

DATE: 7/03/2024

INVITATION TO BID  
THIS IS NOT AN ORDER

Page: 5

BID NO.: 50-00145601

**JEFFERSON PARISH**

PURCHASING DEPARTMENT  
P.O. BOX 9  
GRETNA, LA. 70054-0009  
504-364-2678

VENDOR: 27118 BLANK BID COPY VENDOR

PURCHASING SPECIALIST:  
RTRAN

As per LSA-RS 47:301 et seq., all governmental bodies are excluded from payment of sales taxes to any Louisiana taxing body. Quotations shall be based on F.O.B. Agency warehouse or jobsite, anywhere within the Parish as designated by the Purchasing Department.

JEFFERSON PARISH reserves the right to cancel all or any part of an order if not shipped promptly. No charges will be allowed for parking or cartage unless specified in quotation. The order must not be filled at a higher price than quoted. JEFFERSON PARISH reserves the right to cancel at any time and for any reason by issuing a THIRTY (30) day written notice to the contractor.

JEFFERSON PARISH is expecting all products to be new and all work to be done in workman-like manner, according to standard practices. Any deviations or alteration from the specifications must be indicated on the bid form for each item and upon request, product data for same must be submitted by the time specified by the Purchasing Department.

**DELIVERY: FOB JEFFERSON PARISH**

INDICATE DELIVERY DATE ON EQUIPMENT AND SUPPLIES \_\_\_\_\_

INDICATE STARTING TIME (IN DAYS) FOR CONSTRUCTION WORK \_\_\_\_\_

INDICATE COMPLETION TIME (IN DAYS) FOR CONSTRUCTION WORK \_\_\_\_\_

In the event that addenda are issued with this bid, bidders MUST acknowledge all addenda on the bid form. Bidder must acknowledge receipt of an addendum on the bid form by placing the addendum number as indicated. Failure to acknowledge any addendum on the bid form will result in bid rejection.

Acknowledge Receipt of Addenda: NUMBER: #1  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_  
NUMBER: \_\_\_\_\_

LOUISIANA CONTRACTOR'S LICENSE NO.: (if applicable) 504

**\*\*\* ALL BIDDERS MUST COMPLETE SECTION BELOW \*\*\***

FIRM NAME:

Johnson Controls Inc

SIGNATURE:

(Must be signed here)

[Signature]

TITLE:

Branch Service Manager

PRINT OR TYPE NAME:

Lindsay C. Whitener

ADDRESS:

2835 Hessmer Ave

CITY, STATE:

Metairie LA

ZIP:

70002

TELEPHONE:

504) 235 2506

FAX:

( )

EMAIL ADDRESS:

Chad.S.folse@jci.com / lindsay.c.whitener@jci.com

TOTAL PRICE OF ALL BID ITEMS: \$ 3,840.00

## INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145601

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
1	6.00	EA	<p>TWO (2) YEAR CONTRACT TO PROVIDE HVAC SYSTEMS MAINTENANCE AND REPAIR FOR THE JEFFERSON PARISH DEPARTMENT OF PUBLIC WORKS WESTBANK WAREHOUSE</p> <p>0010 - SCHEDULE AND SERVICE TWO (2) AIR CONDITIONING AND HEATING SYSTEMS,</p> <p>THREE (3) TIMES PER YEAR FOR ROUTINE MAINTENANCE AND INSPECTION. TO INCLUDE LABOR, MATERIALS, CLEANERS AND PARTS IN COST FOR THE FOLLOWING BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> <li>-INSPECT UNIT FOR PROPER REFRIGERANT LEVEL AND ADJUST ACCORDINGLY.</li> <li>-CLEAN DRAIN LINES AND VACCUM DEBRIS IN CONDENSATE PANS.</li> <li>-CLEAN EVAPORATOR COILS.</li> <li>-CHECK DUCT WORK FOR AIR LEAKS AND SEAL IF NEEDED.</li> <li>-REPLACE AIR FILTERS.</li> </ul>	\$ 374.00	\$ 2,244.00
2	2.00	EA	<p>0020 - SCHEDULE AND SERVICE ANNUAL MAINTENANCE AND INSPECTIONS TO</p> <p>INCLUDE LABOR, MATERIALS, CLEANERS AND PARTS IN COST ON TWO (2) AIR CONDITIONING AND HEATING SYSTEMS FOR THE FOLLOWING BUT NOT LIMITED TO:</p> <ul style="list-style-type: none"> <li>-CLEAN DRAIN LINES AND VACUUM DEBRIS FROM CONDENSATE PANS</li> <li>-CLEANS CONDENSER COILS INSIDE AND OUTSIDE OF UNIT</li> <li>-CLEAN EVAPORATOR COILS</li> <li>-LUBRICATE MOTORS</li> <li>-INSPECT BELTS AND REPLACE IF NEEDED</li> <li>-CHECK DUCT WORK FOR AIR LEAKS AND SEAL IF NEEDED</li> <li>-CHECK REFRIGERANT LEVEL AND ADJUST IF NECESSARY</li> <li>-CHECK HEATER/AC OPERATION</li> <li>-CHECK THERMOSTATS AND RESET AS NEEDED</li> <li>-CHECK WIRING AND ELECTRICAL COMPONENTS AND REPAIR AS NECESSARY</li> <li>-REPLACE ALL AIR FILTERS</li> <li>-CLEAN DUCTS AND COVERS AS NEEDED</li> </ul>	\$ 634.00	\$ 1,268.00
3	1.00	LB	0030 - REFRIGERANT PER POUND.	\$ 32.00	\$ 32.00
4	1.00	HR	<p>0040 - HOURLY RATE PER 1ST TECHNICIAN SERVICE/LABOR FOR ALL SERVICE WORK</p> <p>NOT INCLUDED IN THE MAINTENANCE.</p>	\$ 155.00	\$ 155.00
5	1.00	HR	0050 - HOURLY RATE FOR 2ND TECHNICIAN SERVICE/LABOR FOR ALL SERVICE WORK	\$ 140.00	\$ 140.00

