ARLINGTON COUNTY, VIRGINIA OFFICE OF THE PURCHASING AGENT

INVITATION TO BID NO. 23-DES-ITB-287

ADDENDUM NO. 1

Arlington County's Invitation to Bid No. 23-DES-ITB-287 for Outdoor Lighting Maintenance, Repair and Rebuild is amended as follows:

1. **Bid Form, Insurance Checklist** is hereby replaced in its entirety with the <u>Revised Bid Form, Insurance Checklist</u>. Bid response <u>Must</u> be on the <u>Revised Bid Form, Insurance Checklist</u>.

The following clarifications are made as a result of vendor inquiries:

1. We would like to request the removal of the following insurance requirements. • Pollution Liability \$1M Per Loss/\$2M Aggregate • Builders Risk

Answer: The insurance coverages will remain as is. Pollution Liability is need needed for the Stormwater component referenced in the specification and Builders Risk is also needed.

The balance of the solicitation remains unchanged.

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Arlington County, Virginia Tomeka D. Price, VCO, VCA Procurement Officer tprice@arlingtonva.us

RETURN	THIS PAGE,	FULLY COMP	LETED AND	SIGNED,	WITH YOUR	BID:
BIDDER	ACKNOWLE	DGES RECEIPT	OF ADDEN	IN MUDI	JMBER 1.	

FIRM NAME:	
AUTHORIZED	
SIGNATURE:	DATE:

BID FORM, PAGE <u>7</u> OF <u>7</u>

COVERAGES REQUIRED

REVISED INSURANCE CHECKLIST

COVERAGE MINIMUM(S)

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

COVERAGES REQUIRED	LIMITS (FIGURES DENOTE MINIMUMS)
X 1. Workers' Compensation	Statutory limits of Virginia
X 2. Employer's Liability	\$500,000/accident, \$500,000/disease, \$500,000/disease policy limit
X 3. Commercial General Liability	\$1,000,000 CSL BI/PD each occurrence, \$1 Million annual aggregate
X 4. Premises/Operations	\$500,000 CSL BI/PD each occurrence, \$ 1 Million annual aggregate
X 5. Automobile Liability	\$1 Million BI/PD each accident, Uninsured Motorist
X 6. Owned/Hired/Non-Owned Vehicles	\$1 Million BI/PD each accident, Uninsured Motorist
X 7. Independent Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate
X 8. Products Liability	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate
	\$1 Million CSL BI/PD eachoccurrence, \$1 Million annual aggregate
X 10. Contractual Liability (Must be shown on Certificate)	\$1 Million CSL BI/PD each occurrence, \$ 1 Million annual aggregate
11.Personal and Advertising Injury Liability	\$1 Million each offense, \$1 Million annual aggregate
	\$1 Million Bodily Injury, Property Damage and Personal Injury
13. Per Project Aggregate	
_14.Professional Liability	
	\$1 Million per occurrence/claim
	\$2 Million per occurrence/claim
	\$1 Million per occurrence/claim
	\$1 Million per occurrence/claim
	\$1 Million peroccurrence/claim
	\$1 Million BI/PD each accident, Uninsured Motorist
17. Motor Cargo Insurance	
	\$1 Million Bodily Injury, Property Damage per occurrence
19. Garagekeepers Liability	\$500,000 Comprehensive, \$500,000 Collision
20. Inland Marine-Bailee's Insurance	\$
	Endorsement to CGL
	\$
	ProvideCoverage inthefullamountofcontract
	Endorsement to CGL
	Federal Statutory Limits
X 26. Carrier Rating shall be Best's Rating of A-VII or b	
	nge in coverage shall be provided to County at least thirty (30) days prior to action. n all policies except Workers Compensation, Errors and Omissions/Professional Liability and
Auto.	
X 29. Certificate of Insurance shall show Bid Number a	
	erage of on-site clean upBI/PD \$3 Million per occurrence/\$6 Million Aggregate
a In addition to environmental impairment liabi	$lity, if \ work requires \ clean \ up, remediation, and/or removal of bio-solids, bio-hazards was te, and$
any hazardous or toxic material via transportati	on request:
_X_Business Auto Liability\$2 Million per occu	rrence with MCS-90 and CA 9948 (or equivalent endorsements specifically referenced in the
certificate of insurance	
	\$2Million per occurrence/Aggregate
INSURANCE AGENT'S STATEMENT:	
	named below and have advised the bidder of required coverages not provided through this
agency.	
AGENCY NAME:	AUTH. SIGNATURE:
BIDDER'S STATEMENT:	
f awarded the Contract, I will comply with all Contract ins	
BIDDER NAME:	AUTH. SIGNATURE: