

BID PROPOSAL FORM BID NO. 2018-008

**BID TO: CITY COMMISSION
CITY OF MARGATE**

1. The undersigned bidder proposes and agrees, if this bid is accepted, to enter into an Agreement with the Owner in the form included in the Contract Documents to perform the Work as specified or indicated in said Contract Documents entitled:

**FURNISH AND INSTALL (2) HVAC SYSTEMS
BID NO 2018-008**

2. Bidder accepts all of the terms and conditions of the Contract Documents, including without limitation those in the Notice Inviting Bids and Instructions to Bidders, dealing with the disposition of the Bid Security.

3. The bid will remain open for the period stated in the Notice Inviting Bids unless otherwise required by law. Bidder will enter into an Agreement within the time and in the manner required in the Notice Inviting Bids and the Instructions to Bidders, and will furnish the insurance certificates, payment bond, and performance bond required by the Contract Documents.

4. It is the Contractor's responsibility to contact the City at (954) 935-5346 prior to the bid opening to determine if any addenda have been issued on the project. Bidder has examined copies of all the Contract Documents including the following addenda (receipt of all of which is acknowledged):

Number 2018-008 Date 3-7-18

5. Bidder has familiarized himself with the nature and extent of the Contract Documents, Work, site, locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations), and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Bidder deems necessary.

6. This bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm, or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization, or corporation. Bidder has not directly or indirectly induced or solicited any other bidder to submit a false or sham bid. Bidder has not solicited or induced any person, firm or corporation to refrain from bidding and bidder has not sought by collusion to obtain for itself any advantage over any other bidder or over Owner.

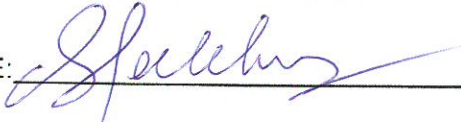
To all the foregoing, and including all Bid Schedule(s) and Information Required of Bidder contained in this Bid Form, said bidder further agrees to complete the Work required under the Contract Documents within the Contract Time stipulated in said Contract Documents, and to accept in full payment thereof the Contract Price based on the Total Bid Price(s) named in the aforementioned Bidding Schedule(s).

NAME OF FIRM: CLIMATE TEMP INC

ADDRESS: 1915 BANKS ROAD MARGATE FL 33063

NAME OF SIGNER STEVE LALCHAN
(Print or Type)

TITLE OF SIGNER PRESIDENT

SIGNATURE:  DATE: 03-07-18

TELEPHONE NO: 954-749-2108 FACSIMILE NO: 954-698-9941

SCHEDULE OF BID PRICES – BID NO. 2018-008

TO: CITY COMMISSION

CITY OF MARGATE

(Please fill in all blanks and return with your proposal.)

In accordance with your request for proposals and the specifications contained herein, the undersigned proposes the following:

DESCRIPTION

TOTAL COST

UNIT #1 & #2

Furnish/Install (2) 20 Ton Trane rooftop self-contained HVAC Systems with new curb adapter, if required, for the D.E.E.S. Administration Building located at 901 NW 66th Avenue, Margate, FL 33063. Trane Condenser #WCD240B40FFA, as per technical specifications.

\$ 54,680.00

Contingency*

(*Represents possible costs for unforeseen work, if approved by City)

\$ 5,000.00

GRAND TOTAL

\$ 59,680.00

NOTE: "City permit fee shall be waived for this project."

ALL BIDS MUST BE SIGNED WITH THE VENDOR NAME AND BY AN OFFICER OR EMPLOYEE HAVING THE AUTHORITY TO BIND THE COMPANY OR FIRM BY SIGNATURE.

MATERIAL SAFETY DATA SHEETS ENCLOSED? YES _____ NO ✓

SPECIFICATION SHEETS/BROCHURES? YES ✓ NO _____

HAVE YOUR INSURANCE REPRESENTATIVE REVIEW THE SAMPLE INSURANCE CERTIFICATE TO ENSURE COMPLIANCE.

WILL YOUR FIRM ACCEPT PAYMENT VIA A CITY OF MARGATE PROCUREMENT CARD? PLEASE CHECK ONE YES _____ NO ✓

BIDDER'S GENERAL INFORMATION: BID NO. 2018-008

The bidder shall furnish the following information. Additional sheets shall be attached as required. Failure to complete Item Nos. 1, 3, and 7 (if required) will cause the bid to be non-responsive and may cause its rejection. In any event, no award will be made until all of the Bidder's General Information (i.e., items 1 through 7 inclusive) is delivered to the City.

- (1) Contractor's name and address:
STEVE LALCHAN
7340 NW 51ST TERRACE
COCONUT CREEK, FL 33073
- (2) Contractor's telephone number: 954-749-2108
- (3) Contractor's license: Primary classification CLASS A
State License Number: CAC057014
Supplemental classifications held, if any: _____
Name of Licensee, if different from (1) above: _____

- (4) Name of person who inspected site of proposed Work for your firm:
Name: STEVE LALCHAN Date of Inspection: 02-28-18
- (5) Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract: _____

- (6) ATTACH TO THIS BID the experience resume of the person who will be designated as Supervisor for this project.

(7) ATTACH TO THIS BID a financial statement **(If Required)**, references, and other information, sufficiently comprehensive to allow an appraisal of Contractor's current financial condition. **(Not Required)**

(8) Subcontractors: The bidder further proposes that as part of their submittal there is attached a list of subcontracting firms or businesses who will be awarded subcontracts for portions of the work in the event the bidder is awarded the Contract.

REFERENCE SHEET – BID NO. 2018-008

In order to receive bid award consideration on the proposed bid, it is a requirement that this sheet be completed and returned with your bid/proposal. This information may be used in determining the bid award for this Project.

BIDDER (COMPANY NAME): CLIMATE TEMP, INC

ADDRESS: 1915 BANKS ROAD, MARGATE, FL 33063

CONTACT PERSON: STEVE LARHAN TITLE: PRESIDENT

TELEPHONE: 954-749-2108 FACSIMILE: 954-698-9941

NUMBER OF YEARS IN BUSINESS: 17 YEARS

ADDRESS OF NEAREST FACILITY: J.M. LEXUS, 5350 W. SAMPLE ROAD

LIST THREE (3) COMPANIES OR GOVERNMENTAL AGENCIES WHERE THESE PRODUCTS OR SERVICES HAVE BEEN PROVIDED IN THE LAST YEAR.

1. Company Name: J.M. FAMILY ENTERPRISES
Address: 700 JIM MORAN BLVD Phone: 954-275-4934
Contact Person: DANNY FLYNN Title: FACILITIES MANAGER
2. Company Name: J.M. FAMILY ENTERPRISES
Address: 185 JIM MORAN BLVD Phone: 954-275-4934
Contact Person: DANNY FLYNN Title: FACILITIES MANAGER
3. Company Name: J.M. LEXUS
Address: 5350 W. SAMPLE RD Phone: 954-304-1275
Contact Person: DENNIS ARSERIO Title: FACILITIES MANAGER

COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH ACT

Bidder certifies that all material, equipment, etc. contained in this bid meets all O.S.H.A. requirements. Bidder further certifies that if he/she is the successful bidder, and the material, equipment, etc., delivered is subsequently found to be deficient in any O.S.H.A. requirement in effect on date of delivery, all costs necessary to bring the material, equipment, etc. into compliance with the aforementioned requirements shall be borne by the bidder.

OCCUPATIONAL HEALTH AND SAFETY MATERIAL SAFETY DATA SHEET REQUIRED:

In compliance with Chapter 442, Florida Statutes, any item delivered from a contract resulting from this bid must be accompanied by a SAFETY DATA SHEET (SDS). The SDS must include the following information:

- A. The chemical name and the common name of the toxic substance.
- B. The hazards or other risks in the use of the toxic substances, including:
 - 1. The potential for fire, explosion, corrosivity and reactivity;
 - 2. the known acute and chronic health effects of risks from exposure, including the medical conditions which are generally recognized as being aggravated by exposure to the toxic substance; and
 - 3. the primary routes of entry and symptoms of overexposure.
- C. The proper precautions, handling practices, necessary personal protective equipment, and other safety precautions in the use of or exposure to the toxic substances, including appropriate emergency treatment in case of overexposure.
- D. The emergency procedure for spills, fire, disposal and first aid.
- E. A description in lay terms of the known specific potential health risks posed by the toxic substances intended to alert any person reading this information.
- F. The year and month, if available, that the information was compiled and the name, address and emergency telephone number of the manufacturer responsible for preparing the information.

SIGNATURE:  DATE: 03-07-18

**CITY OF MARGATE
STATEMENT OF NO BID**

**IF YOU DO NOT INTEND TO BID ON THIS PROPOSAL, RETURN THIS FORM
TO ADDRESS WHERE BID IS TO BE SUBMITTED:**

I/We have declined to bid on your proposal No: 2018-008

**Bid Description: FURNISH AND INSTALL (2) HVAC SYSTEMS
BID NO. 2018-008**

For the following reason:

- _____ 1. Specifications are too tight, i.e. geared toward one brand or manufacturer only. (Explain reason below.)
- _____ 2. Insufficient time to respond to invitation.
- _____ 3. We do not offer this commodity/service or equivalent.
- _____ 4. Our product/service schedule would not permit us to perform.
- _____ 5. Unable to meet specifications.
- _____ 6. Unable to meet bonding requirements.
- _____ 7. Specifications unclear (Explain below).
- _____ 8. Other (Specify below).

REMARKS: _____

Attach additional pages if required.

I/We understand that if the NO BID form is not executed and returned, our name may be deleted from the list of qualified bidders for the City of Margate.

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE NO: _____ DATE: _____

SIGNATURE OF BIDDER: _____

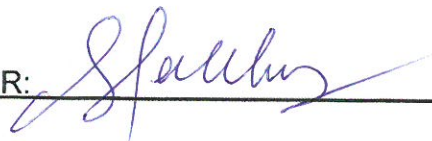
DRUG-FREE WORKPLACE PROGRAM FORM BID NO. 2018-008

In accordance with Section 287.087, State of Florida Statutes, preference shall be given to businesses with Drug-free Workplace Programs. Whenever two or more bids which are equal with respect to price, quality and service are received for the procurement of commodities or contractual service, a bid received from a business that certifies that it has implemented a Drug-free Workplace Program shall be given preference in the award process. In the event that none of the tied vendors have a Drug-free Workplace program in effect the City reserves the right to make final Decisions in the City's best interest. In order to have a Drug-free Workplace Program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the Workplace, the business's policy of maintaining a drug-free Workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or of any State, for a violation occurring in the Workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by any employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free Workplace through implementation. If bidder's company has a Drug-free Workplace Program, so certify below:

AS THE PERSON AUTHORIZED TO SIGN THE STATEMENT, I CERTIFY THAT THIS FIRM COMPLIES FULLY WITH THE ABOVE REQUIREMENTS.

SIGNATURE OF BIDDER:



DATE: 03/07/18

OFFEROR'S QUALIFICATION STATEMENT BID NO. 2018-008

The undersigned certifies under oath the truth and correctness of all statements and of all answers to questions made hereinafter:

SUBMITTED TO: City of Margate
(Purchasing Division)

ADDRESS: 5790 Margate Blvd.
Margate, FL 33063

CIRCLE ONE

SUBMITTED BY: CLIMATE TEMP INC

Corporation
Partnership
Individual
Other

NAME: STEVE LALCHAN

ADDRESS: 1915 BANKS ROAD, MARGATE, FL 33063

TELEPHONE NO.: 954-749-2108

FACSIMILE NO.: 954-698-9941

1. State the true, exact, correct, and complete name of the partnership, corporation, trade or fictitious name under which you do business and the address of the place of business.

The correct name of the Offeror is: CLIMATE TEMP INC

The address of the principal place of business is:

1915 BANKS ROAD, MARGATE, FL 33063

2. If Offeror is a corporation, answer the following:

a. Date of Incorporation: OCTOBER 08, 1999

b. State of Incorporation: FLORIDA

c. President's name: STEVE LALCHAN

- d. Vice President's name: JAGWATIE LALCHAN
- e. Secretary's name: DARIUS LALCHAN
- f. Treasurer's name: STEVE LALCHAN
- g. Name and address of Resident Agent: _____
STEVE LALCHAN
7340 NW 51ST TERRACE, COCONUT CREEK, FL 33073

3. If Offeror is an individual or a partnership, answer the following:

- a. Date of organization: _____
- b. Name, address and ownership units of all partners:

N/A

- c. State whether general or limited partnership: _____

4. If Offeror is other than an individual, corporation or partnership, describe the organization and give the name and address of principals:

N/A

5. If Offeror is operating under a fictitious name, submit evidence of compliance with the Florida Fictitious Name Statute.

6. How many years has your organization been in business under its present business name? 17 YEARS

a. Under what other former names has your organization operated?

7. Indicate registration, license numbers or certificate numbers for the businesses or professions which are the subject of this Proposal. Please attach certificate of competency and/or state registration.

STATE OF FLORIDA CLASS A AIR CONDITIONING-CACD57014

8. Have you ever failed to complete any work awarded to you? If so, state when, where and why?

NO

9. State the names, telephone numbers and last known addresses of three (3) owners, individuals or representatives of owners with the most knowledge of work which you have performed or goods you have provided, and to which you refer (government owners are preferred as references).

DANNY FLYNN DEERFIELD, FL 33442
J.M. FAMILY ENTERPRISES - 700 JIM MORAN BLVD - 954-275-4934
(name) (address) (phone number)
DENNIS ARSERIO
J.M. LEXUS 5350 W. SAMPLE ROAD 954-304-1275
(name) (address) (phone number)

(name) (address) (phone number)

10. List the pertinent experience of the key individuals of your organization (continue on insert sheet, if necessary).

① STEVE LALCHAN - 47 YEARS EXPERIENCE, HEAVY
MECHANICAL, DESIGN BACKGROUND, EMS SYSTEMS, IAR
② RAMJESS LALCHAN - 44 YEARS EXPERIENCE
③ DARIUS LALCHAN - 17 YEARS EXPERIENCE - COMPUTER ENG
BACKGROUND.

11. State the name(s) of the individual(s) who will have personal supervision of the work:

STEVE LALCHAN
RAMJESS LALCHAN
DARIUS LALCHAN

THE OFFEROR ACKNOWLEDGES AND UNDERSTANDS THAT THE INFORMATION CONTAINED IN RESPONSE TO THIS QUALIFICATION STATEMENT SHALL BE RELIED UPON BY OWNER IN AWARDING THE CONTRACT AND SUCH INFORMATION IS WARRANTED BY OFFEROR TO BE TRUE. THE DISCOVERY OF ANY OMISSION OR MISSTATEMENT THAT MATERIALLY AFFECTS THE OFFEROR'S QUALIFICATIONS TO PERFORM UNDER THE CONTRACT SHALL CAUSE THE OWNER TO REJECT THE PROPOSAL, AND IF AFTER THE AWARD TO CANCEL AND TERMINATE THE AWARD AND/OR CONTRACT.

Signature: _____

State of Florida County of _____

On this the 27th day of MARCH, 2018, before me, the undersigned Notary Public of the State of Florida, personally appeared Steve Latham and whose name(s) is/are

(Name(s) of individual(s) who appeared before notary)

Subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.

NOTARY PUBLIC
SEAL OF OFFICE:

Raymond L. Gonder
NOTARY PUBLIC, STATE OF FLORIDA

Raymond L. Gonder
(Name of Notary Public: Print,
Stamp or Type as Commissioned.)

- ☒ Personally known to me, or
☐ Produced identification:

(Type of Identification Produced)

☐ DID take an oath, or ☐ DID NOT take an oath

OPTIONAL INFORMATION:

Type of Document: _____ Number of Pages: _____ Number of Signatures Notarized: _____



NON-COLLUSIVE AFFIDAVIT FOR BID NO. 2018-008

State of FLORIDA)

County of BROWARD)

_____ being first duly sworn, deposes
and says that:

He/she is the PRESIDENT, (Owner, Partner, Officer, Representative or Agent) of CHIMATE TEMP INC, the Offeror that has submitted the attached Proposal;

He/she is fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;

Such Proposal is genuine and is not a collusive or sham Proposal;

Neither the said Offeror nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Offeror, firm, or person to submit a collusive or sham Proposal in connection with the Work for which the attached Proposal has been submitted; or to refrain from bidding in connection with such Work; or have in any manner, directly or indirectly, sought by agreement or collusion, or communication, or conference with any Offeror, firm, or person to fix the price or prices in the attached Proposal or of any other Offeror, or to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Offeror, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Work;

The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Offeror or any other of its agents, representatives, owners, employees or parties in interest, including this affiant.

Signed, sealed and delivered in the presence of:

Tham

Witness

[Signature]

Witness

By [Signature]

STEVE LALCHAN

Printed Name

PRESIDENT

Title

ACKNOWLEDGMENT
NON-COLLUSIVE AFFIDAVIT FOR BID NO. 2018-008

State of Florida

County of Broward

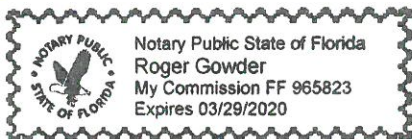
On this the 27th day of MARCH, 2018, before me, the undersigned Notary Public of the State of Florida, personally appeared

Steve L. Green and
(Name(s) of individual(s) who appeared before notary)

whose name(s) is/are Subscribed to within the instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand
and official seal.

NOTARY PUBLIC
SEAL OF OFFICE:



Roger L. Gowder
NOTARY PUBLIC, STATE OF FLORIDA
Roger L. Gowder
(Name of Notary Public: Print,
Stamp, or Type as Commissioned)

☒ Personally known to me, or
☐ Produced identification:

(Type of Identification Produced)

☐ DID take an oath, or ☐ DID NOT take an oath

**TECHNICAL SPECIFICATIONS
BID 2018-008
FURNISH AND INSTALL HVAC SYSTEMS**

SPECIFICATIONS:

Unit #1 & 2: D.E.E.S Administration Building, 901 NW 66th Ave, Margate, FL 33063. Furnish and install (2) new Trane 20-ton rooftop self-contained AC units with new curb adapter, if required.

SCOPE OF WORK:

1. Removal and disposal of existing package unit.
2. Install two 20 ton Trane rooftop self-contained heated AC units #WCD240B40FFA.
3. If required, install new curb adapters.
4. The new coils shall be factory dip coated.
5. Install two float switches for each unit; one in the air handler and one in the drain pan.
6. Modify existing power and control electrical wiring to the new unit.
7. Reconnect to existing supply ductwork, existing copper lines, existing drain line and existing electrical.
8. Provide crane service to install equipment.
9. Units shall be equipped with motorized outside air dampers.
10. Obtain all necessary permits; City of Margate permit fees shall be waived.
11. Provide signed and sealed structural drawings for the unit tie down.
12. Provide all necessary labor to complete the scope of work provided.
13. Start up and monitor unit for proper operation.
14. Return ceiling to original condition.

The following "disconnect" instructions shall apply to all units:

- Disconnect existing high and low voltage wiring
- Disconnect existing supply duct
- Disconnect existing return ducts
- Removal and disposal of existing/replaced units

The following "reconnect" instructions shall apply to all units:

- Reconnect existing high and low voltage wiring
- Reconnect existing supply duct
- Reconnect existing return duct
- Perform system start up and calibrate for peak performance
- Strap units per local code requirements

ATTACHMENT “A”



CLITEM

OP ID: AR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/07/2018

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).

PRODUCER Newman Insurance Agency, Inc. 5700 Stirling Road Hollywood, FL 33021- Warren Brown		954-963-9626	CONTACT NAME: PHONE (A/C, No, Ext): 954-963-9626 FAX (A/C, No): E-MAIL ADDRESS:	
INSURED Climate Temp, Inc. 1915 Banks Road #B-8 Pompano Beach, FL 33063		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Cypress Property & Casualty		10953
		INSURER B : Progressive Companies		10193
		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	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		SGL 0030190 04	03/01/2018	03/01/2019	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 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			02464259-4	10/29/2017	10/29/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

City of Margate is also listed as Additional Insured with respect to General Liability.

CERTIFICATE HOLDER

CANCELLATION

CITYOMA

City of Margate
5790 Margate Blvd
Margate, FL 33063

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	PRODUCER ID #:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	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 POLICY 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.

INSTR	TYPE OF INSURANCE	ADDL INSR	INSUR WVD	POLICY NO	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> GENERAL LIABILITY						EACH OCCURRENCE \$ 1M
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5K
							PERSONAL & ADV INJURY \$ 1M
							GENERAL AGGREGATE \$ 1M
							PRODUCTS - COMPROP AGG \$ 1M
							\$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 500K
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
							\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ 100,000
							E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 300,000

Note: When applicable, the Insured shall provide a copy of authorized certificate or Workers Compensation Exemption

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

The City of Margate additional Insured for General Liability Only

CERTIFICATE HOLDER

CANCELLATION

The City of Margate (Department Name) 5700 Margate Blvd Margate, Florida 33063	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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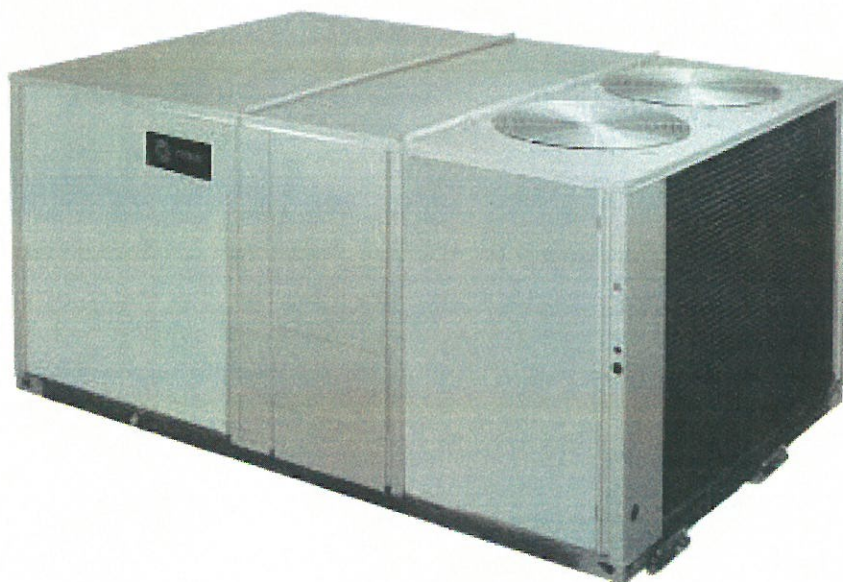
PART II – TECHNICAL SPECIFICATIONS



Packaged Heat Pumps

Voyager™

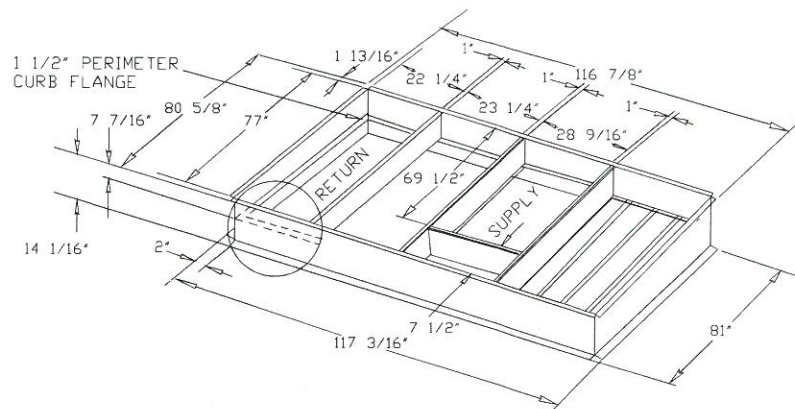
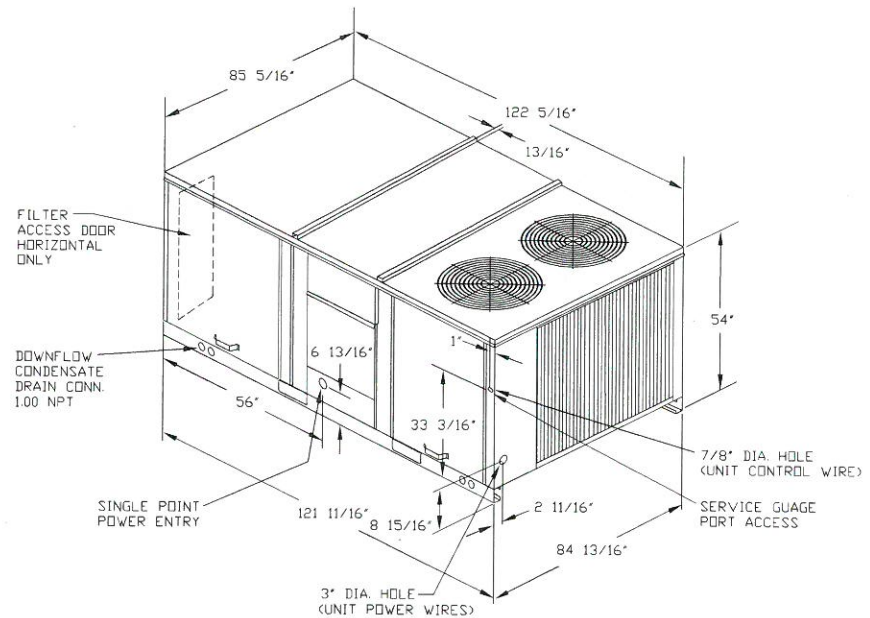
12½ – 20 Tons — 60 Hz





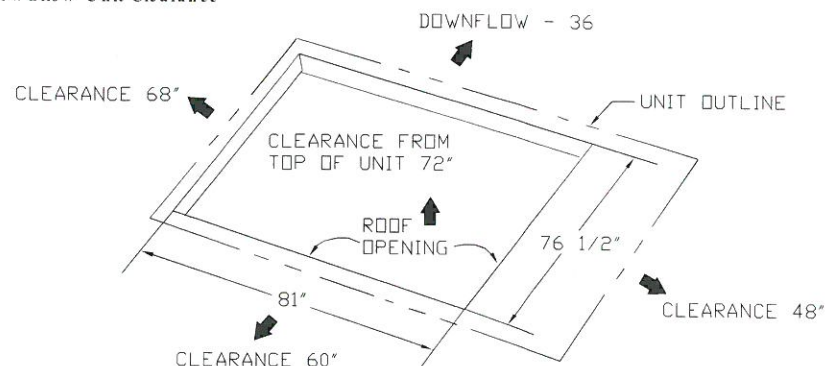
Dimensional Data (20 Ton)

All dimensions are in inches.



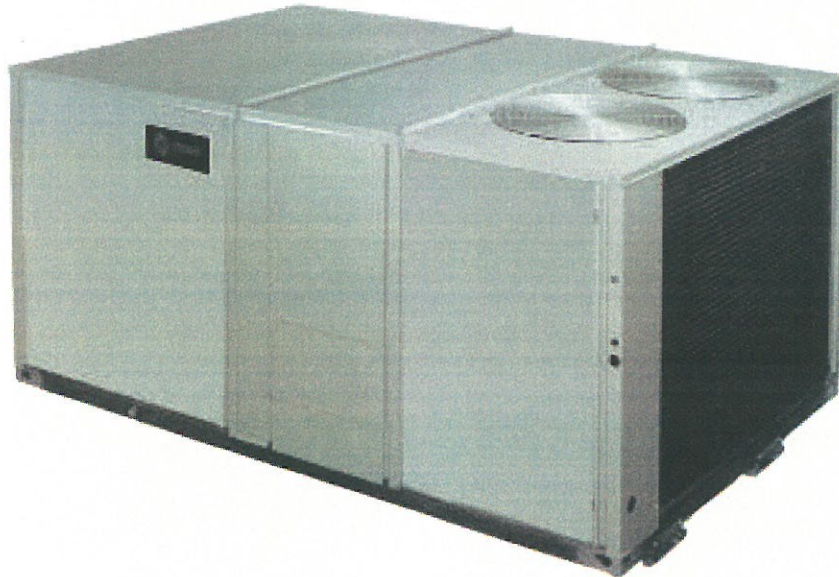
NOTE:
Duct flanges mount 7-7/16" down inside the curb on the 1 1/2" curb flanges. See recommended duct dimensions on the next page. Roofcurb is intended for downflow use only.

Downflow Unit Clearance





Features and Benefits



WeatherTight Top and Cabinet

- Voyager units incorporate either a one piece top or the Trane-Tite-Top (T³). Each part of the top (either two or three pieces) overlaps in such a way that water cannot leak into the unit. These overlapped edges are gasketed and sealed to ensure superior water integrity.
- Quick- Access (12½-20 tons) panels reduce the number of possible water entry points.
- For added water integrity, Voyager has a raised 1⅞" lip around the supply and return of the downflow units to prevent water from blowing into the ductwork.

Quality And Reliability Testing

- The fan and idler arm assembly designs have been tested to over 300,000 cycles each. Our combined cycle testing is now over 7,000,000 cycles.
- All of Voyager's designs were rigorously rain tested at the factory to ensure water integrity.

- Actual shipping tests were performed to determine packaging requirements. Units were test shipped around the country to determine the best packaging. Factory shake and drop tests were used as part of the package design process to help assure that the unit arrives at the job site in top condition.
- Rigging tests include lifting a unit into the air and letting it drop one foot, assuring that the lifting lugs and rails hold up under stress.
- We perform a 100% coil leak test at the factory. The evaporator and condenser coils are leak tested at 200 psig and pressure tested to 450 psig.
- All parts are inspected at the point of final assembly. Sub-standard parts are identified and rejected immediately.
- Every unit receives a 100% unit run test before leaving the production line to make sure it lives up to rigorous Trane requirements.

We test designs at our factory not on our customers!

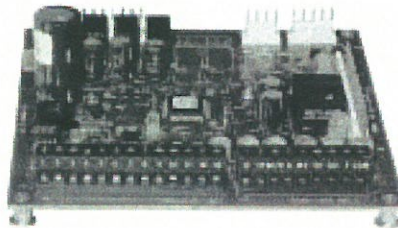
Conversionless Units

- The dedicated design units (either downflow or horizontal) require no panel removal or alteration time to convert in the field — a major cost savings during installation.
- Horizontal units come complete with duct flanges so the contractor doesn't have to field fabricate them. These duct flanges are a time and cost saver.

U-shaped Airflow

- U-shaped airflow allows for improved static capabilities.

Features and Benefits



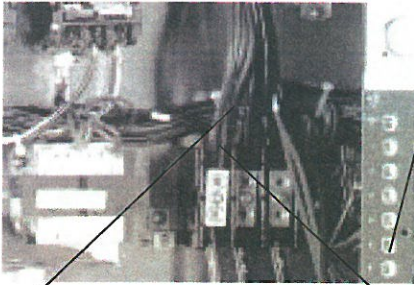
ReliaTel™

Several years ago, Trane was the first to introduce ReliaTel into the Light Commercial Market. That design, along with immeasurable experience, has provided the technology for Trane's second-generation ReliaTel microprocessor controls.

ReliaTel:

- Provides unit control for heating, cooling, and ventilating by utilizing input from sensors that measure outdoor and indoor temperature.
- Improves quality and reliability through the use of time-tested microprocessor controls and logic.
- Prevents the unit from short cycling, considerably improving compressor life.
- Ensures that the compressor will run for a specific amount of time, which allows oil to return for better lubrication, enhancing the reliability of the compressor.
- Reduces the number of components required to operate the unit, thereby reducing possibilities for component failure.
- Eliminates the need for field-installed components with its built-in anti-short-cycle timer, time delay relay and minimum "on" time controls. These controls are factory tested to assure proper operation.
- Requires no special tools to run the unit through its paces during testing. Simply place a jumper between Test 1 and Test 2 terminals on the Low Voltage Terminal Board and the unit will stage through its operational steps. The unit automatically returns control after 60 minutes to the zone sensor after stepping through the test mode a single time, even if the jumper is left on the unit.
- As long as the unit has power and the LED is lit, the ReliaTel is operational. The light indicates that the ReliaTel is functioning properly.
- Features expanded diagnostic capabilities when used with Trane's Integrated Comfort™ Systems.
- As an energy benefit, softens electrical "spikes" by staging on fans, compressors and heaters.
- The Intelligent Fallback or Adaptive Control is a benefit to the building occupant. If a component goes astray, the unit will continue to operate at predetermined temperature set points.
- Intelligent Anticipation is a standard feature of the ReliaTel. Functioning constantly, the ReliaTel and zone sensors work together in harmony, to provide tight comfort control.

Features and Benefits



Standardized Components

- Components are placed in the same location on all Voyager units. Familiarize yourself with one Voyager and you are familiar with every Voyager.
- ReliaTel can fit all Voyager Packaged Gas/Electrics, Cooling with Electric Heat, and Heat Pump models. This provides standardization of parts for the contractors. Less money is tied up in inventory using the ReliaTel.
- Contractors/owners can stock fewer parts due to standardized components throughout Voyager units.

Single Side Service

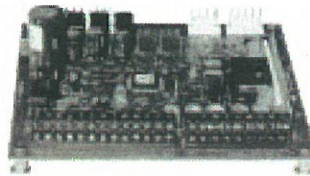
Single side service is standard on all Voyager 12½-20 tons.

Quick-Access Panels On The 12½-20 Tons

Remove three or fewer screws for access to the standardized internal components and wiring.

Easy Access Low Voltage Terminal Board

Voyager's Low Voltage Terminal Board is external to the electrical control cabinet. It is extremely easy to locate and attach the thermostat wire. This is another cost and time saving installation feature.



Low Voltage Connections

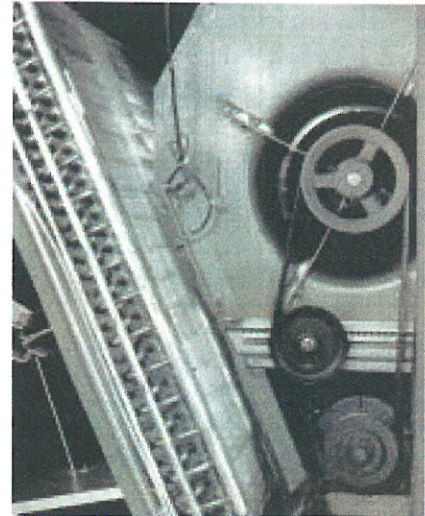
The wiring of the low voltage connections to the unit and the zone sensors is as simple as 1-1, 2-2, and 3-3. This simplified system makes it easy for the installer to wire.

Colored And Numbered Wiring

You save time and money tracing wires and diagnosing the unit.

VariTrac™

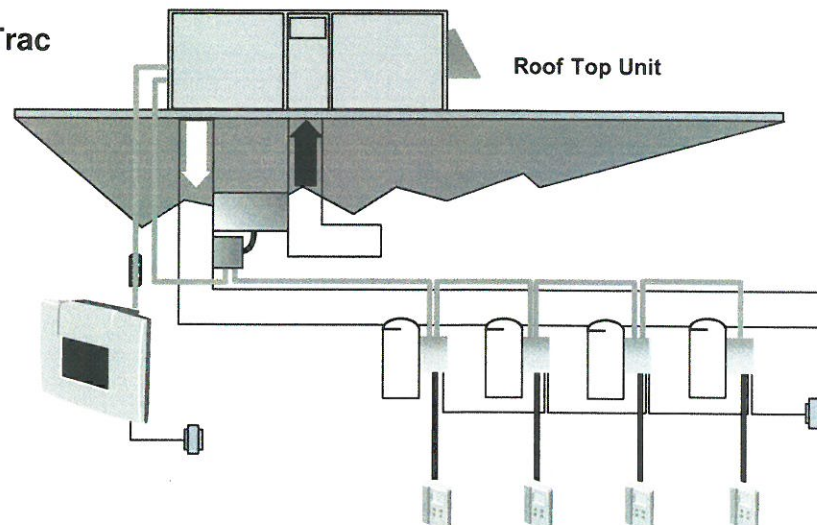
When Trane's changeover VAV System for light commercial applications is coupled with Voyager, it provides the latest in technological advances for comfort management systems and can allow thermostat control in every zone served by VariTrac.



Quick-Adjust Idler Arm

With the Quick-Adjust Idler Arm, the belt and sheaves on all 12½-20 tons can be quickly adjusted without moving the mounted fan motor. The result is a major savings in time and money.

VariTrac



Features and Benefits

Capacity Modulation

- The 12½-20 tons have dual compressors.

Compressors

- Voyager contains the best compressor technology available to achieve the highest possible performance. The dual compressor models are outstanding for humidity control, light load cooling conditions and system back-up applications.

Low Ambient Cooling

All Voyager 12½-20 tons have cooling capabilities down to 0°F as standard.

Power Exhaust Option

This option is available on the 12½-20 tons downflow units. It provides exhaust of the return air, when using a downflow economizer, to maintain proper building pressurization. Great for relieving most building overpressurization problems.

CO₂ Sensing

The CO₂ sensor has the ability to monitor space occupancy levels within the building by measuring the parts per million of CO₂ (Carbon Dioxide) in the air. As the CO₂ levels increase, the outside air damper modulates to meet the CO₂ space ventilation requirements. The CO₂ sensor kit is available as a field installed accessory.

Ventilation Override Accessory

With the Ventilation Override Accessory installed, the unit can be set to transition to up to 3 different pre-programmed sequences for Smoke Purge, Pressurization, and Exhaust. The transition occurs when a binary input on the RTOM is closed (shorted). This would typically be a hard wired relay output from a smoke detector or fire control panel. The ventilation override kit is available as a field installed accessory.

Flexible Applications

- Only two roof curbs for the entire Voyager line simplifies curb selection.
- Airflow is outstanding. The Voyager can replace an older machine with old ductwork and, in many cases, improve the comfort through better air distribution.
- A wide variety of Factory Installed Options (FIOPs) are available.

Trane Communication Interface (TCI)

Available factory or field installed. This module when applied with the Micro easily interfaces with Trane's Integrated Comfort™ System.

Single Point Power

A single electrical connection powers the unit.

Sloped Drain Pans

Standard on every unit.

Downflow And Horizontal Economizers

The economizers come with three control options — dry bulb is standard, enthalpy and differential enthalpy are optional.

High Static Drive Accessory

Available on many models, this high static drive accessory extends the capability of the standard motor. Avoid expensive motors and operating costs by installing this optimized sheave accessory.

Factory Built Roof Curbs

Available for the downflow units.

Zone Sensors

Available in programmable, automatic and manual styles.

The following options round-out the complete line of Voyager accessories:

- 0 - 25% manual outside air hood
- Motorized outside air for 12½-20 tons

One Of Our Finest Assets:

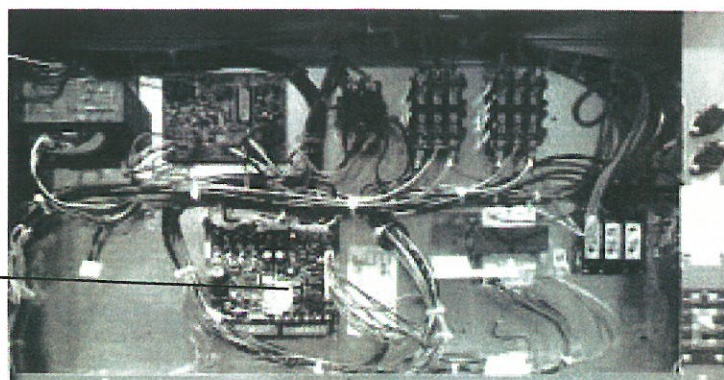
Trane Sales Representatives are a Support group that can assist you with:

- Product
- Application
- Service
- Training
- Special Applications
- Specifications
- Computer Programs and much more

Voyager has the features and benefits that make it first class in the light commercial rooftop market. Designed with input from field contractors and engineers, its U-shaped airflow performance is outstanding.

If all of your customers knew about Voyager, all would insist on it.

ReliaTel





Application Considerations

Application of this product should be within the cataloged airflow and cooling considerations.

Low Ambient Cooling

This Voyager line features, as standard, low ambient cooling down to 0°F. Contact your local Trane Representative for more assistance with low ambient cooling applications.

Barometric Relief

This product line offers an optional barometric relief damper included in the downflow economizer accessory. This accessory consists of gravity dampers which open with increased pressure. As the building air pressure increases, the pressure in the unit return air section also increases, opening the dampers and relieving the conditioned space.

NOTE: THE EFFECTIVENESS OF BAROMETRIC RELIEF DAMPER DURING ECONOMIZING OPERATION IS SYSTEM RELATED.

PRESSURE DROP OF THE RETURN AIR SYSTEM SHOULD BE CONSIDERED TO CONTROL BUILDING PRESSURIZATION.

Power Exhaust Accessory

The power exhaust accessory is available on all 12½-20 tons downflow units. This accessory can be field installed and will assist in relieving building pressurization.

Condensate Trap

The evaporator is a draw-thru configuration. A trap must be field provided prior to start-up on the cooling cycle.

Clearance Requirements

The recommended clearances identified with unit dimensions should be maintained to assure adequate serviceability, maximum capacity and peak operating efficiency. Actual clearances which appear inadequate should be reviewed with the local Trane sales personnel.

Unit Pitch

These units have sloped condensate drain pans. Units must be installed level, any unit slope must be toward access side of unit.



Model Number Description

Packaged Heat Pump Unit Model Nomenclature

<u>W</u>	<u>C</u>	<u>D</u>	<u>1</u>	<u>5</u>	<u>0</u>	<u>C</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>B</u>	<u>A</u>
1	2	3	4	5	6	7	8	9	10	11	12

Digits 1,2 Product Type

WC = Heat Pump, Packaged
WF = With Factory Installed Options

Digit 3 - Airflow Configuration

D = Downflow
H = Horizontal

Digits 4, 5, 6 - Nominal Gross Cooling Capacity (MBh)

150 = 12½ ton
180 = 15 ton
240 = 20 ton

Digit 7- Major Development Sequence

Digit 8 - Electrical Characteristics

3 = 208-230/60/3
4 = 460/60/3
W = 575/60/3

Digits 9, 10 - Factory Installed Options

OO = Packed Stock, No Options
OA = Factory Installed Downflow Economizer
OB = Oversize Motor
OC = Downflow Economizer and Oversize Motor
OF = Trane Communications Interface (TCI)
OG = Downflow Economizer and TCI

Digit 11- Minor Design Sequence

Digit 12- Service Digit



General Data

(15, 20 Ton)

Table GD-2 — General Data

	15 Ton Downflow and Horizontal Units WC* 180B3, B4, BW	20 Ton Downflow and Horizontal Units WCD240B3, B4, BW	WCH240B3, B4, BW
Cooling Performance¹			
Gross Cooling Capacity	183,500	233,000	237,000
EER ²	9.5	10.0	10.5
Nominal CFM / ARI Rated CFM	6,000 / 5,300	8,000 / 8,000	8,000/7,000
ARI Net Cooling Capacity	174,000	222,000	224,000
Integrated Part Load Value ³	10.0	9.7	10.3
System Power KW	18.31	22.2	21.3
Heating Performance¹			
High Temp. Btuh Rating	160,000	208,000	204,000
System Power KW/COP	15.12/3.10	19.65/3.10	19.29/3.10
Low Temp. Btuh Rating	88,000	128,000	118,000
System Power KW/COP	12.89/2.0	18.75/2.0	17.29/2.00
HSPF (Btu/Watts-hr)	—	—	—
Compressor			
No./Type	2/Trane 3-D Scroll	2/Copeland Scroll	2/Copeland Scroll
Sound Rating (BELS) ⁴	9.2	9.4	9.4
Outdoor Coil — Type			
Tube Size (in.) OD	Hi-Performance	Hi-Performance	Hi-Performance
Face Area (sq ft)	.375	.375	.375
Rows/FPI	28.21	35.3	35.3
Refrigerant Control	2/16	3/16	3/16
	Expansion Valve	Expansion Valve	Expansion Valve
Indoor Coil — Type			
Tube Size (in.)	Hi-Performance	Hi-Performance	Hi-Performance
Face Area (sq ft)	.375	.375	.375
Rows/FPI	17.50	26.00	26.00
Refrigerant Control	2/15	3/15	3/15
Drain Connection No./Size (in.)	Capillary Tube	Capillary Tube	Capillary Tube
	1/1.00 NPT	1/1.00 NPT	1/1.00 NPT
Outdoor Fan — Type			
No. Used/Diameter (in.)	Propeller	Propeller	Propeller
Drive Type/No. Speeds	2/26	2/28	2/28
CFM	Direct/1	Direct/1	Direct/1
No. Motors/HP	11,200	13,800	13,800
Motor RPM	2/50	2/1.0	2/1.0
	1,100	1,125	1,125
Indoor Fan — Type			
No. Used	FC Centrifugal	FC Centrifugal	FC Centrifugal
Diameter x Width (in.)	1	1	1
Drive Type/No. Speeds	15 x 15	18 x 18	18 x 18
No. Motors	Belt/1	Belt/1	Belt/1
Motor HP (Standard/Oversized)	1	1	1
Motor RPM (Standard/Oversized)	3.0/5.0	5.0/7.5	5.0/7.5
Motor Frame Size (Standard/Oversized)	1,740/3,450	3,450/3,450	3,450/3,450
	145T/145T	184T/184T	184T/184T
Filters — Type Furnished⁶			
(No.) Size Recommended (in.)	Throwaway	Throwaway	Throwaway
	(2) 20 x 20 x 2	(4) 20 x 20 x 2	(8) 20 x 25 x 2
	(4) 20 x 25 x 2	(4) 20 x 25 x 2	
Refrigerant Charge (Lbs of R-22)⁵			
	13.2/12.8/Circuit	22.0/21.0/Circuit	22.0/21.0/Circuit

NOTES:

- Cooling Performance and Heating Performance is rated at 95°F ambient, 80°F entering dry bulb, 67°F entering wet bulb. Gross capacity does not include the effect of fan motor heat. ARI capacity is net and includes the effect of fan motor heat. Units are suitable for operation to ±20% of nominal cfm. Certified in accordance with the Unitary Large Equipment certification program, which is based on ARI Standard 340/360-93.
- EER is rated at ARI conditions and in accordance with DOE test procedures.
- Integrated Part Load Value is based in accordance with ARI Standard 210/240 or 340. Units are rated at 80°F entering dry bulb, and 67°F entering wet bulb at ARI rated cfm.
- Sound Rating shown is tested in accordance with ARI Standard 270 or 370.
- Refrigerant charge is an approximate value. For a more precise value, see unit nameplate and service instructions.
- Optional 2 inch pleated filter also available.

*Indicates both downflow and horizontal units.

Performance Data (20 Ton)

Table PD-4 — Gross Cooling Capacities (MBh) 20 Ton Downflow Three Phase WCD240B

		Ambient Temperature (F)																	
		85						95						105					
CFM	Enter. Dry Bulb																		
	(F)	61						67						73					
		MBH	SHC	MBH	SHC	MBH	SHC	MBH	SHC	MBH	SHC	MBH	SHC	MBH	SHC	MBH	SHC	MBH	SHC
7200	75	212.0	177.0	233.0	137.0	243.0	89.7	198.0	173.0	228.0	133.0	244.0	87.3	179.0	164.0	211.0	130.0	239.0	83.1
	80	219.0	218.0	234.0	165.0	246.0	122.0	204.0	204.0	229.0	168.0	247.0	123.0	188.0	188.0	212.0	160.0	240.0	118.0
	85	229.0	229.0	236.0	197.0	249.0	148.0	220.0	220.0	231.0	202.0	249.0	153.0	205.0	205.0	215.0	196.0	242.0	153.0
	90	238.0	238.0	238.0	227.0	252.0	174.0	234.0	234.0	233.0	233.0	252.0	183.0	222.0	222.0	222.0	242.0	186.0	206.0
8000	75	218.0	193.0	237.0	144.0	244.0	91.2	204.0	185.0	232.0	139.0	246.0	89.1	184.0	175.0	216.0	131.0	242.0	85.0
	80	224.0	224.0	239.0	173.0	247.0	123.0	213.0	213.0	233.0	176.0	249.0	126.0	196.0	196.0	217.0	170.0	243.0	124.0
	85	234.0	234.0	241.0	207.0	250.0	150.0	228.0	228.0	235.0	213.0	252.0	158.0	215.0	215.0	221.0	210.0	244.0	159.0
	90	242.0	242.0	245.0	238.0	253.0	178.0	240.0	240.0	240.0	240.0	254.0	190.0	231.0	231.0	231.0	231.0	246.0	195.0
8800	75	223.0	201.0	238.0	148.0	245.0	93.4	209.0	196.0	235.0	145.0	248.0	90.6	189.0	186.0	220.0	138.0	244.0	86.8
	80	229.0	229.0	241.0	177.0	248.0	139.0	220.0	220.0	236.0	184.0	250.0	128.0	204.0	204.0	221.0	180.0	246.0	129.0
	85	238.0	238.0	244.0	212.0	252.0	152.0	234.0	234.0	239.0	223.0	253.0	161.0	222.0	222.0	226.0	223.0	247.0	165.0
	90	245.0	245.0	247.0	245.0	255.0	181.0	245.0	245.0	245.0	245.0	256.0	195.0	238.0	238.0	238.0	238.0	249.0	203.0
9600	75	226.0	208.0	241.0	151.0	246.0	94.2	214.0	206.0	236.0	148.0	249.0	91.4	191.0	191.0	223.0	144.0	245.0	88.6
	80	232.0	232.0	243.0	185.0	250.0	126.0	226.0	226.0	238.0	190.0	251.0	115.0	211.0	211.0	225.0	189.0	247.0	123.0
	85	241.0	241.0	245.0	222.0	253.0	155.0	239.0	239.0	242.0	231.0	255.0	165.0	229.0	229.0	229.0	229.0	249.0	170.0
	90	248.0	248.0	247.0	247.0	256.0	184.0	248.0	248.0	248.0	248.0	258.0	200.0	243.0	243.0	243.0	243.0	252.0	210.0