INVITATION TO BID FROM JEFFERSON PARISH - continued

BID NO.: 50-00145601

SEALED BID

ITEM NUMBER	QUANTITY	U/M	DESCRIPTION OF ARTICLES	UNIT PRICE QUOTED	TOTALS
6	1.00	EA	<p>NOT INCLUDED IN THE MAINTENANCE.</p> <p>0060 - NON-BIDDABLE ITEM- PARTS, THIS IS FOR ANY PARTS REQUIRED TO REPAIR HVAC UNITS AS PART OF THIS CONTRACT WITH DEPARTMENT APPROVED QUOTE (UP TO \$3,000 EACH).</p> <p>CARRIER UNITS TO BE SERVICE: FV4CNB006 S/N 2917A84078 FV4CNB006 S/N 2917A84103</p> <p>AIR HANDLERS (2) ABOVE WAREHOUSE OFFICES 25HCB660A320 S/N 2317E02674 S/N 3117E03020</p> <p>SERVICE LOCATION: PUBLIC WORKS WESTBANK WAREHOUSE 1500 RIVER PARK BLVD BRIDGE CITY, LA 70094</p> <p>SITE VISIT CONTACT: ALBERT CHAUVIN -(504)349-5155 PETER MARTIN -(504)349-5156</p>	\$ 1.00	\$ 1.00



**DELEGATION OF AUTHORITY CERTIFICATE**

The undersigned, Julie Brandt, President, Building Solutions, pursuant to the authority vested in her by: (i) a Sub-Delegation of Authority from the President of **Johnson Controls, Inc.**, a Wisconsin corporation ("JCI"), dated April 24, 2023, (ii) an Incumbency Certificate and Delegation of Authority from the general partner of **Johnson Controls Fire Protection LP**, a Delaware limited partnership ("JCFP"), dated April 24, 2023, and (iii) a Written Consent in Lieu of Special Meeting of the Management Board from **Johnson Controls Security Solutions LLC**, a Delaware limited liability company ("JCSS"), dated April 24, 2023, hereby authorizes:

**Lindsey C. Whitener**  
**HVAC Branch Service Manager**

(the "Delegate") to perform, on behalf of each of JCI, JCFP and JCSS, the acts described below:

To execute and deliver any and all contracts for the performance of work, sale of goods, and furnishing of services, and any other instruments in connection therewith and in the ordinary course of business and in accordance with the current Global Approval Authority Matrix.

This authority does not extend to:

- a. contracts without a (i) financial cap on liability, (ii) fault-based indemnity, and (iii) waiver of consequential damages, unless approved in accordance with the current Global Approval Authority Matrix;
- b. further sub-delegation of the above acts absent necessary approvals in writing;
- c. the execution of surety, performance or bid bonds;
- d. the signing of any notes, contracts, or any other agreement to borrow money in the name of JCI, JCFP and JCSS, or any form of guaranty for the payment or performance of obligations of any subsidiary, affiliate, or joint venture of JCI, JCFP and JCSS; or
- e. the signing, on behalf of JCI, JCFP and JCSS, of any deeds, abstracts, offers to purchase or any other instruments pertaining to the purchase or sale of real property.

