

**ARLINGTON COUNTY, VIRGINIA  
OFFICE OF THE PURCHASING AGENT**

**INVITATION TO BID NO. 22-DPR-ITB-479**

**ADDENDUM NO. 2**

Arlington County Invitation to Bid No. 22-DPR-ITB-479 for Construction of Alcova Heights Park Renovations is amended as follows:

**I. THE SOLICITATION IS AMENDED AS FOLLOWS:**

- 1. PROFESSIONAL ERRORS AND OMISSIONS LIABILITY IN THE AMOUNT OF \$1,000,000 PER OCCURRENCE/CLAIM IS ADDED AS PARAGRAPH 5 SECTION IV OF THE SOLICITATION.**
  
- 2. BID FORM PAGES 7 AND 8 ARE REPLACED IN THEIR ENTIRETY WITH THE ATTACHED INSURANCE CHECKLIST.**

The balance of the solicitation remains unchanged.

Arlington County, Virginia

Kaylin Schreiber  
Procurement Officer

**RETURN THIS PAGE, FULLY COMPLETED AND SIGNED, WITH YOUR BID:**

**BIDDER ACKNOWLEDGES RECEIPT OF ADDENDUM NUMBER 2.**

**FIRM NAME:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INSURANCE CHECKLIST**

**CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND ENDORSEMENTS MARKED "X".**

<u>COVERAGES REQUIRED</u>	<u>LIMITS (FIGURES DENOTE MINIMUMS)</u>
<input checked="" type="checkbox"/> 1. Workers' Compensation.....	Statutory limits of Virginia
<input checked="" type="checkbox"/> 2. Employer's Liability.....	\$500,000/accident, \$500,000/disease, \$500,000/disease policy limit
<input checked="" type="checkbox"/> 3. Commercial General Liability.....	\$1,000,000 CSL BI/PD each occurrence, \$2 Million annual aggregate
<input checked="" type="checkbox"/> 4. Premises/Operations.....	\$500,000 CSL BI/PD each occurrence, \$ 1 Million annual aggregate
<input checked="" type="checkbox"/> 5. Automobile Liability.....	\$1 Million BI/PD each accident, Uninsured Motorist
<input checked="" type="checkbox"/> 6. Owned/Hired/Non-Owned Vehicles.....	\$1 Million BI/PD each accident, Uninsured Motorist
<input checked="" type="checkbox"/> 7. Independent Contractors.....	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate
<input checked="" type="checkbox"/> 8. Products Liability.....	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate
<input checked="" type="checkbox"/> 9. Completed Operations.....	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate
<input checked="" type="checkbox"/> 10. Contractual Liability (Must be shown on Certificate).....	\$1 Million CSL BI/PD each occurrence, \$ 1 Million annual aggregate
<input checked="" type="checkbox"/> 11. Personal and Advertising Injury Liability.....	\$1 Million each offense, \$1 Million annual aggregate
<input checked="" type="checkbox"/> 12. Umbrella\Excess Liability.....	\$1 Million Bodily Injury, Property Damage and Personal Injury
<input checked="" type="checkbox"/> 13. Per Project Aggregate	
<input type="checkbox"/> 14. Professional Liability	
<input type="checkbox"/> a. Architects and Engineers.....	\$1 Million per occurrence/claim
<input type="checkbox"/> b. Asbestos Removal Liability .....	\$2 Million per occurrence/claim
<input type="checkbox"/> c. Medical Malpractice.....	\$1 Million per occurrence/claim
<input type="checkbox"/> d. Medical Professional Liability.....	\$1 Million per occurrence/claim
<input checked="" type="checkbox"/> 15. Miscellaneous E&O/ Professional Liability .....	\$1 Million per occurrence/claim
<input type="checkbox"/> 16. Motor Carrier Act End. (MCS-90) .....	\$1 Million BI/PD each accident, Uninsured Motorist
<input type="checkbox"/> 17. Motor Cargo Insurance	
<input type="checkbox"/> 18. Garage Liability.....	\$1 Million Bodily Injury, Property Damage per occurrence
<input type="checkbox"/> 19. Garagekeepers Liability.....	\$500,000 Comprehensive, \$500,000 Collision
<input type="checkbox"/> 20. Inland Marine-Bailee's Insurance.....	\$ _____
<input type="checkbox"/> 21. Moving and Rigging Floater.....	Endorsement to CGL
<input type="checkbox"/> 22. Dishonesty Bond.....	\$ _____
<input checked="" type="checkbox"/> 23. Builder's Risk.....	Provide Coverage in the full amount of contract
<input type="checkbox"/> 24. XCU Coverage.....	Endorsement to CGL
<input type="checkbox"/> 25. USL&H.....	Federal Statutory Limits
<input checked="" type="checkbox"/> 26. Carrier Rating shall be Best's Rating of A-VII or better or its equivalent	
<input checked="" type="checkbox"/> 27. Notice of Cancellation, nonrenewal or material change in coverage shall be provided to County at least thirty (30) days prior to action.	
<input checked="" type="checkbox"/> 28. The County shall be named Additional Insured on all policies except Workers Compensation, Errors and Omissions/Professional Liability and Auto.	
<input checked="" type="checkbox"/> 29. Certificate of Insurance shall show Bid Number and Bid Title.	
<input checked="" type="checkbox"/> 30. Environmental Impairment Liability, including coverage of on-site clean up.....	BI/PD \$3 Million per occurrence/\$6 Million Aggregate
a In addition to environmental impairment liability, if work requires clean up, remediation, and/or removal of bio-solids, bio-hazard waste, and any hazardous or toxic material via transportation request:	
<input type="checkbox"/> Business Auto Liability .....	\$2 Million per occurrence with MCS-90 and CA 9948 (or equivalent endorsements specifically referenced in the certificate of insurance
<input type="checkbox"/> 31. Cyber insurance.....	\$2 Million per occurrence/Aggregate
<input type="checkbox"/> 32. OTHER INSURANCE REQUIRED:	

**INSURANCE AGENT'S STATEMENT:**

I have reviewed the above requirements with the bidder named below and have advised the bidder of required coverages not provided through this agency.

BID FORM, PAGE 8 OF 8

AGENCY NAME: \_\_\_\_\_

AUTH. SIGNATURE: \_\_\_\_\_

BIDDER'S STATEMENT:

If awarded the Contract, I will comply with all Contract insurance requirements.

BIDDER NAME: \_\_\_\_\_

AUTH. SIGNATURE: \_\_\_\_\_