Escambia County Board of County Commissioners Environmental Enforcement Division Request for Written Quotation:

From: Escambia County

Environmental Enforcement Division Escambia County Central Office Complex

3363 West Park Place Pensacola, FL 32505 Officer Joe Bishop Abatements

Cell: (850) 503-5444 FAX (850) 595-0149

To: Interested Parties

Subj: Various Residential/Commercial Abatement Projects

Please ensure your quote is loaded in Vendor Registry and confirmation of acceptance is Received under Quote #: EE LOT CLEANUPS/DEMOLITIONS 10-6-2022 no later than 5:00 pm. Tuesday 10-11-2022.

Direct All Questions to:
Officer Joe Bishop
Abatements
Cell (850) 503-5444 Fax (850) 595-0149
IMBishop@myescambia.com

Escambia County Insurance Required

The contractor shall procure and maintain the following described insurance, except for coverages specifically waived by the County. Such policies shall be from insurers with a minimum financial size of VII according to the latest edition of the AM Best Rating Guide. An A or better Best Rating is "preferred"; however, other ratings if "Secure Best Ratings" may be considered. Such policies shall provide coverages for any or all claims which may arise out of, or result from, the services, work and operations carried out pursuant to and under the requirements of the contract documents, whether such services, work and operations be by the contractor, its employees, or by subcontractor(s), or anyone employed by or under the supervision of any of them, or for whose acts any of them may be legally liable.

The contractor shall require, and shall be responsible for assuring throughout the time the agreement is in effect, that any and all of its subcontractors obtain and maintain until the completion of that subcontractor's work, such of the insurance coverages described herein as are required by law to be provided on behalf of their employees and others.

The required insurance shall be obtained and written for not less than the limits of liability specified hereinafter, or as required by law, whichever is greater.

These insurance requirements shall not limit the liability of the contractor.

The County does not represent these types or amounts of insurance to be sufficient or adequate to protect the contractor's interests or liabilities, but are merely minimums.

Except for workers compensation and professional liability, the contractor's insurance policies shall be endorsed to name Escambia County as an additional insured to the extent of its interests arising from this agreement, contract or lease.

The contractor waives its right of recovery against the County, to the extent permitted by its insurance policies.

The contractor's deductibles/self-insured retentions shall be disclosed to the County and may be disapproved by the County. They shall be reduced or eliminated at the option of the County. The contractor is responsible for the amount of any deductible or self-insured retention.

Insurance required of the contractor or any other insurance of the contractor shall be considered primary, and insurance of the county, if any, shall be considered excess, as may be applicable to claims obligations which arise out of this agreement, contract or lease.

Workers Compensation Coverage

The contractor shall purchase and maintain workers compensation insurance for all workers compensation obligations imposed by state law and with employers liability limits of at least \$100,000 each accident and \$100,000 each employee/\$500,000 policy limit for disease, or a valid certificate of exemption issued by the state of Florida, or an affidavit in accordance with the provisions of Florida Workers Compensation law.

Contractor shall also purchase any other coverages required by law for the benefit of employees.

General, Automobile and Excess or Umbrella Liability Coverage

The contractor shall purchase and maintain coverage on forms no more restrictive than the latest editions of the commercial general liability and business auto policies of the insurance services office.

Minimum limits of \$1,000,000 per occurrence for all liability must be provided, with excess or umbrella insurance making up the difference, if any, between the policy limits of underlying policies (including employers liability required in the workers compensation coverage section) and the total amount of coverage required.

General Liability Coverage - Occurrence Form Required

Coverage A shall include bodily injury and property damage liability for premises, operations, products and completed operations, independent contractors, contractual liability covering this agreement, contract or lease, broad form property damage coverages, and property damage resulting from explosion, collapse or underground (x,c,u) exposures.

Coverage B shall include personal injury.

Coverage C, medical payments, is not required.

The contractor is required to continue to purchase products and completed operations coverage, at least to satisfy this agreement, contract or lease, for a minimum of three years beyond the County's acceptance of renovation or construction projects.

Business Auto Liability- Business auto liability coverage is to include bodily injury and property damage arising out of ownership, maintenance or use of any auto, including owned, nonowned and hired automobiles and employee nonownership use.

The General Liability and Business Auto Liability policies shall be endorsed to include Escambia County as an additional insured and provide for 30 day notification of cancellation.

Excess or Umbrella Liability Coverage (If utilized to achieve required policy limits.)

Umbrella liability insurance is preferred, but an excess liability equivalent may be allowed. Whichever type of coverage is provided, it shall not be more restrictive than the underlying insurance policy coverages. Umbrella coverage shall drop down to provide coverage where the underlying limits are exhausted.

Evidence/Certificates of Insurance

Required insurance shall be documented in certificates of insurance. If and when required by the County, certificates of insurance shall be accompanied by documentation that is acceptable to the County establishing that the insurance agent and/or agency issuing the certificate of insurance has been duly authorized, in writing, to do so by and on behalf of each insurance company underwriting the insurance coverage(s) indicated on each certificate of insurance.

New certificates of insurance are to be provided to the County at least 30 days prior to coverage renewals. Failure of the contractor to provide the County with such renewal certificates may be considered justification for the County to terminate this agreement, contract or lease.

ONCE BIDS RESULTS ARE RELEASED, VENDORS MUST HAVE ALL REQUIRED DOCUMENTS INTO THE DIVISION OF ENVIRONMENTAL WITHIN 48 HRS. FAILUAR TO COMPLY WILL ALL REQUIREMENTS WILL BE CONSIDERED AS A NON-RESPONSIVE BIDDER AND THE PROJECT WILL BE AWARDED TO THE NEXT QUALIFIED VENDOR.



EXAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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.

te	MPORTANT: If the certificate holder is erms and conditions of the policy, ce ertificate holder in lieu of such endors	rtain	poli	cies may require an end	orsem	ent. A state	ment on this	s certificate does not confer	rights to the		
PRODUCER						CONTACT NAME:					
	ENCY				NAME: PHONE (A/C, No, Ext): (A/C, No):						
						(A/C, No, Ext): (A/C, No): E-MAIL ADDRESS:					
					ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC						
					INSURER A : Carrier				1000		
INSL	JRED				INSURER B : Carrier						
	The Specific Contractor or	Build	er		INSURER C: Carrier						
						INSURER D:					
					INSURER E :						
COVERAGES CERTIFICATE NUMBER:						INSURER F: REVISION NUMBER:					
T	HIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RE	OF	NSUF	RANCE LISTED BELOW HA	OF AN	Y CONTRACT	THE INSURI	ED NAMED ABOVE FOR THE P	O WHICH THIS		
E	EXCLUSIONS AND CONDITIONS OF SUCH	POLIC	AIN, CIES.	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS.	D HEREIN IS SUBJECT TO AL	L THE TERMO,		
INSR LTR		ADDL	SUBR	POLICY NUMBER		POLICY FEE	POLICY EXP (MM/DD/YYYY)	LIMITS			
-113	GENERAL LIABILITY	non						EACH OCCURRENCE \$ 1,0	00,000,000		
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
	CLAIMS-MADE X OCCUR	X						MED EXP (Any one person) \$			
Α	SE MINO NO DE CONTROL			XXXXX.XXXXX		12/01/2015	12/01/2016		0,000.00		
									\$ 2,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$ 1.0	\$ 1,000,000.00		
	X POLICY PRO- JECT LOC								00.000.00		
	AUTOMOBILE LIABILITY	X	F				COMBINED SINGLE LIMIT (Ea accident) \$ 1.0	00,000,000			
В	X ANY AUTO	1 ^	1					BODILY INJURY (Per person) \$,00,000.00		
	ALL OWNED SCHEDULED							BODILY INJURY (Per accident) \$			
	X HIRED AUTOS X AUTOS NON-OWNED AUTOS			XXXXXXX.SXXXXXXX.XXXX		12/01/2015	12/01/2016	PROPERTY DAMAGE (Per accident) \$			
	HIRED AUTOS AUTOS					\$					
	UMBRELLA LIAB OCCUR	$\overline{}$	Г					EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE	1	1					AGGREGATE \$			
	DED RETENTION\$						\$				
	WORKERS COMPENSATION	N/A	A		******		12/01/2016	X WC STATU- TORY LIMITS ER			
_	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				12	12/01/2015			0,000.00		
С	OFFICE/MEMBER EXCLUDED? (Mandatory in NH)					12/01/2015		E.L. DISEASE - EA EMPLOYEE \$ 10	Source variables and second		
	If yes, describe under								0,000.00		
	DESCRIPTION OF OPERATIONS below					+					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Escambia County Board of County Commissioners is endorsed as additional insured on the Automobile and General Liability policies above as required by written contract.											
If S	CHEDULED AUTOS is selected, schedu	le of	cove	red autos must be provided	d.						
CE	RTIFICATE HOLDER			W-1	CANCELLATION						
Escambia County BOCC						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	P.O. box 1591				AUTHORIZED REPRESENTATIVE						
	Pensacola, FL 32591-1591										