Any actions taken by such **Delegate** within the scope of acts authorized herein taken between the date of expiration of any prior delegation of authority and the date hereof are hereby ratified, confirmed and approved as the acts and deeds of JCI, JCFP and JCSS.

**This authority shall remain in full force and effect for one year from the date of issue unless earlier terminated by JCI, JCFP or JCSS or shall automatically terminate upon the end of Delegate's employment with any affiliated company of Johnson Controls International plc.**

Signed at Milwaukee, Wisconsin, this 8<sup>th</sup> day of January, 2024.

Johnson Controls, Inc. Johnson Controls  
Fire Protection LP, and Johnson Controls  
Security Solutions LLC

Julie Brandt  
President, Building Solutions, NA

ATTESTS:

Steve W. Keane  
Vice President and Assistant Secretary  
Johnson Controls, Inc.

Heather A. Brown  
Vice President and Secretary  
Johnson Controls Fire Protection LP  
Vice President and Assistant Secretary  
Johnson Controls Security Solutions LLC



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/11/2024

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> Marsh USA Inc. 540 West Madison Street Suite 1200 Chicago, IL 60661	<b>CONTACT NAME:</b> Chad Mannella		
	<b>PHONE:</b> (866) 966-4664 <b>(A/C, No, Ext):</b>	<b>FAX:</b> (212) 948-5167 <b>(A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b> JCI.CertRequest@marsh.com		
<b>INSURED</b> Johnson Controls US Holdings, Inc. Johnson Controls, Inc. Tyco International Holding S.a.r.l. SimplexGrinnell LP (see attached Acord 101) 5757 North Green Bay Avenue Milwaukee WI 53209	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: OLD REPUBLIC INSURANCE CO		24147
	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 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY <input checked="" type="checkbox"/> XCU Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			MWZY 313947 23	10/01/2023	10/01/2024	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$2,000,000
							MED EXP (Any one person)	\$50,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COM/OP AGG	INC IN GEN AGG
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB 313946-23 (Excludes NH) MWTB 313949-23 (Primary NH \$250k) MWZX 313950-23 (Excess NH \$2.25mm) Excess NH Auto is follow form to Primary NH Auto	10/01/2023 10/01/2023 10/01/2023	10/01/2024 10/01/2024 10/01/2024	COMBINED SINGLE LIMIT (Ea Accident)	\$2,500,000
A	<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	
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	MWVC 313943 23 (AOS - See Pg 2) MWXS 313944 23 (OH & WA)	10/01/2023 10/01/2023	10/01/2024 10/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$1,000,000 \$1,000,000 \$1,000,000

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

JCI / Tyco Contract Number:  
JCI / Tyco Project Name:  
Customer PO Number:**CERTIFICATE HOLDER****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  
of Marsh USA Inc.  
By Julie Neisen



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC#: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 3

AGENCY Marsh USA Inc.		NAMED INSURED Johnson Controls US Holdings, Inc. Johnson Controls, Inc. Tyco International Holding S.a.r.l. SimplexGrinnell LP 5757 North Green Bay Avenue Milwaukee, WI 53209
POLICY NUMBER		
CARRIER	NAIC CODE	
EFFECTIVE DATE: 10/01/2023		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 (2016/03) FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

**WORKERS COMPENSATION:**

Workers Compensation "AOS" Policy includes coverage for employees from the following States WHILE WORKING IN ANY STATE: AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, NY, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WI, & WV.

**PRIMARY COVERAGE:**

The General Liability and Automobile Liability policies are primary and not excess of or contributing with other insurance or self-insurance, where required by written lease or written contract. For General Liability, this applies to both ongoing and completed operations.

**WAIVER OF SUBROGATION:**

The General Liability, Automobile Liability, Workers' Compensation and Employers Liability policies include a Waiver of Subrogation in favor of the certholder and any other person or organization, BUT ONLY to the extent required by written contract.

**ADDITIONAL INSURED – AUTOMOBILE LIABILITY:**

The Automobile Liability policy, if required by written contract, includes coverage for Additional Insureds as required by such written contract.

**ADDITIONAL INSURED – GENERAL LIABILITY:**

For General Liability, if required by written contract, the following are included as additional insureds, as required pursuant to a written contract with a named insured, per attached Policy Endorsements A2 and A2A: THE CERTIFICATE HOLDER LISTED ON THIS CERTIFICATE OF LIABILITY INSURANCE, AND EACH OTHER PERSON OR ORGANIZATION REQUIRED TO BE INCLUDED AS AN ADDITIONAL INSURED PURSUANT TO A WRITTEN CONTRACT WITH THE NAMED INSURED.

**SCHEDULE FOR POLICY ENDORSEMENTS A2 AND A2A**

Name of Additional Insured Person(s) or Organization(s):

If required by contract, the person or organization listed on the certificate of insurance as additional insured, and each other person or organization required to be included as an additional insured pursuant to a contract with a named insured.

Location(s) of Covered Operations:

As required by contract.

**POLICY ENDORSEMENT A2****ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – NAMED INSURED'S ACTS OR OMISSIONS ONLY**

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused solely by:

1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

The insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**POLICY ENDORSEMENT A2A****ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS – NAMED INSURED'S ACTS OR OMISSIONS ONLY**

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused solely by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

**ONGOING OPERATIONS AND COMPLETED OPERATIONS INSURANCE**

The General Liability Insurance includes insurance for ongoing operations and completed operations.

**LIMIT OF LIABILITY:**

The Liability Limit that applies is the amount indicated on the face of this Certificate of Liability Insurance, or the minimum Liability limit that is required by the written contract, whichever is less. If there is no contract then the Liability Limit is limited to \$1,000,000.

**NOTICE OF CANCELLATION TO CERTIFICATE HOLDERS:**

Should any of the above described policies be cancelled, other than for non-payment, before the expiration date thereof, 30 days advice of cancellation will be delivered to certificate holders in accordance with the policy endorsements.

The ACORD name and logo are registered marks of ACORD

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC#: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

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AGENCY Marsh USA Inc.		NAMED INSURED Johnson Controls US Holdings, Inc. Johnson Controls, Inc. Tyco International Holding S.a.r.l. SimplexGrinnell LP 5757 North Green Bay Avenue Milwaukee, WI 53209	
POLICY NUMBER		EFFECTIVE DATE: 10/01/2023	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: ACORD 25 (2016/03) FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

#### NAMED INSURED:

Named Insureds include: Air Distribution Technologies IP, LLC; Air System Components, Inc.; American Chiller Mechanical Service LLC; ArkLaTex Mechanical Services; Central CPVC Corporation; Central Sprinkler LLC; Chemguard, Inc.; Connect 24 Wireless Communications Inc.; Eastern Sheet Metal, Inc.; Exacq Technologies, Inc.; FBN Transportation, Inc.; FM Systems Group LLC; Foghorn Systems Inc.; Grinnell LLC; Haz-Tank Fabricators, Inc.; Integrated Systems and Power, Inc.; IonicBlue Partners LLC; Johnson Controls (Suisse) SA; Johnson Controls Air Conditioning and Refrigeration, Inc.; Johnson Controls Building Automation Systems, LLC; Johnson Controls Capital LLC; Johnson Controls Federal Systems, LLC; Johnson Controls Fire Protection LP; Johnson Controls Foundation, Inc.; Johnson Controls Government Systems, LLC; Johnson Controls, Inc.; Johnson Controls Navy Systems, LLC; Johnson Controls North American Products, LLC; Johnson Controls PI Project Site Operations LLC; Johnson Controls Security Solutions LLC; Johnson Controls-Hitachi Air Conditioning North America LLC; Johnson Controls US Holdings, LLC; Koch Filter Corporation; M&M Refrigeration, LLC; Master Protection, LP dba FireMaster; Qolsys, Inc.; Rescue Air Systems; Retail Expert, Inc.; Richmond Alarm Company LLC; Ruskin Company; Ruskin Rooftop Systems, Inc.; Ruskin Service Company; Security Enhancement Systems LLC; Sensormatic Electronics, LLC; Sensormatic USA LLC; ShopperTrak International Investment LLC; ShopperTrak RCT Corporation; Shurjoint America, Inc.; Silent-Aire USA Inc.; Silent-Aire Mission Critical Service LLC; Tempered Networks Inc.; Tyco Fire & Security LLC; Tyco Fire Products LP; Tyco International Holding S.a.r.l.; Tyco International Management Company, LLC; Visonic Inc.; WillFire HC, LLC; York International (SA), Inc.; York International Corporation