

**MAYOR
DAVID R. MARTIN**



**PURCHASING AGENT
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**CITY OF STAMFORD
OFFICE OF POLICY & MANAGEMENT
888 WASHINGTON BOULEVARD
P.O. BOX 10152
STAMFORD, CONNECTICUT 06904-2152**


**ADDENDUM NO. 1
(September 19, 2016)**

**RFP No. 706
Materials Testing and Special
Inspection Services for New Police Headquarters**

Addendum No. 1 is being issued to all potential proposers to provide the following information.

The City of Stamford Insurance Requirements and sample Certificate of Insurance as referenced in paragraph 1.20 of this RFP is attached hereto.

All other terms and conditions of RFP No. 706 remain the same.


Beverly A. Aveni
Purchasing Agent

Cc: Jeff Pardo, Construction Manager
Purchasing Department File

City of Stamford
Insurance Requirements for Testing & Inspection Services

The Vendor shall maintain, at all times during the contract term, the following insurance coverages:

1. ***Comprehensive General liability*** insurance, which provides coverage for operations liability, completed operations and products liability, contractual liability, personal injury and advertising liability and broad form property damage coverage:

Must be written on an occurrence basis;

Completed operations and products liability insurance must be maintained for a period of not less than three (3) years following termination of the Agreement or completion of the services under the Agreement, whichever is later;

Contractual liability must insure any indemnities contained in the contract. Limits of liability not less than \$1 million combined single limit per occurrence for bodily injury and property damage and \$2 million in the aggregate;

City of Stamford, and its employees, agents and officers to be designated as additional insureds.

2. ***Comprehensive automobile liability***, which provides coverage for liabilities arising out of the ownership, operation and maintenance of motor vehicles.

City of Stamford and its employees, agents and officers to be designated as additional insureds.

Limits of liability not less than \$1 million combined single limit per occurrence for bodily injury and property damage.

Insurance to cover all owned non-owned, rented, and leased vehicles.

3. ***Workers' compensation*** coverage, which complies with statutes and regulations of the State of Connecticut.
4. ***Employer's liability*** insurance, with minimum limits of liability of \$500,000 each accident, \$500,000 disease each employee and \$500,000 disease policy limit.
5. ***Professional liability*** insurance, which covers the services of the Vendor as described in the Agreement. Minimum limit of liability is \$1,000,000 each claim.

Additional Requirements:

Any insurance underwritten on a claims made as opposed to an occurrence basis shall contain a retro-active date of the date the Agreement is executed or

commencement of services, whichever is earlier and an extended reporting period of not less than three (3) years following termination of the Agreement or completion of the services provided hereunder, whichever is later.

All insurance required hereunder shall contain thirty days (30) prior written notice to the Risk Manager of the City of Stamford in the event of cancellation, termination or material change in any terms and conditions of the insurance required hereunder.

All insurance required hereunder shall contain waivers of subrogation in favor of the City of Stamford, and its employees agents, and officers, and shall be primary without any right of contribution from any insurance maintained by or on behalf of the City of Stamford.

The Vendor shall provide the Risk Manager of the City of Stamford with certificates of insurance evidencing the insurance required hereunder upon provisional award of the Contract and upon expiration of any insurance policies required hereunder.

AGRID.		CERTIFICATE OF INSURANCE				
PRODUCER		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
Full Name of Insurance Agency						
Street Address						
City, State Zip Code						
Telephone Number / Facsimile Number						
INSURED		COMPANIES AFFORDING COVERAGE				
Name of Named Insured		COMPANY A	Name of Insurance Company			
Street Address		COMPANY B	Name of Insurance Company			
City, State Zip Code		COMPANY C	Name of Insurance Company			
Telephone Number / Facsimile Number						
COVERAGES						
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.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY (FOREIGN)	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG	\$1,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY	\$100,000
	OWNER'S & CONT PROT				EACH OCCURRENCE	\$1,000,000
					FIRE DAMAGE (Any one fire)	
					Each claim / incident	\$1,000,000
A	AUTOMOBILE LIABILITY	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per Person)	\$
	ALL OWNED AUTOS				BODILY INJURY (Per Accident)	\$
	SCHEDULED AUTOS					
	HIRED AUTOS				PROPERTY DAMAGE	\$
	NON-OWNED AUTOS				AUTO ONLY - EACH ACCIDENT	\$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	\$
					AGGREGATE	\$
						\$
GARAGE LIABILITY						
ANY AUTO						
EXCESS LIABILITY						
UMBRELLA FORM						
OTHER THAN UMBRELLA FORM						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	<input checked="" type="checkbox"/> STATUTORY LIMITS	\$
	EMPLOYERS' LIABILITY				EACH ACCIDENT	\$500,000
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE				DISEASE - POLICY LIMIT	\$500,000
	<input checked="" type="checkbox"/> INCL				DISEASE - EACH EMPLOYEE	\$500,000
	<input type="checkbox"/> EXCL					
C	Professional Liability	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	\$1,000,000	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:						
City of Stamford, and its employees, agents, and officers designated as additional insureds under commercial general liability and automobile liability. All insurance required hereunder are primary, not excess or contributory, to any insurance maintained by or on behalf of City of Stamford. Waivers of subrogation under all insurance required hereunder apply to City of Stamford, and its employees, agents, and officers.						
CERTIFICATE HOLDER			CANCELLATION			
Risk Manager, City of Stamford			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, INSURANCE COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.			
888 Washington Boulevard						
Stamford, CT 06904-2152						