



403 PEORIA ST. WASHINGTON, IL 61571
PHONE [800] 747-7442 OR [309] 444-7442
FAX [309] 444-3180
E-mail sales@scbas.com

City of Aurora
Purchasing Division
44 East Downer Place
Aurora, IL

First, I would like to thank you for the opportunity to provide a proposal for Bid#21-15 "Purchase of SCBA Filling Station for the Aurora Fire Department" for the upcoming purchase of a breathing air compressor system. The attached proposal features our Talon II breathing air compressor and Safe Station X2 fill enclosure systems and summarizes the features and benefits of this package for your review.

If you have any questions please feel free to contact me.

Thank You

A handwritten signature in black ink that reads "Rocky Reason". The signature is fluid and cursive, with a long horizontal stroke at the end.

SCBAS INC
403 Peoria Street
Washington, IL 61571
800-747-7442
rreason@scbas.com
www.scbas.com

BIDDER'S CERTIFICATION

I/We hereby certify that:

- A. A complete set of bid papers, as intended, has been received, and that I/We will abide by the contents and/or information received and/or contained herein.
- B. I/We have not entered into any collusion or other unethical practices with any person, firm, or employee of the City which would in any way be construed as unethical business practice.
- C. I/We have adopted a written sexual harassment policy which is in accordance with the requirements of Federal, State and local laws, regulations and policies and further certify that I/We are also in compliance with all other equal employment requirements contained in Public Act 87-1257 (effective July 1, 1993) 775 ILCS 5/2-105 (A).
- D. I/We are in compliance with the most current "Prevailing Rate" of wages for laborers, mechanics and other workers as required by the State of Illinois Department of Labor.
- E. I/We operate a drug free environment and drugs are not allowed in the workplace or satellite locations as well as City of Aurora sites in accordance with the Drug Free Workplace Act of January, 1992.
- F. The Bidder is not barred from bidding on the Project, or entering into this contract as a result of a violation of either Section 33E-3 or 33E-4 of the Illinois Criminal Code, or any similar offense of "bid rigging" or "bid rotating" of any state or the United States.
- G. I/We will submit, for all contracts in excess of \$25,000.00, a certificate indicating participation in apprenticeship and training programs approved and registered with the United States Department of Labor.

☐ Contractor shall check the box indicating that a copy of applicable program certification is attached.
- H. I/We will abide by all other Federal, State and local codes, rules, regulations, ordinances and statutes.
- I. I/We will abide by the "Illinois Preference Act" which requires contractors to use at least 90% Illinois laborers on all public works projects that receive State funds or funds administered by the State during a period of "excessive unemployment" (Employment of Illinois Workers on Public Works Act, 30 ILCS 570/)

COMPANY SCBAS INC

NAME Rodney Reason

ADDRESS 403 PEORIA STREET

CITY/STATE/ZIP CODE WASHINGTON IL 61571

NAME OF CORPORATE/COMPANY OFFICIAL Rodney Reason

PLEASE TYPE OR PRINT CLEARLY

TITLE President

AUTHORIZED OFFICIAL SIGNATURE

DATE

TELEPHONE (800) 747-7442

Subscribed and Sworn to

Before me this 12th day

of February 2021

Sara Clark
Notary Public



- IV. Except for any work identified above, any bidder or subcontractor that shall perform all or part of the work of the contract or deliver and install proposal solely by individual owners, partners or members and not by employees to whom the payment of prevailing rates of wages would be required, check the following box, and identify the owner/operator workforce and positions of ownership. ☐

The requirements of this certification and disclosure are a material part of the contract, and the contractor shall require this certification provision to be included in all approved subcontracts. The bidder is responsible for making a complete report and shall make certain that each type of work or craft job category that will be utilized on the project is accounted for and listed. The City of Aurora requires a copy of each applicable Certificate of Registration issued by the United States Department of Labor evidencing such participation by the contractor and any or all of its subcontractors be included with the bid in order to qualify to bid on the project.

The Bidder must also submit a signed and current dated letter(s) from the certificate holder(s) indicating that the Bidder may use the certificate to meet the above listed requirements for this specific project.

Bidder: SCBAS INC

By: Rodney Reason
(Signature)

Address: 403 PEORIA ST
WASHINGTON IL 61571

Title PRESIDENT

Note: See Attached Addendum #1. This is NOT A Requirement to bid. SCBAS INC IS NOT A member of Apprenticeship and training Program of The United States Department of Labor.

City of Aurora

Finance Department | Purchasing Division

44 E Downer Place | Aurora, Illinois & 60507

Phone: (630) 256-3550 | Fax: (630) 256-3559 | Web: www.aurora-il.org



DATE: February 12, 2021
TO: Prospective Bidders
FROM: Jolene Coulter, Director of Purchasing
RE: **CITY OF AURORA INVITATION TO BID 21-15: Addendum #1
Air Compressor Purchase & Installation at Fire Station No. 10**

This notice forms a part of the Invitation to Bid 21-15: Air Compressor Purchase & Installation at Fire Station No. 10. All other information pertaining to this Invitation to Bid shall remain the same.

Bidder must submit an original proposal response, marked as "original" and shall have provided all requested information, and submitted all appropriate forms, certificates, affidavits and addendum acknowledgements in each copy in order to be considered responsive.

City Hall is open to the public on Wednesday and Friday, but is accepting deliveries Monday through Friday 8:00 am – 5:00 pm by calling the Purchasing Division at 630-256-3550.

Bid proposals will be opened via a non-mandatory teleconferenced live stream at 2:00 pm. Zoom information for this opening will be posted 24-48 hours prior.

Please acknowledge this addendum on your bid proposal form. Failure to do so may subject Bidder to disqualification.

Responses to questions accepted until 12:00 pm, Tuesday, February 9, 2021:

1. Is a vendor who is not a member in the Apprenticeship and training program of the United States Department of Labor automatically disqualified from this bid opportunity?

The Apprenticeship Program is not a requirement. Please disregard page 3, Apprenticeship or Training Program Certification.

2. Is there an existing air compressor this is replacing or is it completely new?

There is an existing air compressor.

3. Am I able to do a site visit?

There will be no site visit.

CITY OF AURORA, ILLINOIS
INVITATION TO BID 21-15

AIR COMPRESSOR PURCHASE & INSTALLATION AT FIRE STATION NO. 10

CONTACT INFORMATION

Vendor shall provide the following contact information assigned to service the City of Aurora account.

Customer Service/General Information: Ph: 800-747-7442

To place an order:

Name: Rodney Reason
Ph: 800-747-7442 Fax: 309-444-3180
E-mail: CREASON@SCBAS.COM

Billing & Invoicing question:

Name: DAWN HATCHER
Ph: 800-747-7442 Fax: 309-444-3180
E-mail: DHATCHER@SCBAS.COM

Questions:

Name: Rodney Reason
Ph: 800-747-7442 Fax: 309-444-3180
E-mail: CREASON@SCBAS.COM

Bidder's Name: Rodney Reason

Signature & Date: Rodney Reason 2-12-2021

CITY OF AURORA, ILLINOIS
INVITATION TO BID 21-15

AIR COMPRESSOR PURCHASE & INSTALLATION AT FIRE STATION NO. 10

REFERENCES

(Please Type)
Organization Plainfield FPD
Address 23748 West 135th St
City, State, Zip Plainfield IL 60544
Phone Number 815-733-7309
Contact Person Chuck Kraft
Date of Project 12-1-20

Organization Wallace FPD
Address 1532 West Norris Dr
City, State, Zip Ottawa IL 61350
Phone Number 815-433-7621
Contact Person Dave Parrot
Date of Project 9-23-20

Organization MT Carroll FPD
Address 318 South Clay St
City, State, Zip MT Carroll IL 61053
Phone Number 815-541-4368
Contact Person Marty Hockman
Date of Project 3-9-20

Bidder's Name: SCBAS Inc Rodney Reason
Signature & Date: Glady Reason 2-12-2021

CITY OF AURORA, ILLINOIS
INVITATION TO BID 21-15

AIR COMPRESSOR PURCHASE & INSTALLATION AT FIRE STATION NO. 10

BID PROPOSAL FORM

Bid Due Date & Time: 2:00 p.m. CST, Wednesday, February 17, 2021

To: City of Aurora
Purchasing Division
44 E Downer Place
Aurora, Illinois 60507

The following offer is hereby made to the City of Aurora, Aurora, Illinois, hereafter called the Owner.

Submitted By: SCBAS Inc Rodney Reason

- I. The undersigned Vendor proposes and agrees, after having examined the specifications, quantities and other Bid documents, to irrevocably offer to furnish the materials, equipment and services in compliance with all terms, conditions, specifications and amendments (if applicable) contained in the bid solicitation documents. The items in this Invitation to Bid, including, but not limited to, all required certificates, are fully incorporated herein as a material and necessary part of the Bid.
 - A. The Vendor shall also include with their bid any necessary literature, samples, etc., as required within the Invitation to Bid, Instruction to Bidders and specifications.
 - B. For purposes of this offer, the terms Offeror, Bidder, and Vendor are used interchangeably.
- II. In submitting this Offer, the Vendor acknowledges:
 - A. All bid documents have been examined: Instructions to Bidder, Specifications and the following addenda:

No. mt, No. mt, No. mt, (Vendor to acknowledge addenda here.)

Bidder's Name: SCBAS Inc Rodney Reason
Signature & Date: [Signature] 2-12-2021

CITY OF AURORA, ILLINOIS
INVITATION TO BID 21-15

AIR COMPRESSOR PURCHASE & INSTALLATION AT FIRE STATION NO. 10
BID PROPOSAL FORM

I/We propose to furnish material and labor as specified in the attached Specifications to Bid at the following delivered price:

Complete Requirements for One (1) air compressor purchase and installation at City of Aurora Fire Station Number 10.

Air Compressor: \$	44,030.00
Labor: \$	1,000.00
Total: \$	45,030.00

Project can start within 110 working days within receipt of purchase order.
Project will take 1 working days after start.

All bid prices shall be shown as delivered Aurora Destination, Prepaid and Allowed. Do not add state, federal or local taxes. Municipalities are exempt. Exemption Certification Permit No. Illinois E9996-0842-07. No additional charges over base bid price will be accepted without written approval of the Purchasing Director.

The City of Aurora reserves the right at any time and for any reason to cancel this Invitation to Bid, to accept or reject any or all Bids or portion thereof, or accept an alternate bid. The City reserves the right to waive any immaterial defect in any bid, or technicality, informality or irregularity in the bids received, and to disregard all nonconforming or conditional bids or counter-proposals. Unless otherwise specified by the bidder or the City, the City reserves the right to hold the best bids for ninety (90) days from the opening date set forth above. The City may seek clarification from any bidder at any time and failure to respond promptly is cause for rejection. The City further reserves the right to award the bid to the lowest responsible Bidder whose offer best responds in quality, fitness and capacity to the requirements of the proposed work or usage and therefore is in the best interest of the City.

SUBMITTED BY

COMPANY SCBAS INC

ADDRESS 403 Peoria Street

CITY, STATE, ZIP Washington IL 61571

PREPARER'S NAME Rodney Reason
Please Type

AUTHORIZED SIGNATURE [Signature] President
Title

EMAIL rreason@scbas.com

PHONE # (800) 747-7442 FAX # (309) 444-3180 DATE 2-12-2021

CITY OF AURORA, ILLINOIS
INVITATION TO BID 21-15

AIR COMPRESSOR PURCHASE & INSTALLATION AT FIRE STATION NO. 10

BID SUBMITTAL CHECKLIST

Each bid must be placed in an envelope, sealed, and clearly marked on the outside: "21-15 Air Compressor Purchase & Installation at Fire Station No. 10." In order to be considered responsive, the bidder must submit all of the following items in their sealed envelope:

- ☒ Bid Proposal Form (Appendix D)
- ☒ Bidder's Certification (Page 1)
- ☒ Bidder's Tax Certification (Page 2)
- ☒ Contact Information (Appendix B)
- ☒ Reference List (Appendix C)
- ☐ Local Preference Application (if applicable)

SCBAS, INC.
403 PEORIA ST.
WASHINGTON, IL 61571
PHONE 800/747-7442 or FAX 309/444-3180

QUOTATION

DATE: February 15, 2021
F.O.B. POINT: DESTINATION
TERMS: NET 30 DAYS
SHIP DATE: 18-22 WEEK ARO

TO: AURORA FIRE DEPARTMENT
C/O CITY of AURORA PURCHASING DIVISION
44 EAST DOWNER PLACE
AURORA, IL 60505
TAG: BID 21-15

QTY	PART #	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1	T210M(1)	EAGLE TALON II MODEL BREATHING AIR COMPRESSOR. 6000 PSI MAXIMUM PRESSURE, 10 H.P., 1 PHASE ELECTRIC DRIVE MOTOR, 14 SCFM CHARGE RATE, 35,000 CU. FT. PURIFICATION SYSTEM. INCLUDES THE FOLLOWING: COMPRESSOR BLOCK, 4 STAGE ELECTRIC MOTOR AND STARTER PURIFICATION SYSTEM TO MEET CGA G-7.1, GRADE E, NFPA 1500 AIR QUALITY STANDARDS LOW OIL LEVEL SHUTDOWN SWITCH AND LIGHT HIGH TEMPERATURE SHUTDOWN SWITCH AND LIGHT AUTOMATIC PRESSURE SHUTDOWN SWITCH AND LIGHT PURGE CYCLE INDICATOR LIGHT DOOR AJAR SHUTDOWN LIGHT GENERAL FAULT LIGHT ILLUMINATED ON/OFF INDICATOR ILLUMINATED CONTROL PANEL WITH SWITCH GAUGE PANEL FOR ALL STAGES HOURMETER AUTOMATIC CONDENSATE DRAIN DRAIN MUFFLER AND RESERVOIR EMERGENCY STOP PALM BUTTON ALL PANELS AND ACCESS DOORS SHALL INCLUDE SOUND DAMPENING INSULATION 5.5 AIR PRESSURE SWITCH, AUTO START / STOP INTEGRATED ELECTRONIC CARBON MONOXIDE MONITOR WITH CALIBRATION PANEL CGA GRADE "D", NFPA 1500 AIR QUALITY TEST, 1 TIME 1 YEAR WARRANTY ALL PARTS & LABOR, ON SITE 2 YEAR WARRANTY ON BLOCK PARTS ONLY		INCLUDED
1	CO MONITOR			INCLUDED

***** CONTINUED ON NEXT PAGE *****

SIGNATURE



SCBAS, INC.
403 PEORIA ST.
WASHINGTON, IL 61571
PHONE 800/747-7442 or FAX 309/444-3180

QUOTATION

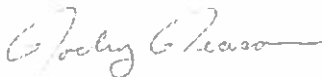
DATE: February 15, 2021
F.O.B. POINT: DESTINATION
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TO: AURORA FIRE DEPARTMENT
C/O CITY of AURORA PURCHASING DIVISION
44 EAST DOWNER PLACE
AURORA, IL 60505
TAG: BID 21-15

QTY	PART #	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1	SSX2	EAGLE SAFESTATION X2 CYLINDER FILL ENCLOSURE. INCLUDES THE FOLLOWING: FILLS UP TO TWO CYLINDERS AT A TIME FRAGMENT CONTAINMENT DESIGN SAFETY INTERLOCK SYSTEM TO PREVENT FILLING OF SCBA CYLINDERS IF CYLINDER DOOR IS NOT COMPLETELY CLOSED AIR ASSISTED SWING -OUT CYLINDER CONTAINER FOR EASY CYLINDER LOADING/UNLOADING AIR CONTROL PANEL WITH STORAGE FILL VALVE, SUPPLY PRESSURE GAUGE, PRESSURE REGULATOR, REGULATED PRESSURE GAUGE AND FILL HOSE CONTROL VALVE 4 BANK CASCADE CONTROL PANEL WITH CONTROL VALVES AND GAUGE FOR EACH STORAGE BANK TWO FILL WHIPS WITH VALVES AND BLEEDER VALVES		INCLUDED

***** CONTINUED ON NEXT PAGE *****

SIGNATURE



**SCBAS, INC.
403 PEORIA ST.
WASHINGTON, IL 61571
PHONE 800/747-7442 or FAX 309/444-3180**

QUOTATION

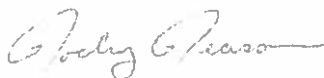
DATE: February 15, 2021
F.O.B. POINT: DESTINATION
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TO: AURORA FIRE DEPARTMENT
C/O CITY of AURORA PURCHASING DIVISION
44 EAST DOWNER PLACE
AURORA, IL 60505
TAG: BID 21-15

QTY	PART #	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1	MISC.	***NOTE: THE PRICE OF THE SYSTEM ON THE PREVIOUS PAGE INCLUDES THE STARTUP OF THE SYSTEM AND TRAINING OF THE DESIGNATED PERSONNEL ON THE OPERATION AND GENERAL MAINTENANCE OF THE SYSTEM. IT WILL BE THE RESPONSIBILITY OF THE FIRE DEPARTMENT TO HAVE ALL OF THE PROPERLY SIZED ELECTRICAL SUPPLY LINES RAN TO A PROPERLY SIZED FUSIBLE DISCONNECT BOX NEAR THE COMPRESSOR LOCATION. SCBAS WILL THEN CONNECT THE COMPRESSOR TO THE DISCONNECT BOX AND COMPLETE THE INSTALLATION AND MAKE FINAL ADJUSTMENTS.		INCLUDED
1	FREIGHT	ALL FREIGHT CHARGES		INCLUDED

AIR COMPRESSOR	\$44,030.00
LABOR	<u>\$1,000.00</u>
TOTAL	\$45,030.00

SIGNATURE _____



TalonBAC

Breathing Air Cylinder Fill System

Standard & Optional Features



FILE NAME: M:\STD\INHARMONY\2NDGEN\GA04256211.DWG

3003 THURSTON AVENUE GREENSBORO NC 27406 PHONE 336-398-8000 FAX 336-398-8001

www.eagleair.com





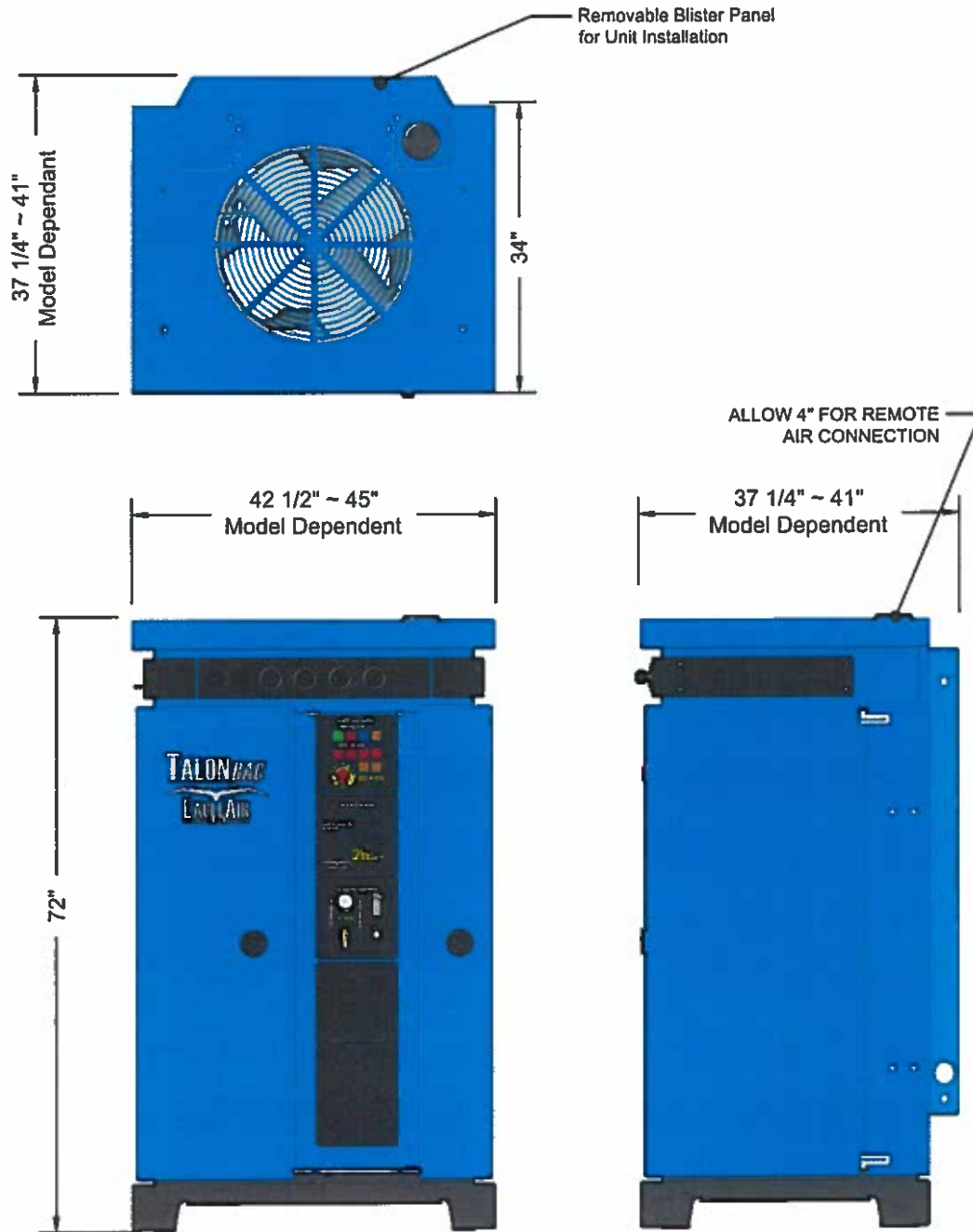
Effective Date: December 16th of 2019

MODEL SHOWN: T4A20U304U

TalonBAC

Breathing Air Cylinder Fill System

Dimensional Specifications



FILE NAME: M:\STD\HARMONY\2HDGENGA04256211.DWG

3003 THURSTON AVENUE GREENSBORO NC 27406 PHONE 336-398-8000 FAX 336-398-8001

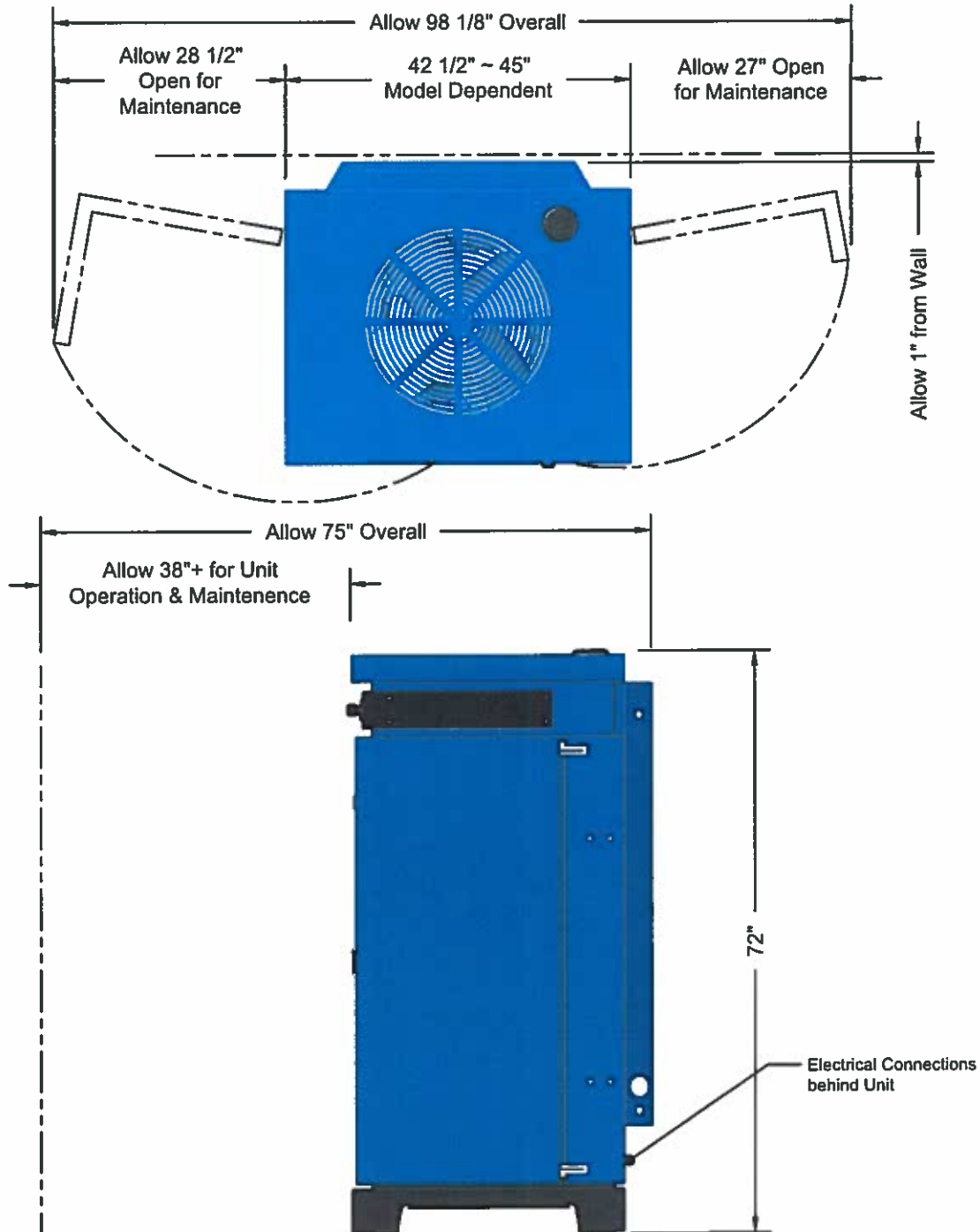
www.eagleair.com



TalonBAC

Breathing Air Cylinder Fill System

Dimensional Specifications Open For Maintenance



FILE NAME: M:\STD\N\HARMONY2\KOGEN\GA04256211.DWG

3003 THURSTON AVENUE GREENSBORO NC 27406 PHONE 336-398-8000 FAX 336-398-8001

www.eagleair.com

EAGLEAIR
EDGE AIRING AND SYSTEMS

EagleAir, Inc.
TalonBAC Breathing Air Compressor
Technical Specifications
Model T210M

I. General Arrangement

The breathing air compressor shall be a packaged appliance designed to deliver high pressure breathing air in compliance with the most current NFPA and CGA air quality standards for the refilling of SCBA and SCUBA cylinders. The system shall include the high pressure air compressor, electric motor, air purifier, and all operating controls as specified below. The breathing air compressor shall be completely assembled and tested by the manufacturer requiring only electrical power supply to operate. The breathing air compressor shall be designed with all operating controls and performance indicators located on a panel at the front of the appliance allowing "at sight" operator monitoring. The appliance shall comply with the currently applicable OSHA specifications as well as state and local electrical codes.

The external construction of the high pressure breathing air compressor shall be appliance-like. All structural fasteners shall be concealed and all access panels shall include concealed hinges and push button latches. Two (2) full height doors on each side of the appliance shall be provided for maintenance access to the compressor. The doors shall include a shutdown switch to prevent exposure to running gear in the event either is opened while the compressor is in operation.

The cabinet shall be designed to minimize noise emission and include sound abatement insulation. The noise level shall not exceed 76 dB at one meter.

The compressor control panel shall be ergonomically designed and feature graphic design technology to group all control components and indicators logically and by function. For maximum clarity and visibility, colored lines shall isolate each control component group. Each group shall then be located within a graphic flow control schematic background and identified with permanent text integral to the panel surfaces. High visibility colored text shall identify and provide operator instructions for all critical functions.

The cabinet configuration shall permit installation with the rear "against the wall" and dimensions not to exceed 71"H x 34-½"W x 41"D. A removable blister panel in the rear will allow for a doorway clearance of 34", if required.

The appliance shall include an ambient air flow control design that directs the necessary volume of cooling air to the compressor. The cooling system shall also include an integral, top discharge extractor to completely vent the resulting hot air from the compression process out of the cabinet.

All high pressure air plumbing shall be rated for 6000 psig working pressure and utilize seamless stainless steel tubing. All high pressure air tube connections shall use compression type fittings.

The electrical control system shall include motor control components with UL, NEMA or IEC approval and 12vdc control circuit housed within a UL® listed, NEMA enclosure.

The breathing air system manufacturer shall be a NRTL (Nationally Recognized Testing Laboratory) Licensed Panel Shop as per UL® 508A standard.

II. Compressor

The ambient air intake and compression shall be through an air-cooled, reciprocating, pressure oil lubricated, four-stage compressor designed for continuous duty at 6000 psig working pressure with a charging rate of 14.0 CFM. The air compressor design shall include a heavy-duty cast iron crankcase supporting the crankshaft with oversized ball bearings on each end. The cylinder arrangement shall be a balanced "V" configuration featuring ringed pistons assuring maximum balance and air volume delivery efficiency while operating at a maximum compressor speed of 1500 RPM. Lubrication shall be accomplished by controlled splash and shall include a crankshaft driven oil pump to supply metered quantities of oil directly to the fourth stage piston through a replaceable (spin-off) full flow filter. Crankcase level is verified via an oil level sight glass with minimum and maximum indicators.

Each stage of compression shall be protected with a safety relief valve. Valve inspection covers are provide for the first and second stage cylinders to allow for easy access. All valve assemblies shall be designed so they can be repaired without replacing the entire assembly. The cylinders shall include cooling fins to dissipate heat into the cooling air flow from the compressor's integral flywheel fan. Individually mounted coolers shall be located after each compression stage to cool the discharged air to 18°F. above ambient temperature. Accumulated condensation from cooling the compressed air shall be collected in moisture separators mounted on each stage of the compressor and discharged to an automatic, internal, timed drain system for proper collection and disposal.

Prior to shutdowns, the compressor shall be allowed to run unloaded (with opened drains) for a timed period (Purge Cycle) in order to purge all cylinders, separators and crankcase of damaging condensation that develops as compressors cool down. The compressor control panel shall also include a condensate purge test switch in order to verify proper operation of the automatic condensate drain system on demand.

The ambient air filter element shall be located in a housing piped to the compressor air intake to draw air from the installation room. Additionally, an inlet port shall be provided with a connection to facilitate connecting to outside air intake piping.

III. Electric Motor

The compressor shall be v-belt driven by a NEMA design, 10 HP, open drip proof electric motor wired for the electrical conditions as shown below:

60 Hertz Current
(select one)
1 Phase, 208/230 volts

The motor shall be located under the compressor and driven via v-belt drive arrangement utilizing a hinged motor base to facilitate belt tension adjustment. The compressor and motor base shall include zinc plated, steel encased neoprene mounts to isolate vibration from the appliance.

IV. Electrical Control System

The breathing air compressor shall include all the necessary controls to assure safe, efficient operation and monitor performance. The control system shall be of an anti-flutter circuit design and include a latched fault protection circuit to prevent automatic restarting after an abnormal fault has occurred.

As a minimum, the control system must include the following:

- High air temperature shutdown switch.
- Air pressure switch to automatically start at approximately 5500 psig and stop the compressor at 6000 psig, based on demand. (A) Replaces bullet above
- Low oil pressure shutdown switch.
- Magnetic, across-the-line starter with electric motor overload protection.
- Compressor access door safety shutdown switch.
- Compressed air electronic carbon monoxide (CO) detector with pre-set warning, shutdown limits and audible alarm. A shutdown audible alarm shall be supplied for all abnormal conditions.
- Auto-drain condensate reservoir capacity shutdown switch with illuminated indicator.

V. Instrumentation

The control system must include all monitoring devices as indicated below. These shall be mounted on a control panel located at the front of the compressor with all indicators and gauges grouped logically and each group positioned within a graphic flow control schematic and identified with integral text. The panel background color shall be matte black shade with a textured finish to eliminate glare. Panel component and indicator groups shall be offset by colored lines to enhance operational visibility and safety.

The compressor's instrumentation panel shall also be engineered for quick and convenient access to all key electrical control components, minimizing the need to use the appliance maintenance access doors. Indicator lights, pressure switch and all control wiring shall be accessible for routine maintenance and adjustments through hinged, "knockdown" sub-panels on the front of the compressor. The operator control panel shall be designed and pre wired to permit the easy plug and play installation of optional CO or H₂O monitor additions. The unit must be designed to allow full integral installation of any future upgrades without the use of external wiring, piping or remotely mounted components.

As a minimum, the instrumentation required is as follows:

- Compressor inter-stage and final pressure gauges.
- Compressor oil pressure gauge.
- Hour-meter.
- Independent illuminated power ON and OFF buttons.
- Normal high air pressure shutdown indicator light.
- Purge cycle indicator light and test switch.
- Enhanced shutdown indicator light package including low oil pressure, high compressed air temperature, motor overload, auto-drain reservoir limit and door ajar shutdown

conditions.

- General fault shutdown indicator light.
- Emergency stop button.
- Digital CO monitor panel with actual content display in parts per million (PPM) and prompter software keypad for calibration. A flow panel with factory plumbed calibration gases shall be included.

VI. Air Purification System

The high pressure air purification system shall be a multi-chamber arrangement that utilizes disposable cartridges manufactured to provide breathing air that meets or exceeds NFPA and CGA Grade "E" specifications and all other equivalent and recognized standards in use worldwide.

All system components shall be rated for 6000 psig working pressure with a four-to-one safety factor. **All chambers in the system shall be constructed of 304 stainless steel to enhance safety and corrosion resistance.**

The purification system shall be sized to process 35,000 cubic feet of air at 70°F and compressed to 6000 psig between cartridge changes.

The system shall include the following:

- Final separator chamber connected to the automatic condensate drain system.
- Check valve to prevent back pressure to the compressor.
- One (1) 33" purifier cartridge chamber.
- Pressure maintaining valve to assure that the system is maintained pressurized in order to attain the rated processing capacity of the air purification cartridge(s).
- Safety relief valve.
- Drain valve to relieve the system pressure for maintenance.
- Stem-mounted gauge for system pressure verification.

The system shall be designed so that filling cannot occur in the event that the purification cartridge is not installed. Additionally, the purification system shall have "keyed" chambers so that the filter cartridges can only be installed in their proper sequence.

VI. Freight, Delivery, and Installation

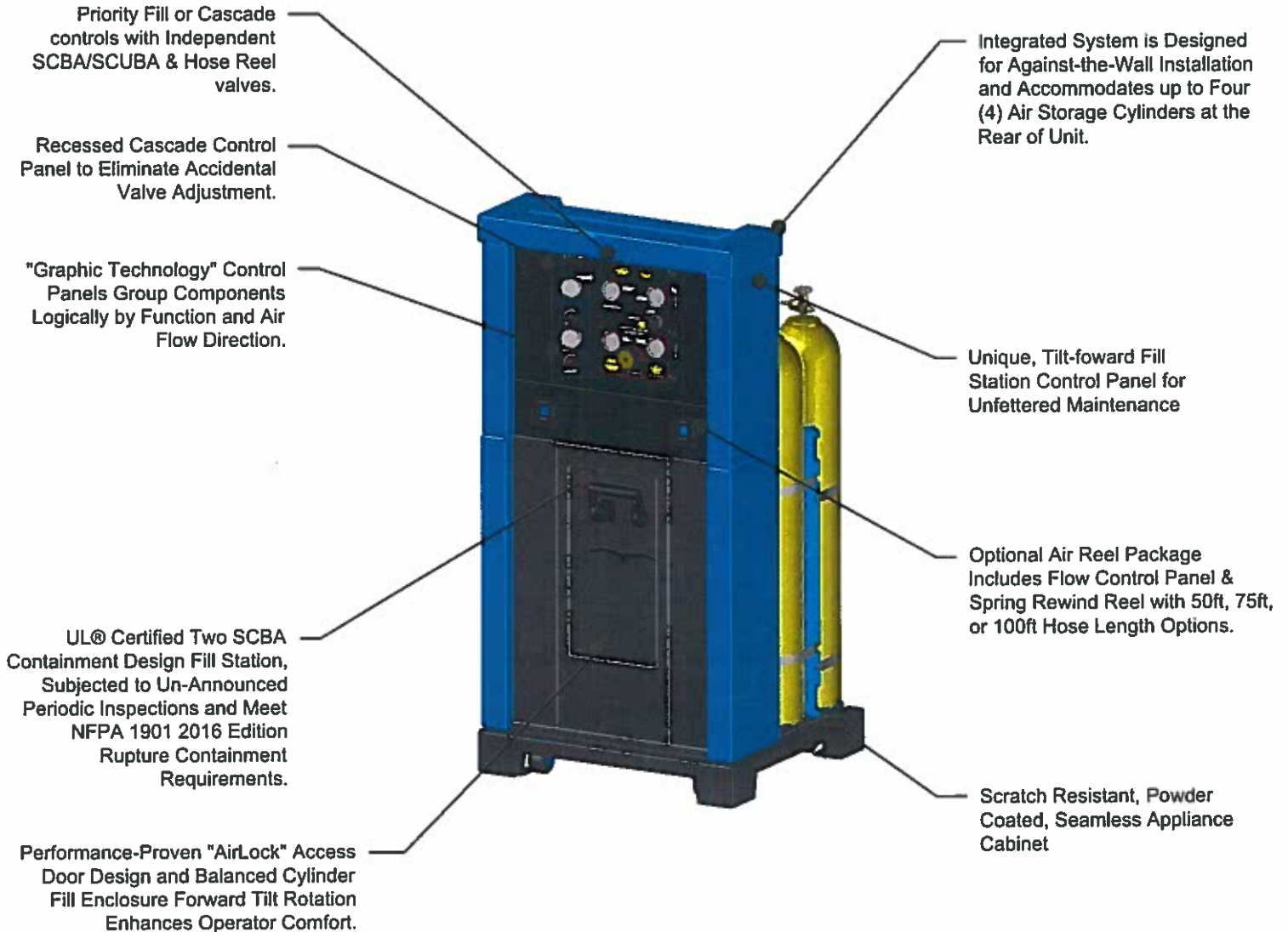
The price of the system shall include all freight, delivery, installation, startup and training of the designated personnel on the operation and general maintenance of the system. It will be the customers responsibility to have all of the properly sized electrical supply lines ran to a properly sized fusible disconnect box near the compressor location. The supplier will then connect the compressor to the disconnect box and complete the installation and make final adjustments.



SafeStationx2

Breathing Air Cylinder Fill System

Standard & Optional Features



FILE NAME: M1STDLMHARMONY2NDGENGA04256700.DWG

3003 THURSTON AVENUE GREENSBORO NC 27406 PHONE 336-398-8000 FAX 336-398-8001

www.eagleair.com

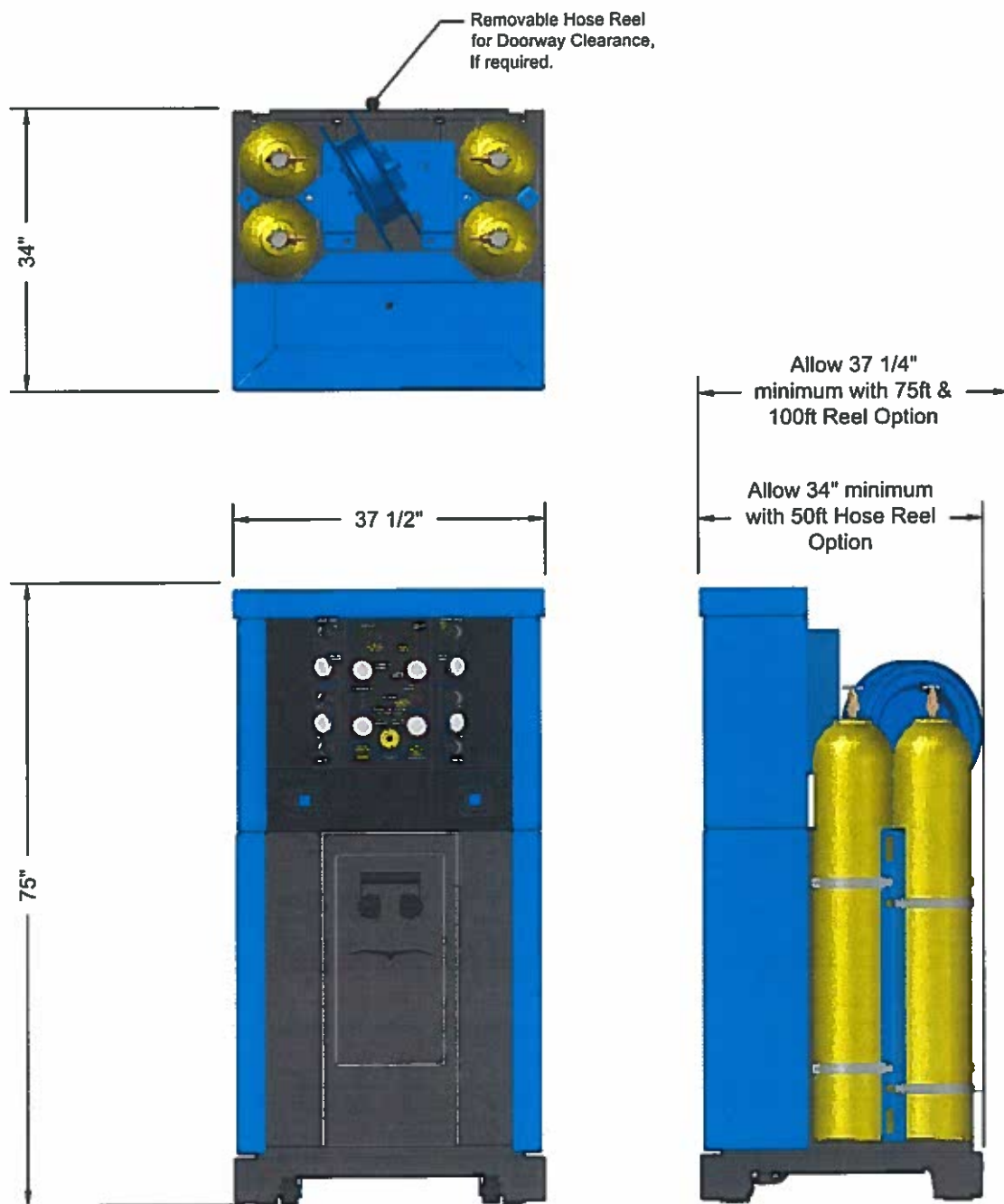




SafeStationx2

Breathing Air Cylinder Fill System

Dimensional Specifications

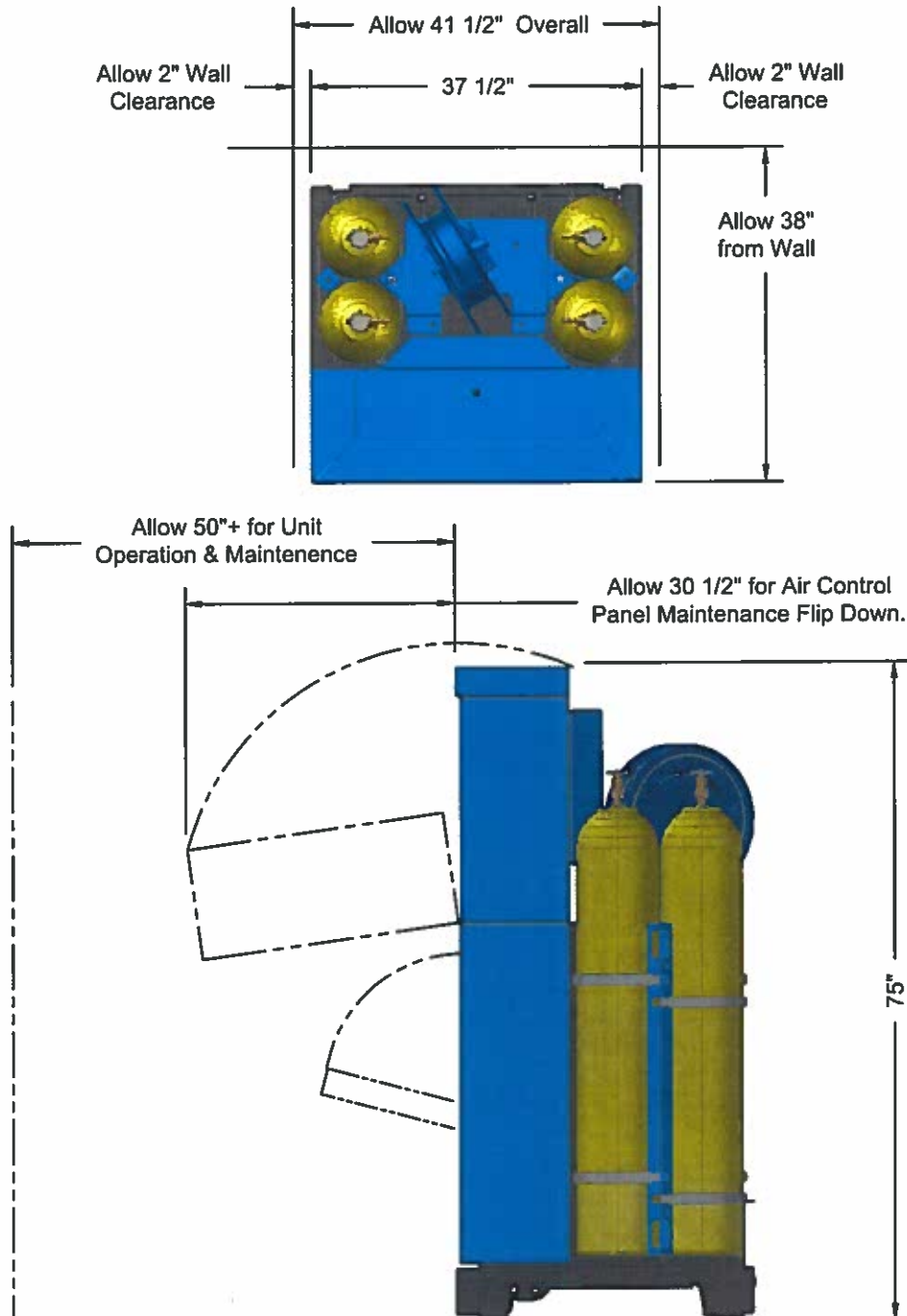




SafeStationx2

Breathing Air Cylinder Fill System

Dimensional Specifications Open For Maintenance



EagleAir, Inc.
SafeStationx2
Fill Station Specifications
Model SSX2

I. General Arrangement

The fill station shall be designed for filling two (2) SCBA cylinders simultaneously or separately. The fill station shall be designed for filling one (1) SCUBA cylinder with a maximum height of 30- $\frac{1}{2}$ " and a maximum diameter of 7- $\frac{3}{4}$ ", including service valve, boot and fill attachment. The enclosure shall be designed to contain the impact of suddenly expanded high pressure air and all displaced fragments in the unlikely event of a cylinder or fill component rupture.

The fill station containment design must be UL® (Underwriters Laboratories) classified and for maximum operator safety certified to meet NFPA 1901-2016 standards. The UL® testing certificate must be included with the bid or request for quotation and included with the operator's manual when the system is shipped.

The fill station loading door must be designed to be trapped behind the fill enclosure cabinet frame when closed and include an automatic, safety interlock to prevent filling unless the loading door is completely closed. A safety relief valve, to prevent over pressurizing SCBA/SCUBA cylinders above 4750 psig for 4500 psig SCBA filling (or 5800 psig for 5500 psig SCBA filling), shall also be included.

The external construction of the high pressure, breathing air fill station shall be appliance-like. All structural fasteners shall be concealed and all access panels shall include concealed hinges and push button latches. The fill station control panel shall tilt down to allow for convenient maintenance access. The overall dimensions of the fill station including up to four integral air storage cylinders shall not exceed 37- $\frac{1}{2}$ "(W) x 34"(D) x 75"(H).

The fill control panel shall be ergonomically designed and feature graphic design technology to group all control components and indicators logically and by function. For maximum clarity and visibility, colored lines shall isolate each control component group. Each group shall then be located within a graphic flow control schematic background and identified with permanent text integral to the panel surfaces. High visibility colored text shall identify and provide operator instructions for all critical functions.

The fill station must allow the fill process to be accomplished from the front. The fill station shall be of a design that does not require the operator to have to hold up or otherwise support the weight of the cylinders being filled while connecting them to the fill whips. The front loading door shall be designed so that, when opened, sleeves that hold the SCBA/SCUBA cylinders tilt forward to ease loading and minimize operator fatigue. Two (2) fill whips, each fitted with a cylinder fill adapter and shut-off valve, shall be located within the enclosure.

Access Door Control: For maximum operator comfort and ease of use, the fill station access door shall include an air actuator handle designed to provide power assisted, effortless operation when opening and closing. When fully closed, the door shall trip a safety interlock allowing air flow to the fill station. The access door shall be supported on the enclosure frame with an adjustable bearing bushing on each side assuring a balanced and smooth rotation when opening and closing. A damper strut shall secure the assembly to the enclosure so that it does not require operator support and to cushion the access door landing when opened.

The access door design must be fail-safe, permitting manual operation in the event of air pressure loss in the power assist circuit.

II. Air Flow Controls

All air flow components and indicators shall be mounted on a control panel located at the front of the unit grouped logically with each group positioned within a graphic flow control schematic and identified with integral text. The panel background color shall be matte black shade with a textured finish to eliminate glare. Panel component and indicator groups shall be offset by colored lines to enhance operational visibility and safety.

For maximum clarity and safety, the flow control panel shall be divided by function, assuring that the regulated SCBA/SCUBA fill controls are located in a dedicated area apart from air storage management components.

In order to minimize operator handling of pressurized components, a fill hose(s) pressure vent valve shall be located on the air flow control panel to relieve all fill hoses of pressure after opening the front loading door and before disconnection from the SCBA/SCUBA cylinder(s).

The SCBA/SCUBA cylinder fill control system shall include a regulated panel with all the components, devices and piping arrangement necessary to direct supplied compressed high pressure breathing air to the air storage system and the SCBA/SCUBA cylinders being filled. Additionally, a regulated auxiliary outlet to fill remote air storage systems shall be provided.

All high pressure regulators must be designed so that they cannot be accidentally reset in accordance with NFPA 1901 standards. The regulator knob shall be of the "push-to-reset" design that spins freely if accidentally moved.

A cascade control system shall be included for the number of banks specified below to permit filling or drawing down each air storage cylinder independently of each other and while filling SCBA/SCUBA cylinders. The system shall include a by-pass valve to permit filling SCBA/SCUBA cylinders directly from the compressor.

As a minimum, the air control panel must include the following:

- Inlet pressure gauge.
- Adjustable, 0-6000 psig self-relieving regulator.
- Regulated outlet pressure gauge.
- Air storage fill valve.
- SCBA/SCUBA cylinder(s) fill control valve.
- SCBA/SCUBA cylinder(s) fill pressure gauge.
- SCBA/SCUBA cylinder(s) panel mounted fill hose(s) vent valve.
- Auxiliary outlet with flow control valve and CGA fitting.
- Four (4) bank cascade control with "TO" and "FROM" valves and gauge per bank.

III. High Pressure Air Storage

The four bank 6000 psi breathing air storage system shall be provided by the fire department. SCBAS INC shall connect the existing cascade system to the fill enclosure air control panel.

IV. Freight, Delivery, and Installation

The price of the system shall include all freight, delivery, installation, startup and training of the designated personnel on the operation and general maintenance of the system. The supplier will then connect the compressor to the fill enclosure and complete the installation and make final adjustments.

THE CINCINNATI INSURANCE COMPANY

Bid Bond

CONTRACTOR (Name, legal status and address):

SCBAS Investments, DBA SCBAS, Inc.
403 Peoria Street
Washington, IL IL

SURETY (Name, legal status and principal place of business):

THE CINCINNATI INSURANCE COMPANY
6200 S. GILMORE ROAD
FAIRFIELD, OHIO 45014-5141

OWNER (Name, legal status and address):

CITY OF AURORA - PURCHASING DIVISION
44 E DOWNER PL
AURORA, IL 60505

BOND AMOUNT:

10% of bid

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

PROJECT (Name, location or address, and Project number, if any):

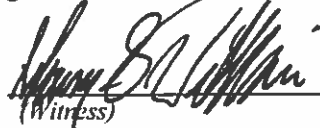
Air Compressor Purchase & Installation at Fire Station No. 10.

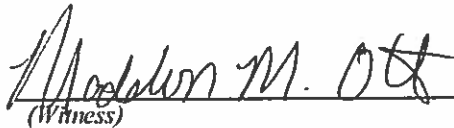
The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond the sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirements shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 17 day of February, 2021


(Witness)


(Witness)

SCBAS Investments, DBA SCBAS, Inc.

(Principal)

(Title)

(Seal)

THE CINCINNATI INSURANCE COMPANY

(Surety)

(Seal)

(Title)

William Voorhees Attorney-In-Fact

THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY, a corporation organized under the laws of the State of Ohio, and having its principal office in the City of Fairfield, Ohio, does hereby constitute and appoint

Collins Voorhees, Michael Strobe, William Voorhees,

of Peoria, IL

its true and lawful Attorney(s)-in-Fact to sign, execute, seal and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows:

Three Million Dollars and 00/100 (\$3,000,000.00)

This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6th day of December, 1958, which resolution is still in effect:

"RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company."

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 7th day of December, 1973.

"RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company."

IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Vice President this 10th day of May, 2012.



STATE OF OHIO) ss:
COUNTY OF BUTLER)

THE CINCINNATI INSURANCE COMPANY

Stacy A. Jantz

Vice President

On this 10th day of May, 2012, before me came the above-named Vice President of THE CINCINNATI INSURANCE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.



Mark J. Huller

MARK J. HULLER, Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration
date. Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Secretary of THE CINCINNATI INSURANCE COMPANY, hereby certify that the above is a true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in full force and effect.

GIVEN under my hand and seal of said Company at Fairfield, Ohio,
this 17th day of February, 2021



BN-1005 (5/12)

Scott R. Boer

Assistant Secretary

STATE OF Illinois

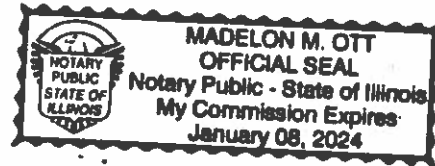
COUNTY OF Peoria

On this 17th day of February in the year 2021, before me personally appeared

William Voorhees

Personally know to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument as the attorney-in-fact of The Cincinnati Insurance Company, and acknowledge to me that he (she) subscribed the name of The Cincinnati Insurance Company thereto as surety, and his (her) own name as attorney-in-fact.

Madelon M. Ott
Notary Public





SCBAS-2

OP ID: BB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/15/2021

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 FLOW. 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 Hediger and Meyers, Inc. 4208 W. Partridge Way P.O. Box 3858 Peoria, IL 61612 William C. Voorhees	309-691-5001	CONTACT NAME: Brenda Bennett PHONE (A/C, No, Ext): 309-691-5001 FAX (A/C, No): 309-691-9402 E-MAIL ADDRESS: bbennett@hedigerandmeyers.com
INSURED SCBAS Investments DBA: SCBAS, Inc. 403 Peoria Street Washington, IL 61571-2426		INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company INSURER B: Cincinnati Indemnity Company INSURER C: Cincinnati Specialty INSURER D: INSURER E: INSURER F:
		NAIC # 10677 23280

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 EXCLUSIONS 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		EPP0296670	01/30/2021	01/30/2022	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 \$ EXCLUDED
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			EBA0296670	01/30/2021	01/30/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	EWC0297164-07	01/30/2021	01/30/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	General Liability Prod/Comp Ops	X		CSU0065893	01/30/2021	01/30/2022	Agg 2,000,000 Ea Occ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
AURORA FIRE DEPARTMENT / CITY OF AURORA IS NAMED AS AN ADDITIONAL INSURED ON GENERAL LIABILITY FORM GA472 AND COMPLETED OPERATIONSS FORM CSGA4032 WHEN REQUIRED BY WRITTEN CONTRACT RE: WORK PERFORMED BY THE INSURED

CERTIFICATE HOLDER	CITYAU1	CANCELLATION
City of Aurora 44 East Downer Place Aurora, IL 60507		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

Eagle Compressors, Inc.

PRODUCT WARRANTY

Eagle Compressors, Inc., the Company, warrants to the original Purchaser* that the equipment manufactured and shipped by it will be free of defects in material and workmanship as follows:

- Manufactured compressors, compressor systems and accessory equipment (A) are warranted for eighteen (18) months from date of shipment or twelve (12) months from the date of start-up, whichever occurs first.
- Compressor pumps (B) installed as an integral part of compressors or compressor systems are warranted for a total of twenty-four (24) months from the date of shipment.
- Replacement and service parts and replacement compressor pumps (C) are warranted for ninety (90) days from the date of shipment.
- Factory repairs (D) are warranted for ninety (90) days from the date of shipment.

Should any failure occur and is reported to the Company, in writing, within the time period mentioned above and if the equipment has been installed, operated and maintained in conformance with the conditions further described below, the Company shall correct such nonconformity as follows:

- For manufactured products (A) as described above, the warranty coverage includes parts and labor for repair or replacement, as determined by the Company.
- For compressor pumps (B) as described above, the warranty coverage includes the repair parts or replacement, as determined by the Company, not labor.
- For parts and replacement pumps (C) as described above, the warranty coverage includes repair or replacement, as determined by the Company, not labor.
- For factory repairs (D), the warranty coverage includes parts and labor.
- Replacement warranty parts are shipped prepaid, FOB destination.

As a condition of maintaining the above-mentioned warranty coverage valid, the Purchaser shall install and maintain the equipment and keep records as follows:

1. New equipment and warranty replacement components and parts must be installed by a factory Authorized Sales & Service Distributor and wired, if applicable, by a licensed electrician in accordance with local codes. Installation by other than a factory Authorized Sales & Service Distributor must be approved in advance and in writing by the Company.
2. All required routine service shall be performed by a factory Authorized Sales & Service Distributor or User** in strict accordance with the manufacturer's instructions in the Technical Manual. It is the responsibility of the user to assure that the equipment Technical Manual is on site and available for guidance and instructions.
3. The equipment must be operated in strict accordance with the instructions in the Technical Manual and such operation, as well as all routine service and repairs, must be supported by records as specified in NFPA 1989, 2008 Edition, Chapter 7, paragraphs 7.3 and 7.4, Records. As a minimum, the following records must be maintained:
 - a. Operating log which records the date, operator's name, beginning and ending hourmeter readings, if applicable, description of fill operation and any applicable remarks of events during filling.
 - b. Maintenance and repair log which records all routine maintenance and repairs performed, by date, hours of operation, by whom and a full description of the work performed and parts replaced.
4. Only genuine Eagle Compressors, Inc. replacement components, parts and specified lubricants, as indicated in the Technical Manual, are to be used in the maintenance, routine service and repairs of the equipment.

The effects of corrosion, erosion, normal wear and tear, and maintenance items such as lubricants and filters are specifically excluded from the Company's Warranty.

THE COMPANY MAKES NO OTHER WARRANTY OR REPRESENTATION OF ANY KIND WHATSOEVER, EXPRESSED OR IMPLIED, EXCEPT THAT OF TITLE AND ALL IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE ARE HEREBY DISCLAIMED.

Correction by the Company of nonconformities whether patent or latent, in the manner and for the period of time provided above, shall constitute fulfillment of all liabilities of the Company for such nonconformities, whether based on contract, warranty, negligence, indemnity, strict liability or otherwise with respect to or arising out of such equipment. The Purchaser shall not operate equipment which is considered to be defective, without first notifying the Company in writing of its intention to do so. Any such use of equipment will be at the Purchaser's sole risk and liability.

Limitation of Liability

The remedies of the Purchaser set forth herein are exclusive, and the total liability of the Company with respect to this contract or the equipment and services furnished hereunder, in connection with the performance or breach thereof or from the manufacture, sale, delivery, installation, repair or technical direction covered by or furnished under this contract, whether based on contract, warranty, negligence, indemnity, strict liability or otherwise shall not exceed the purchase price of the unit of equipment upon which such liability is based. The Company and its suppliers shall in no event be liable to the Purchaser, any successors in interest or any beneficiary or assignee of this contract for any consequential, incidental, indirect, special or punitive damages arising out of this contract or any breach thereof, or any defect in, or failure of, or malfunction of the equipment hereunder, whether based upon, but not limited to, loss of use, lost profits or revenue, interest, lost goodwill, work stoppage, impairment of other goods, loss by reason of shutdowns or non-operation, increased expenses of operation, cost of purchase of replacement power or claims of Purchaser or customers of Purchaser for service interruption whether or not such loss or damage is based on contract, warranty, negligence, indemnity, strict liability or otherwise.

*The original Purchaser is the party that issued a purchase order and pays for the equipment whether it is purchased from Eagle Compressors, Inc. directly or from one of its Authorized Sales & Service Distributors.

**The User is the operator or operating entity of the equipment.

Effective Date: January 4, 2010

EAGLEAIR
RELATIVE HUMIDITY

31015 TOWNSHIP AVE. GREENSBORO, NC 27409 PHONE (336) 286-1100 FAX (336) 286-1001
WWW.EAGLEAIRCOMPRESSORS.COM