EXAMPLE COI for EXHIBIT A



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 be endorsed. If SUBROGATION IS WAIVED, subject to the

			s of the policy, c				dorseme	ent. A state	ment on this	s certificate does not conf	er rights to the							
PRODUCER							CONTACT NAME:											
AGENCY							PHONE FAX (A/C, No):											
							E-MAIL ADDRESS:											
								INSURER(S) AFFORDING COVERAGE										
							INSURE	NAIC#										
INSL	RED				98211-11- 9		INSURER B: Carrier											
		The Sp	ecific Contractor o	r Build	der		INSURER C: Carrier											
							INSURER D: Carrier											
							INSURER E :											
							INSURER F:											
COVERAGES CERTIFICATE NUMBER:								REVISION NUMBER:										
IN C	IDICA ERTI	ATED. NOTWITH	HSTANDING ANY F	PER POLI	REME TAIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN' DED BY EBEEN R	Y CONTRACT THE POLICIE EDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS.	ED NAMED ABOVE FOR THE DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO /	TO WHICH THIS							
INSR		TYPE OF IN	ISURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY									EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000.00							
		CLAIMS-MADI	E X OCCUR	X	1					MED EXP (Any one person) \$								
Α		annument of				XXXXX.XXXX.XXXX	08/21/2015	08/21/2015	08/22/2015	PERSONAL & ADV INJURY \$ 5	500,000.00							
		-								GENERAL AGGREGATE \$ 2	2,000,000.00							
	GEN	I N'L AGGREGATE LIM	IIT APPLIES PER							PRODUCTS - COMP/OP AGG \$	1.000.000.00							
	X	POLICY PROJECT									1,000.000.00							
\vdash	+	OMOBILE LIABILITY		X	Г					COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000.00							
	×	ANY AUTO		1 ~						BODILY INJURY (Per person) \$.,000,000.00							
_		ALL OWNED SCHEDULED AUTOS NON-OWNED				xxxxxx.sxxxxxxx.xxxx		00/04/0045		BODILY INJURY (Per accident) \$								
В	X						08/21/2015	08/24/2015	PROPERTY DAMAGE \$									
		TIMEDAGIOG	IRED AUTOS AUTOS			\$												
		UMBRELLA LIAB	OCCUR		1					EACH OCCURRENCE \$								
		EXCESS LIAB	CLAIMS-MAD	F	1					AGGREGATE \$	Water State of the							
		DED RETE								\$								
_	DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			\top	1				08/22/2015	X WC STATU- TORY LIMITS OTH- ER								
				,				08/21/2015			100,000.00							
С				NIA						E.L. DISEASE - EA EMPLOYEE \$								
										E.L. DISEASE - POLICY LIMIT \$ 500,000.00								
			ATT MASSES 188						\$1,000,000.00									
D		Pollution and environmental impact liability if a separate policy is issued.								\$1,000,000.00								
	I married	ot required if incl																
DES	CRIP	TION OF OPERATION	NS / LOCATIONS / VEHI	CLES	(Attach	ACORD 101, Additional Remarks	s Schedule	, if more space is	s required)	<u></u>								
Esc	amb	ia County Board	l of County Commi	ssione	ers is	endorsed as additional ins	sured on	the Automob	ile and Gene	ral Liability policies above as	required by							
writ	ten c	contract.																
NO	IE: I	f SCHEDULED .	AUTOS is selected	i, as	chedu	lle of covered autos must l	be attacr	nea.										
CERTIFICATE HOLDER							CANCELLATION											
						The second secon	T											
Escambia County BOCC 221 Palafox Place, Suite 200 Pensacola, FL 32502										DESCRIBED POLICIES BE CAN								
							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE											