

Contractor's Statement

Pursuant to Section 103.1 of the Stamford Code of Ordinances, I hereby provide the following:

If a joint venture, trustee, partnership, limited liability company or partnership, the names and addresses of all joint ventures, beneficiaries, partners or members:

JORGE PEREZ ECHARTEA / SOLE MEMBER  
1633 WASHINGTON BLVD. AP 3F, STAMFORD - CT - 06902

If a corporation, the names and addresses of all officers, and the names and addresses of all parties owning over 10% of its common stock or over 10% of its preferred stocks. If any of said stockholders is a holding corporation, the names and addresses of all persons owning a beneficial interest in over 10% if the common or preferred stock of said holding company.

N/A JORGE PEREZ ECHARTEA / SOLE MEMBER LLC

The names and positions of all persons listed hereinabove who are elected or appointed officers or employees of the City of Stamford.

N/A

Name of Bidder/Proposer: JORGE PEREZ ECHARTEA - OH MY GOSH LLC

Signature of Bidder/Proposer: [Signature]

Title: OWNER / SOLE MEMBER

Company Name: OH MY GOSH LLC

Address: 1633 WASHINGTON BLVD. AP. 3F, STAMFORD - CT 06902

Indicate if company submitting this proposal is: No MBE W WBE W DBE

**Non-Collusion Affidavit**

The undersigned, having been duly sworn, affirms and says that to the best of his/her knowledge and belief:

1. The prices in this Proposal have been arrived at independently without collusion, consultation, communication, or agreement with any other Proposer or with any competitor for the purpose of restricting competition.
2. Unless otherwise required by law, the prices, which have been quoted in this Proposal, have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by the Proposer prior to opening, directly or indirectly, to any other Proposer or to any competitor.
3. No attempt has been made or will be made by the Proposer to induce any other person, partnership or corporation to submit or not to submit a Proposal for the purpose of restricting competition.

Name of Proposer: OH MY GOSH LLC / JORGE PEREZ ECHEVERRIA

By: OH MY GOSH LLC

Print Name: JORGE PEREZ ECHEVERRIA

Title: OWNER / SOLE MEMBER

**ACKNOWLEDGMENT**

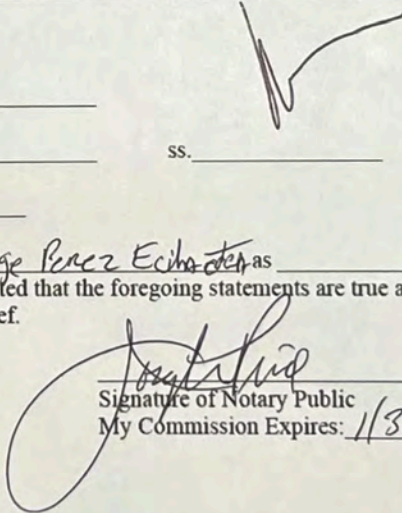
STATE OF CT

COUNTY OF Fairfield

ss. \_\_\_\_\_

Date: 3/7/24

Personally appeared Jorge Perez Echeverria as \_\_\_\_\_ of the above named firm, and attested that the foregoing statements are true and accurate to the best of his/her knowledge and belief.

  
Signature of Notary Public  
My Commission Expires: 1/31/27

EFFECTIVE: 2/24/09





**City of Stamford**  
**State of Connecticut Contractor Verification (in accordance with Public Act 16-67)**

**Compliance Affidavit**

I, the undersigned, personally and on behalf of OH MY GOSH LLC, having  
(Contractor)  
been duly sworn, affirm and say that I have read, understand and am in compliance with Public Act 16-67 Concerning the Disclosure of Certain Education Personnel Records, Criminal Penalties for Threatening in Educational Settings and the Exclusion of a Minor's Name from Summary Process Complaints, and that neither I nor said Contractor, to the best of my knowledge, is in possession of any information indicating a finding of abuse or neglect or sexual misconduct, or otherwise have knowledge of such a condition(s) for any employees working on the project identified in RFQ/RFP or Bid S- 2024-0283. Further, if I or said Contractor (RFQ/RFP or Bid Number) become aware of any information indicating such a finding, or otherwise gain knowledge of such a condition, I and/or said Contractor will immediately forward such information to the City of Stamford.

Contractor Name: JORGE PEREZ ECHARTEZ - OH MY GOSH LLC  
Street Address: 1633 WASHINGTON BLVD. DP3F  
City, State, Zip: STAMFORD - CT - 06902 -  
Title of person completing this form: SOLE MEMBER/OWNER -  
Signature: \_\_\_\_\_  
Printed Name: JORGE PEREZ ECHARTEZ -  
Date: 3/6/2024

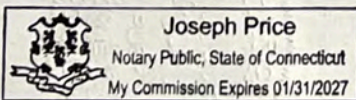
ACKNOWLEDGMENT

STATE OF CT  
COUNTY OF Fairfield ss. \_\_\_\_\_  
Date: 3/7/24

Personally appeared Jorge Perez Echarden, as \_\_\_\_\_ of the above named Contractor, and attested that the foregoing statements are true and accurate to the best of his/her knowledge and belief on behalf of himself and said Contractor.

Signature of Notary Public

My Commission Expires: 1/31/27



**CERTIFICATION AS TO CONTRACT SIGNATORY**  
*For Limited Liability Companies (LLCs)*  
**(Effective 9/1/2011)**

I, JORGE PEREZ ECHARTE a SOLE MEMBER of OH MY GOSH LLC.  
(name of member or manager) (Member or Manager) (name of LLC)

LLC, a limited liability company organized and existing under the laws of the State of Connecticut (hereinafter the "Company"), hereby certify that:

1. that OH MY GOSH is run by JORGE PEREZ ECHARTE <sup>OWNER</sup> / MANAGER <sub>Sole MEMBER</sub>  
(name of LLC) (Members or Managers)
2. that JORGE PEREZ ECHARTE is a OWNER MANAGER of OH MY GOSH LLC  
(name of contact signatory) (Member/Manager) (name of LLC)

and

3. that as such JORGE PEREZ - ECHARTE is not prohibited from or  
(name of Member/Manager who is contract signatory)  
limited by the articles of organization from binding the LLC.

IN WITNESS HEREOF, the undersigned has affixed his/her signature this 6 day of

MARCH, 2024.

(LLC Seal)  
(Circle this L.S. if there is no seal)

Jorge Perez Echarte  
Secretary (name of Secretary)



**PROPOSER'S INFORMATION AND ACKNOWLEDGEMENT FORM**

RFP No: 2024.0283

Date: 3/6/2024

Proposer's Name: OH MY GOSH LLC

Street Address: 1633 WASHINGTON BLVD. AP 3F

STAMFORD CT 06902  
City State Zip

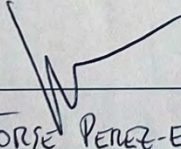
Business Telephone: (203) 898 35 77

Email: OMG SNACK BAR@GMAIL.COM (OMG SNACK BAR@GMAIL.COM)

Unique Entity ID: X756R8ADH4X7 Tax Id. No.: 85-1540184

Indicate (Yes/No) if company submitting this proposal is:

No MBE No WBE No DBE  
(If yes, attach relevant certification)

Signature:  Date: 3/6/2024

Printed Name: JORSE PEREZ-ECHARREA

Title: OWNER / SOLE MEMBER

**Addenda Acknowledgement – check and note date of addendum**

<input type="checkbox"/> Addenda No. 1	<input type="checkbox"/> Addenda No. 2
<input type="checkbox"/> Addenda No. 3	<input type="checkbox"/> Addenda No. 4
<input type="checkbox"/> Addenda No. 5	<input type="checkbox"/> Addenda No. 6
<input type="checkbox"/> Addenda No. 7	<input type="checkbox"/> Addenda No. 8
<input type="checkbox"/> Addenda No. 9	<input type="checkbox"/> Addenda No. 10
<input type="checkbox"/> Addenda No. 11	<input type="checkbox"/> Addenda No. 12



**Request for Taxpayer  
Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**JORGE O. PEREZ-ECHARTEA**

2 Business name/disregarded entity name, if different from above  
**OH MY GOSH LLC**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **S**  
 Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  
 Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**1033 WASHINGTON BLVD AP. 3F**

6 City, state, and ZIP code  
**STAMFORD, CT - 06902**

7 List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number  
133 - 95 - 2038

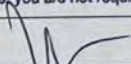
or  
Employer identification number  
85 - 154 0184

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶  Date ▶ 3/6/2024

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



3) Definition of Racial and Ethnic Terms (as used in Part IV Bidder Employment Information) (Page 3)

<p><b>White</b> (not of Hispanic Origin)-All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p><b>Black</b> (not of Hispanic Origin)-All persons having origins in any of the Black racial groups of Africa.</p> <p><b>Hispanic</b>- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p>	<p><b>Asian or Pacific Islander</b>- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.</p> <p><b>American Indian or Alaskan Native</b>- All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.</p>
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**BIDDER CONTRACT COMPLIANCE MONITORING REPORT**

**PART I - Bidder Information**

<p>Company Name: <u>OH MY GODS LLC</u>                  Street Address: <u>1637 WASHINGTON BLVD. AP 3F</u>                  City &amp; State: <u>STAMFORD CT 06907</u>                  Chief Executive: <u>JORGE PEREZ ECHAVEA</u></p>	<p>Bidder Federal Employer Identification Number: <u>VEI : X756 R8ADH4X7</u>                  Or <u>133-95-2038</u>                  Social Security Number:</p>
<p>Major Business Activity: (brief description)  <u>FOOD SERVICE</u></p>	<p>Bidder Identification (response optional/definitions on page 1)</p> <p>-Bidder is a small contractor? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                  -Bidder is a minority business enterprise? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                  (If yes, check ownership category)                  Black <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Asian American <input type="checkbox"/>                  American Indian/Alaskan Native <input type="checkbox"/> Iberian Peninsula <input type="checkbox"/>                  Individual(s) with a Physical Disability <input type="checkbox"/> Female <input type="checkbox"/>                  -Bidder is certified as above by State of CT? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Bidder Parent Company: (If any)</p>	
<p>Other Locations in CT: <u>80 RED BIRD RD STAMFORD CT 06905</u>                  (If any)</p>	

**PART II - Bidder Nondiscrimination Policies and Procedures**

<p>1. Does your company have a written Affirmative Action/Equal Employment Opportunity statement posted on company bulletin boards?                  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>7. Do all of your company contracts and purchase orders contain non-discrimination statements as required by Sections 4a-60 &amp; 4a-60a Conn. Gen. Stat.?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>2. Does your company have the state-mandated sexual harassment prevention in the workplace policy posted on company bulletin boards?                  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>8. Do you, upon request, provide reasonable accommodation to employees, or applicants for employment, who have physical or mental disability?                  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>3. Do you notify all recruitment sources in writing of your company's Affirmative Action/Equal Employment Opportunity employment policy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>9. Does your company have a mandatory retirement age for all employees?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>4. Do your company advertisements contain a written statement that you are an Affirmative Action/Equal Opportunity Employer?                  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>10. If your company has 50 or more employees, have you provided at least two (2) hours of sexual harassment training to all of your supervisors? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p>5. Do you notify the Ct. State Employment Service of all employment openings with your company?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>11. If your company has apprenticeship programs, do they meet the Affirmative Action/Equal Employment Opportunity requirements of the apprenticeship standards of the Ct. Dept. of Labor?                  Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/></p>
<p>6. Does your company have a collective bargaining agreement with workers?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  6a. If yes, do the collective bargaining agreements contain non-discrimination clauses covering all workers? Yes <input type="checkbox"/> No <input type="checkbox"/>                  6b. Have you notified each union in writing of your commitments under the nondiscrimination requirements of contracts with the state of CT?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>	<p>12. Does your company have a written affirmative action Plan?                  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  If no, please explain.  <u>Small Family Operated Company</u></p>
	<p>13. Is there a person in your company who is responsible for equal employment opportunity? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  If yes, give name and phone number:</p>



Part III - Bidder Subcontracting Practices

(Page 4)

1. Will the work of this contract include subcontractors or suppliers? Yes  No

1a. If yes, please list all subcontractors and suppliers and report if they are a small contractor and/or a minority business enterprise. (defined on page 1 / use additional sheet if necessary)

1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above? Yes  No

PART IV - Bidder Employment Information

Date: [REDACTED]

JOB CATEGORY *	OVERALL TOTALS	WHITE (not of Hispanic origin)		BLACK (not of Hispanic origin)		HISPANIC		ASIAN or PACIFIC ISLANDER		AMERICAN INDIAN or ALASKAN NATIVE	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Management						✓	100%				
Business & Financial Ops											
Marketing & Sales											
Legal Occupations											
Computer Specialists											
Architecture/Engineering											
Office & Admin Support											
Bldg/ Grounds Cleaning/Maintenance											
Construction & Extraction											
Installation, Maintenance & Repair											
Material Moving Workers											
Production Occupations											
TOTALS ABOVE											
Total One Year Ago											
FORMAL ON THE JOB TRAINEES (ENTER FIGURES FOR THE SAME CATEGORIES AS ARE SHOWN ABOVE)											
Apprentices											
Trainees											

\*NOTE: JOB CATEGORIES CAN BE CHANGED OR ADDED TO (EX. SALES CAN BE ADDED OR REPLACE A CATEGORY NOT USED IN YOUR COMPANY)

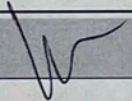


PART V - Bidder Hiring and Recruitment Practices

(Page 5)

1. Which of the following recruitment sources are used by you? (Check yes or no, and report percent used)				2. Check (X) any of the below listed requirements that you use as a hiring qualification (X)		3. Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination
SOURCE	YES	NO	% of applicants provided by source			
State Employment Service	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Work Experience	
Private Employment Agencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Ability to Speak or Write English	
Schools and Colleges	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Written Tests	
Newspaper Advertisement	<input type="checkbox"/>	<input checked="" type="checkbox"/>			High School Diploma	
Walk Ins	<input type="checkbox"/>	<input checked="" type="checkbox"/>			College Degree	
Present Employees	<input checked="" type="checkbox"/>	<input type="checkbox"/>			Union Membership	
Labor Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Personal Recommendation	
Minority/Community Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Height or Weight	
Others (please identify)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			Car Ownership	
	<input type="checkbox"/>	<input type="checkbox"/>			Arrest Record	
	<input type="checkbox"/>	<input type="checkbox"/>			Wage Garnishments	

Certification (Read this form and check your statements on it CAREFULLY before signing). I certify that the statements made by me on this BIDDER CONTRACT COMPLIANCE MONITORING REPORT are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to be declared in non-compliance with Section 4a-60, 4a-60a, and related sections of the CONN. GEN. STAT.

(Signature)		(Title)	owner	(Date Signed)	3/6/2023	(Telephone)	203 898 3577
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/20/2024

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

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Automatic Data Processing  1 ADP BLVD M/S 625 ROSELAND, NJ 07068	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Geoffrey Price</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 800-524-7024</td> <td>FAX (A/C, No): —</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: geoffrey.price@adp.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Employers Compensation Insurance Company</td> <td>NAIC # 11512</td> </tr> <tr> <td>INSURER B: —</td> <td>—</td> </tr> <tr> <td>INSURER C: —</td> <td>—</td> </tr> <tr> <td>INSURER D: —</td> <td>—</td> </tr> <tr> <td>INSURER E: —</td> <td>—</td> </tr> <tr> <td>INSURER F: —</td> <td>—</td> </tr> </table>	CONTACT NAME: Geoffrey Price		PHONE (A/C, No, Ext): 800-524-7024	FAX (A/C, No): —	E-MAIL ADDRESS: geoffrey.price@adp.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Employers Compensation Insurance Company	NAIC # 11512	INSURER B: —	—	INSURER C: —	—	INSURER D: —	—	INSURER E: —	—	INSURER F: —	—
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INSURER B: —	—																				
INSURER C: —	—																				
INSURER D: —	—																				
INSURER E: —	—																				
INSURER F: —	—																				
<b>INSURED</b> OH MY GOSH LLC  1633 WASHINGTON BLVDAPT 3F STAMFORD, CT 06902																					

**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	
—	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: —	—	—	—	—	—	EACH OCCURRENCE — DAMAGE TO RENTED PREMISES (Ea occurrence) — MED EXP (Any one person) — PERSONAL & ADV INJURY — GENERAL AGGREGATE — PRODUCTS - COMP/OP AGG — — —	
—	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> — —	—	—	—	—	—	COMBINED SINGLE LIMIT (Ea accident) — BODILY INJURY (Per person) — BODILY INJURY (Per accident) — PROPERTY DAMAGE (Per accident) — — —	
—	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED — RETENTION —	—	—	—	—	—	EACH OCCURRENCE — AGGREGATE — — —	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	Y	EIG563209700	06/21/2024	06/21/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER — E.L. EACH ACCIDENT \$1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$1,000,000.00 E.L. DISEASE - POLICY LIMIT \$1,000,000.00
—	—	—	—	—	—	—	—	

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

Restaurant - Cafeteria

**CERTIFICATE HOLDER**

City of Stamford  
 ATTN: Stamford Government Center Patio  
 EMAIL: rescuejorgeperez@gmail.com  
  
 888 Washington Blvd 1st Fl & 4th Fl  
 Stamford, CT 06901

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/16/2024

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

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> JMG Insurance Corp P.O. Box 700 Norwalk CT 06852	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> 203-838-5554		<b>FAX (A/C. No):</b> 203-857-7848
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>			<b>NAIC #</b>
<b>INSURER A :</b> Utica First Insurance Company			15326
<b>INSURED</b> OH MY GOSH LLC 1633 Washington Blvd Apt 3F Stamford CT 06902-2424	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**COVERAGES**

CERTIFICATE NUMBER: 1796183947

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	Y	BOP3001313410	8/16/2024	8/16/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BOP3001313410	8/16/2024	8/16/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

Location 3: 888 Washington Blvd 1st Floor, Stamford CT 06901 - Includes use of Kitchen on 4th Floor

The certificate holder is included as an additional insured under the General Liability Policy, if required by written contract executed prior to a loss. Waiver of subrogation applies per contract.

**CERTIFICATE HOLDER****CANCELLATION**

City of Stamford  
 888 Washington Blvd  
 Stamford CT 06901

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AUTHORIZED REPRESENTATIVE

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