NOTES:

1. Dry Coil Condition. Total Gross Cooling Capacity (MBh) shown to the left is not applicable. In this case the Sensible Heat Capacity (SHC) is the total capacity.
2. All capacities shown are gross and have not considered indoor fan heat. To obtain net cooling subtract indoor fan heat.
3. MBH = Total Gross Capacity
4. SHC = Sensible Heat Capacity

Table PD-5 — Gross Cooling Capacities (MBh) 20 Ton Horizontal Three Phase WCD240B

		Ambient Temperature (F)																	
		85						95						105					
CFM	Enter. Dry Bulb																		
	(F)	61						67						73					
		MBH	SHC	MBH	SHC	MBH	SHC	MBH	SHC	MBH	SHC	MBH	SHC	MBH	SHC	MBH	SHC	MBH	SHC
7200	75	217.0	181.0	238.0	140.0	248.0	91.4	202.0	177.0	233.0	136.0	249.0	88.9	183.0	167.0	215.0	132.0	244.0	84.7
	80	224.0	223.0	239.0	168.0	250.0	124.0	208.0	208.0	233.0	171.0	251.0	126.0	192.0	192.0	216.0	163.0	245.0	121.0
	85	233.0	233.0	241.0	201.0	253.0	151.0	224.0	224.0	235.0	206.0	254.0	156.0	209.0	209.0	219.0	200.0	246.0	156.0
	90	242.0	242.0	242.0	230.0	256.0	177.0	238.0	238.0	238.0	238.0	257.0	186.0	226.0	226.0	226.0	226.0	247.0	189.0
8000	75	223.0	197.0	241.0	147.0	249.0	93.5	208.0	188.0	236.0	142.0	251.0	90.8	188.0	178.0	220.0	134.0	247.0	86.6
	80	228.0	228.0	244.0	176.0	252.0	126.0	217.0	217.0	237.0	180.0	254.0	128.0	200.0	200.0	221.0	174.0	248.0	126.0
	85	238.0	238.0	246.0	211.0	255.0	153.0	233.0	233.0	240.0	217.0	256.0	161.0	219.0	219.0	225.0	214.0	249.0	163.0
	90	246.0	246.0	250.0	243.0	258.0	181.0	245.0	245.0	245.0	245.0	259.0	194.0	235.0	235.0	235.0	235.0	251.0	199.0
8800	75	228.0	205.0	243.0	151.0	250.0	95.2	213.0	200.0	239.0	147.0	252.0	92.3	193.0	189.0	224.0	140.0	249.0	88.5
	80	233.0	233.0	245.0	181.0	253.0	142.0	224.0	224.0	240.0	187.0	255.0	131.0	208.0	208.0	225.0	183.0	250.0	131.0
	85	242.0	242.0	248.0	216.0	256.0	155.0	239.0	239.0	243.0	227.0	258.0	165.0	227.0	227.0	230.0	227.0	252.0	169.0
	90	249.0	249.0	252.0	250.0	260.0	184.0	249.0	249.0	249.0	249.0	261.0	199.0	242.0	242.0	242.0	242.0	254.0	207.0
9600	75	231.0	212.0	245.0	153.0	251.0	96.0	218.0	210.0	241.0	151.0	253.0	93.1	195.0	195.0	227.0	146.0	250.0	90.3
	80	237.0	237.0	247.0	188.0	254.0	128.0	230.0	230.0	243.0	194.0	256.0	117.0	215.0	215.0	229.0	193.0	251.0	125.0
	85	245.0	245.0	249.0	226.0	258.0	158.0	243.0	243.0	246.0	236.0	260.0	168.0	233.0	233.0	233.0	233.0	253.0	173.0
	90	253.0	253.0	252.0	252.0	261.0	187.0	253.0	253.0	253.0	253.0	263.0	204.0	247.0	247.0	247.0	247.0	256.0	214.0

NOTES:

1. Dry Coil Condition. Total Gross Cooling Capacity (MBh) shown to the left is not applicable. In this case the Sensible Heat Capacity (SHC) is the total capacity.
2. All capacities shown are gross and have not considered indoor fan heat. To obtain net cooling subtract indoor fan heat.
3. MBH = Total Gross Capacity
4. SHC = Sensible Heat Capacity

*Indicates both downflow and horizontal units.



Performance Data (20 Ton)

Table PD-8 — Evaporator Fan Performance — 20 Ton — WC*240B

External Static Pressure (Inches of Water)																				
CFM	.10		.20		.30		.40		.50		.60		.70		.80		.90		1.00	
	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP
5 HP Standard Motor & Field Supplied Low Static Drive (1)										5 HP Standard Motor & Drive										
6400	—	—	531	1.80	556	1.97	582	2.14	610	2.28	634	2.44	658	2.61	681	2.79	705	2.98	729	3.19
7200	552	2.23	576	2.16	605	2.60	631	2.81	655	3.00	678	3.18	701	3.36	722	3.55	743	3.74	763	3.94
8000	605	3.01	627	3.16	655	3.39	679	3.63	702	3.86	724	4.07	745	4.28	766	4.48	786	4.68	805	4.90
8800	648	3.83	678	4.10	705	4.34	729	4.61	751	4.87	771	5.12	791	5.36	811	5.59	830	5.81	848	6.03
9600	702	4.91	729	5.21	755	5.49	779	5.77	800	6.06	820	6.34	839	6.61	857	6.88	875	7.13	893	7.37
(2)										7.5 HP Oversized Motor & Drive										

Table PD-8 — Evaporator Fan Performance — 20 Ton — WC*240B — Continued

External Static Pressure (Inches of Water)																				
CFM	1.10		1.20		1.30		1.40		1.50		1.60		1.70		1.80		1.90		2.00	
	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP	RPM	BHP
5 HP Standard Motor & Drive										5 HP Standard Motor & High Static Drive Accessory										
6400	753	3.39	776	3.59	799	3.80	822	4.02	844	4.24	865	4.47	886	4.69	906	4.92	925	5.16	944	5.40
7200	784	4.15	806	4.38	827	4.61	848	4.84	869	5.07	889	5.30	910	5.54	930	5.79	950	6.04	969	6.29
8000	824	5.11	842	5.32	860	5.55	880	5.80	899	6.06	918	6.31	937	6.56	956	6.81	974	7.07	993	7.33
8800	866	6.26	884	6.49	901	6.73	917	6.96	934	7.20	951	7.46	969	7.74	986	8.02	1004	8.30	—	—
9600	910	7.61	927	7.85	943	8.10	960	8.35	975	8.61	—	—	—	—	—	—	—	—	—	—
7.5 HP Oversized Motor & Drive																				

Notes:

Fan motor heat (MBH) = 3.15 x Fan BHP.
Data includes pressure Drop Due to Wet Coils and Filters.
No accessories or options are included in pressure drop data.
Refer to Table PD-19 to determine add'l static pressure drop due to other options/accessories.

Notes:

1. Field Supplied Fan Sheave BK190 Required. Field Supplied Belt may be necessary.
2. 7.5 HP Oversize Motor with Field Supplied Motor Sheave 1VP50 Required. Field Supplied Belt may be necessary.

Trane's factory supplied motors, in commercial equipment, are definite purpose motors, specifically designed and tested to operate reliably and continuously at all cataloged conditions. Using the full horsepower range of our fan motors as shown in our tabulated data will not result in nuisance tripping or premature motor failure. Our product's warranty will not be affected.



Performance Data (12½ - 20 Tons)

Table PD-12 — Static Pressure Drops Through Accessories (Inches Water Column)

Tons	Unit Model No.	CFM	Standard Filters ³	2 Inch Pleated Filters ⁴	Economizer with OA /RA Dampers ¹		5-12	Electric Heater Accessory (KW) ²				72
					100% OA	100% RA		14-23	36	54		
12½	WC-150B	4000	0.05	0.08	0.20	0.02	—	0.03	0.03	0.04	—	
		5000	0.07	0.11	0.26	0.03	—	0.04	0.05	0.06	—	
		6000	0.11	0.15	0.35	0.04	—	0.06	0.07	0.09	—	
15	WC-180B	4800	0.07	0.10	0.24	0.03	—	0.04	0.04	0.05	—	
		6000	0.11	0.15	0.35	0.04	—	0.06	0.07	0.08	—	
		7200	0.15	0.19	0.42	0.05	—	0.09	0.10	0.12	—	
20	WCD240B	6400	0.07	0.11	0.22	0.04	—	—	0.06	0.08	0.09	
		8000	0.11	0.15	0.31	0.05	—	—	0.10	0.12	0.14	
		9600	0.16	0.02	0.44	0.07	—	—	0.14	0.17	0.20	
	WCH240B	6400	0.06	0.01	0.22	0.04	—	—	0.06	0.08	0.09	
		8000	0.09	0.13	0.31	0.05	—	—	0.10	0.12	0.14	
		9600	0.13	0.17	0.44	0.07	—	—	0.14	0.17	0.20	

NOTES:

1. OA = Outside Air and RA = Return Air.
2. Nominal KW ratings at 240, 480, 600 volts.
3. Tested with 2" filters 12½-20 tons.
4. Difference in pressure drop should be considered when utilizing optional 2" pleated filters.

*Indicates both downflow and horizontal units.



Performance Data (20 Ton)

Table PD-16 — 20 Ton Downflow Three Phase Heating Capacities (Net) WCD240B3, B4, BW At 8000 CFM

Outdoor Temp. F.	Integrated Heating Capacity (MBh/1000) At Indicated Indoor Dry Bulb Temp.				Total Power in Kilowatts A Indicated Indoor Dry Bulb Temp.			
	60	70	75	80	60	70	75	80
-8	78.1	75.8	74.9	74.0	16.7	17.8	18.4	19.1
-3	86.8	84.4	83.4	82.5	16.8	17.9	18.6	19.3
2	96.0	93.6	92.4	91.4	16.9	18.1	18.7	19.5
7	106.4	103.8	102.0	100.9	17.1	18.3	18.9	19.7
12	119.9	117.1	115.8	114.6	17.3	18.6	19.2	20.0
17	131.0	128.0	126.6	125.3	17.5	18.8	19.5	20.2
22	142.5	139.4	137.9	136.4	17.7	19.0	19.8	20.5
27	154.5	151.2	149.6	148.0	18.0	19.3	20.0	20.8
32	167.2	163.6	161.7	160.0	18.3	19.6	20.3	21.1
37	180.8	176.9	174.8	172.9	18.5	19.8	20.5	21.3
42	194.0	189.8	187.5	185.5	18.7	20.0	20.7	21.5
47	213.9	209.0	206.6	204.3	18.9	20.2	20.9	21.7
52	228.5	223.1	220.4	217.8	19.0	20.4	21.1	21.9
57	243.4	237.4	234.5	231.7	19.4	20.8	21.5	22.3
62	262.1	255.5	252.3	249.1	19.9	21.2	21.9	22.7
67	278.3	271.2	267.7	264.1	20.3	21.7	22.4	23.2
72	295.6	288.1	284.3	280.5	20.8	22.2	23.0	23.8

For other airflow conditions, see heating capacity correction factor (Table PD-18).

Net Heating Capacity and Power Input include indoor fan heat at nominal cfm and .40 inch ESP. To obtain net heating at other conditions, subtract fan heat at this condition and add fan heat at new condition.

Heating capacities and powers are integrated to include the effects of defrost in the frost region.

All heating capacities and power (Kw) are at 70% OD relative humidity.

Table PD-17 — 20 Ton Horizontal Three Phase Heating Capacities (Net) WCH240B3, B4, BW At 8000 CFM

Outdoor Temp. F.	Integrated Heating Capacity (MBh/1000) At Indicated Indoor Dry Bulb Temp.				Total Power in Kilowatts At Indicated Indoor Dry Bulb Temp.			
	60	70	75	80	60	70	75	80
-8	77.7	75.4	74.5	73.6	15.4	16.4	17.0	17.6
-3	86.3	84.0	82.9	82.0	15.5	16.5	17.1	17.8
2	95.5	93.0	92.0	90.9	15.6	16.7	17.3	18.0
7	105.9	103.2	101.5	100.4	15.8	16.9	17.5	18.2
12	109.9	107.3	106.1	105.0	16.0	17.1	17.8	18.4
17	120.0	117.3	116.1	114.8	16.2	17.3	18.0	18.7
22	130.6	127.7	126.4	125.0	16.4	17.6	18.2	18.9
27	141.6	138.5	137.1	135.6	16.6	17.8	18.5	19.2
32	153.2	149.9	148.2	146.6	16.9	18.1	18.7	19.5
37	179.7	175.9	173.8	172.0	17.6	18.9	19.6	20.4
42	192.9	188.7	186.5	184.5	17.9	19.2	19.9	20.7
47	210.6	205.8	203.4	201.1	18.3	19.6	20.3	21.0
52	225.0	219.6	217.0	214.4	19.0	20.3	21.0	21.8
57	239.6	233.7	230.9	228.0	19.4	20.7	21.4	22.2
62	256.8	250.3	247.2	244.0	19.8	21.1	21.9	22.6
67	272.6	265.7	262.3	258.8	20.3	21.6	22.3	23.1
72	289.6	282.2	278.5	274.8	20.8	22.1	22.9	23.7

For other airflow conditions, see heating capacity correction factor (Table PD-18).

Net Heating Capacity and Power Input include indoor fan heat at nominal cfm and .40 inch ESP. To obtain net heating at other conditions, subtract fan heat at this condition and add fan heat at new condition.

Heating capacities and powers are integrated to include the effects of defrost in the frost region.

All heating capacities and power (Kw) are at 70% OD relative humidity.



Performance Data

(12½ - 20 Tons)

Table PD-21 — Air Temperature Rise Across Electric Heaters (Degree F)

KW	Stages	12½ Ton	15 Ton	20 Ton
		5000 CFM	6000 CFM	8000 CFM
		Three Phase	Three Phase	Three Phase
		WC* 150B	WC* 180B	WC* 240B
9.00	1	—	—	—
17.30	1	—	—	—
18.00	1	11.4	9.5	—
27.00	2	—	—	—
36.00	2	23.0	19.0	14.2
54.00	2	34.1	28.4	21.3
72.00	2	—	—	28.5

Table PD-22 — Electric Heater Temperature Rise Correction Factors

% Variation From Nominal CFM	- 20	- 15	- 10	- 5	0	+ 5	+ 10	+ 15	+ 20
Temperature Rise Multiplier	1.25	1.17	1.11	1.05	1.00	0.95	0.91	0.87	0.83

Controls

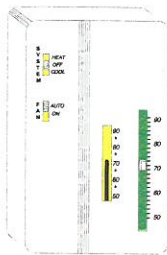
Field Installed Control Options

Zone Sensors

Zone sensors are the building occupant's comfort control devices. They replace the conventional electro-mechanical thermostats. The following zone sensor options are available for Voyager units with the ReliaTel™ control:

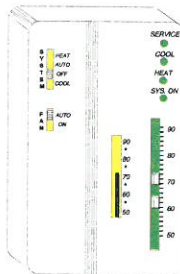
Manual Changeover

Heat, Cool or Off System Switch. Fan Auto or Off Switch. One temperature setpoint lever.



Manual/Automatic Changeover

Auto, Heat, Cool or Off System Switch. Fan Auto or Off Switch. Two temperature setpoint levers. Optional Status Indication LED lights, System On, Heat, Cool, or Service.



Remote Sensor

Sensor(s) available for all zone sensors to provide remote sensing capabilities.

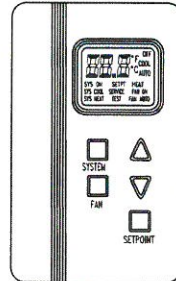


DualThermistor Remote Zone Sensor

This sensor will allow the customer to reduce the total number of remote sensors to obtain space temperature averaging. This sensor should be utilized with ReliaTel controls.

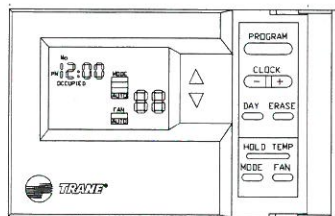
Digital Display Zone Sensor

The Digital LCD (Liquid Crystal Display) zone sensor has the look and functionality of standard zone sensors. This sensor includes a digital display of set point adjustment and space temperature in F (Fahrenheit) or C (Celsius). Includes FAN and SYSTEM buttons (supports the service functions of the standard sensor). E-squared memory stores last programmed set points. Requires 24 VAC (Volts AC). This sensor should be utilized with ReliaTel™ controls.



Programmable Night Setback

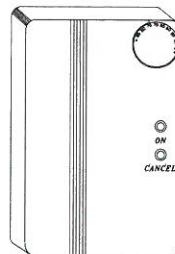
Auto or manual changeover with seven-day programming. Keyboard selection



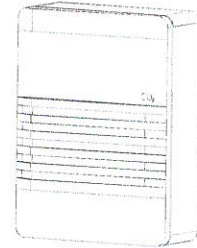
of Heat, Cool, Fan, Auto, or On. All programmable sensors have System On, Heat, Cool, Service LED/indicators as standard. Night Setback Sensors have one (1) Occupied, one (1) Un-occupied, and two (2) Override programs per day.

Integrated Comfort™

System Sensor(s) available with optional temperature adjustment and override buttons to provide central control through a Trane Integrated Comfort™ system.



CO₂ Sensing —The CO₂ sensor has the ability to monitor space occupancy levels within the building by measuring the parts per million of CO₂ (Carbon Dioxide) in the air. As the CO₂ levels increase, the outside air damper modulates to meet the CO₂ space ventilation requirements. The CO₂ sensor kit is available as a field installed accessory.



Economizer Controls

The standard equipment offering is a fixed dry bulb changeover control. In addition, there are two optional controls, Enthalpy and Differential Enthalpy Control.

Enthalpy Control

Replaces the dry bulb control with a wet bulb changeover controller which has a fully adjustable set point. Enthalpy control offers a higher level of comfort control, along with energy savings potential, than the standard dry bulb control. This is due to the additional wet bulb sensing capability.

Differential Enthalpy

Replaces the standard dry bulb control with two enthalpy sensors that compare total heat content of the indoor air and outdoor air to determine the most efficient air source. This control option offers the highest level of comfort control, plus energy efficiency, available.

Remote Potentiometer

Minimum position setting of economizer can be remotely adjusted with this accessory.

Differential Pressure Switches

This factory or field-installed option allows individual fan failure and dirty filter indication. The fan failure switch will disable all unit functions and "flash" the Service LED on the zone sensor. The dirty filter switch will light the Service LED on the zone sensor and will allow continued unit operation.

Trane Communication Interface (TCI)

This factory or field-installed micro-processor interface allows the unit to communicate to Trane's Integrated Comfort™ system.

Electrical Data

Table ED-1 — Unit Wiring

Tons	Unit Model No.	Unit Operating Voltage Range	Standard Indoor Fan Motor		Oversize Indoor Fan Motor	
			Minimum Circuit Ampacity	Maximum Fuse Size or Maximum Circuit Breaker ¹	Minimum Circuit Ampacity	Maximum Fuse Size or Maximum Circuit Breaker ¹
12½	WC* 150B3	187-253	66.0	80	72.0	80
	WC* 150B4	414-506	31.0	40	34.0	40
	WC* 150BW	517-633	25.0	30	28.0	35
15	WC* 180B3	187-253	77.0	90	83.0	100
	WC* 180B4	414-506	40.0	45	43.0	50
	WC* 180BW	517-633	32.0	35	34.0	40
20	WC* 240B3	187-253	96.0	125	103.0	125
	WC* 240B4	414-506	49.0	60	53.0	60
	WC* 240BW	517-633	38.0	45	41.0	50

NOTE:

1. HACR type circuit breaker per NEC.

Table ED-2 — Electrical Characteristics — Power Exhaust Accessory

Tons	Accessory Model Number	Accessory Operating Voltage	Phase	HP	RPM	Amps	
						FLA	LRA
12½, 15, 20	BAYPWRX019	208-230	1	3/4	1040	6.6	13.5
	BAYPWRX020	460	1	3/4	1040	3.2	8.4
	BAYPWRX021	575	1	3/4	1040	2.1	5.2

*Indicates both downflow and horizontal units.



Electrical Data

Table ED-3 — Unit Wiring With Electric Heat (Single Point Connection, Continued)

Tons	To Use With	Heater Model No.	Heater KW Rating¹	Control Stages	Standard Indoor Motor		Oversize Indoor Motor	
					MCA	Max Fuse Size Or Max Circuit Breaker²	MCA	Max Fuse Size Or Max Circuit Breaker²
208/230 Volts Three Phase								
12½	WCD150B3	AYDHTRK318A	13.5/18.0	1	113/120	125/125	119/127	125/150
		AYDHTRK336A	27.0/36.0	2	160/175	175/175	166/181	175/200
		AYDHTRK354A	40.5/54.0	2	207/229	225/250	213/235	225/250
	WCH150B3	AYHHTRN318A	13.5/18.0	1	113/120	125/125	119/127	125/150
		AYHHTRP336A	27.0/36.0	2	160/175	175/175	166/181	175/200
		AYHHTRP354A	40.5/54.0	2	207/229	225/250	213/235	225/250
15	WCD180B3	AYDHTRK318A	13.5/18.0	1	124/131	125/150	130/137	150/150
		AYDHTRK336A	27.0/36.0	2	171/185	175/200	177/191	200/200
		AYDHTRK354A	40.5/54.0	2	218/240	225/250	224/246	225/250
	WCH180B3	AYHHTRN318A	13.5/18.0	1	124/131	125/150	130/137	150/150
		AYHHTRP336A	27.0/36.0	2	171/185	175/200	177/191	200/200
		AYHHTRP354A	40.5/54.0	2	218/240	225/250	224/246	225/250
20	WCD240B3	AYDHTRL336A	27.0/36.0	2	190/204	200/225	197/212	200/225
		AYDHTRL354A	40.5/54.0	2	237/258	250/300	244/266	250/300
		AYDHTRK372A	54.0/72.0	2	284/312	300/350	291/320	300/350
	WCH240B3	AYHHTRN336A	27.0/36.0	2	190/204	200/225	197/212	200/225
		AYHHTRN354A	40.5/54.0	2	237/258	250/300	177/266	250/300
		AYHHTRN372A	54.0/72.0	2	284/312	300/350	224/320	300/350

NOTES:

1. Heater kw ratings are at 208/240 for 208/230V unit
480V for 460 V unit
2. HACR type circuit breaker per NEC.



Electrical Data

Table ED-3 — Unit Wiring With Electric Heat (Single Point Connection, Continued)

Tons	To Use With	Heater Model No.	Heater KW Rating ¹	Control Stages	Standard Indoor Motor		Oversize Indoor Motor	
					MCA	Max Fuse Size Or Max Circuit Breaker ²	MCA	Max Fuse Size Or Max Circuit Breaker ²
575 Volts Three Phase								
12½	WCD150BW	AYDHTRKW18A	18.0	1	47	50	49	50
		AYDHTRKW36A	36.0	2	69	70	71	80
		AYDHTRKW54A	54.0	2	90	90	93	100
	WCH150BW	AYHHTRNW18A	18.0	1	47	50	49	50
		AYHHTRQW36A	36.0	2	69	70	71	80
		AYHHTRPW54A	54.0	2	90	90	93	100
15	WCD180BW	AYDHTRKW18A	18.0	1	54	60	56	60
		AYDHTRKW36A	36.0	2	76	80	78	80
		AYDHTRKW54A	54.0	2	97	100	99	100
	WCH180BW	AYHHTRNW18A	18.0	1	54	60	56	60
		AYHHTRQW36A	36.0	2	76	80	78	80
		AYHHTRPW54A	54.0	2	97	100	99	100
20	WCD240BW	AYDHTRLW36A	36.0	2	81	90	84	90
		AYDHTRLW54A	54.0	2	103	110	106	110
		AYDHTRKW72A	72.0	2	125	125	128	150
	WCH240BW	AYHHTRNW36A	36.0	2	81	90	84	90
		AYHHTRNW54A	54.0	2	103	110	106	110
		AYHHTRNW72A	72.0	2	125	125	128	150

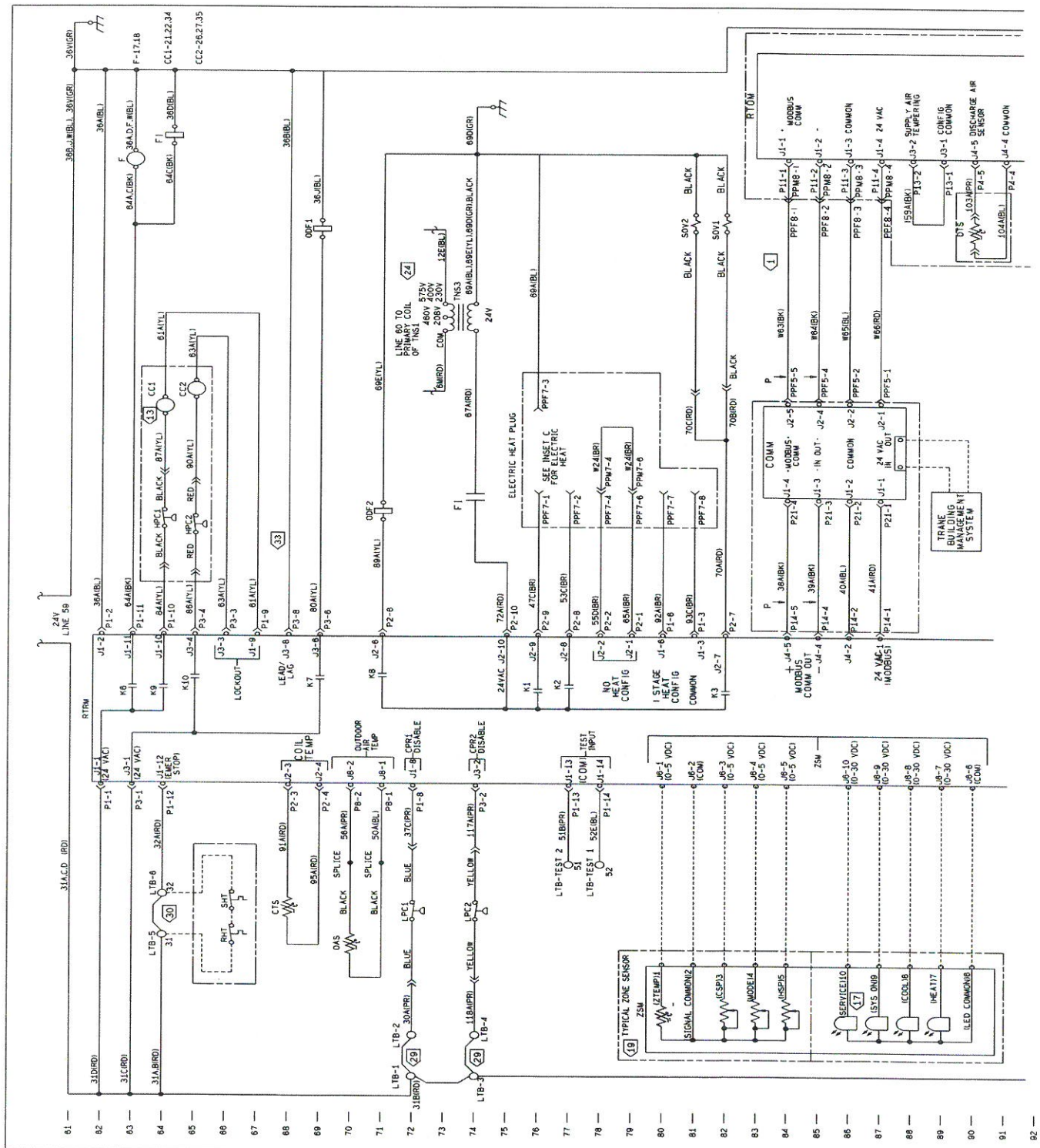
NOTES:

1. Heater kw ratings are at 600V for 575V unit
2. HACR type circuit breaker per NEC.

* Indicates both downflow and horizontal units.

Typical Wiring

(12½ - 20 Tons)



ACKNOWLEDGEMENT FORM

ADDENDUM NO. 1

BID NO. 2018-008
FURNISH AND INSTALL (2) HVAC SYSTEMS

I acknowledge receipt of Addendum No. 1 for BID No. 2018-008, Furnish and Install (2) HVAC Systems. This addendum contains five (5) pages. Please include the original of this form in your qualifications submission.

Company Name: CLIMATE TEMP INC

Address: 1915 BANKS ROAD, MARGATE, FL. 33063

Name of Signer STEVE LALCHAN
(please print) Steve Lalchan

Signature: [Signature] Date: 3-6-18

Telephone: 954-749-2108 Facsimile: 954-698-9941

Please fax your completed form to (954) 935-5258 or e-mail to purchase@margatefl.com.

Nirmala Samlal
Buyer I
3/06/2018

NOTE: The original of this form must be included with your qualifications submission.