bidder/offeror must furnish with its bid/offer a signed statement setting forth in detail the circumstances of the disclosure.

4. Organizational Conflicts of Interest Certification

- (a) The Contractor warrants that to the best of its knowledge and belief and except as otherwise disclosed, it does not have any organizational conflict of interest which is defined as a situation in which the nature of work under a proposed contract and a prospective contractor's organizational, financial, contractual or other interest are such that:

- (i) Award of the contract may result in an unfair competitive advantage;
- (ii) The Contractor's objectivity in performing the contract work may be impaired; or
- (iii) That the Contractor has disclosed all relevant information and requested the HA to make a determination with respect to this Contract.

- (b) The Contractor agrees that if after award he or she discovers an organizational conflict of interest with respect to this contract, he or she shall make an immediate and full disclosure in writing to the HA which shall include a description of the action which the Contractor has taken or intends to eliminate or neutralize the conflict. The HA may, however, terminate the Contract for the convenience of HA if it would be in the best interest of HA.

- (c) In the event the Contractor was aware of an organizational conflict of interest before the award of this Contract and intentionally did not disclose the conflict to the HA, the HA may terminate the Contract for default.

- (d) The Contractor shall require a disclosure or representation from subcontractors and consultants who may be in a position to influence the advice or assistance rendered to the HA and shall include any necessary provisions to eliminate or neutralize conflicts of interest in consultant agreements or subcontracts involving performance or work under this Contract.

5. Authorized Negotiators (RFPs only)

The offeror represents that the following persons are authorized to negotiate on its behalf with the PHA in connection with this request for proposals: (list names, titles, and telephone numbers of the authorized negotiators):

6. Conflict of Interest

In the absence of any actual or apparent conflict, the offeror, by submission of a proposal, hereby warrants that to the best of its knowledge and belief, no actual or apparent conflict of interest exists with regard to my possible performance of this procurement, as described in the clause in this solicitation titled "Organizational Conflict of Interest."

7. Offeror's Signature

The offeror hereby certifies that the information contained in these certifications and representations is accurate, complete, and current.

Signature & Date:

Typed or Printed Name:

Title:

FORM OF NON-COLLUSIVE AFFIDAVIT

(Firm Submitting Proposal)

State of _____

County of _____

_____, being first duly sworn, deposes and says:

That he is (A partner or officer of the firm of) _____ the party making the foregoing proposal, that such proposal is genuine and not collusive or sham; that said person has not colluded, conspired, connived or agreed, directly or indirectly with any person, to put in a sham proposal or to refrain from submitting a proposal, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price or affidavit or any other firm submitting a proposal, or to fix any overhead, profit or cost element of said proposal price, or that of any other firm submitting a proposal, or to secure any advantage against the Pawtucket Housing Authority or any person interested in the proposed contract; and that all statements in said proposal are true.

Signature of:

Authorized Individual if Proposal is submitted as an Individual, Partnership, Corporation, etc.

Subscribed and sworn to before me

this _____ day of _____, 20____.

My commission expires _____, 20____.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Current Date

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 Contractor Insurance Agent 123 Main Street Anytown State Zip	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Contractor Name Address City State Zip	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Abc Insurance Company	
	INSURER B: DEF Insurance Company	
	INSURER C: GHI Insurance Company	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

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	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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy Number	Current	Date	EACH OCCURRENCE \$ 1,000,000	
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000							
	MED EXP (Any one person) \$ 5,000							
	PERSONAL & ADV INJURY \$ 1,000,000							
	GENERAL AGGREGATE \$ 2,000,000							
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							PRODUCTS - COMP/OP AGG \$ 2,000,000	
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Policy Number	Current	Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	BODILY INJURY (Per person) \$							
	BODILY INJURY (Per accident) \$							
	PROPERTY DAMAGE (Per accident) \$							
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000	
	DED <input type="checkbox"/> RETENTION \$							
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	Y / N	N / A	Policy Number	Current	Date	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ 500,000							
	E.L. DISEASE - EA EMPLOYEE \$ 500,000							
	E.L. DISEASE - POLICY LIMIT \$ 500,000							

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

The certificate holder is included as an additional insured on the general liability policy for both ongoing (CG2010) and completed (CG20137) operations, or their equivalents, on a primary and non-contributory basis. All insurance carriers affording coverage are admitted to do business in the State of Rhode Island.

CERTIFICATE HOLDER**CANCELLATION**

The Housing Authority of the City of Pawtucket RI 214 Roosevelt Avenue Pawtucket RI 02862-1303	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 Must be signed

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