#### 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 CLEANUPS/DEMOLITIONS 3-24-2022 Quote #: EE LOT no later than 5:00 pm. Tuesday3-29-2022. There is not a formal bid opening.

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Thisquoteincludesthefollowing:AllOverhead, Profit, Insurance, Permits, Labor, Materials and Miscellaneous items required for this project.

ThMandatoryPre-Solicitation(PropertyWalkThrough)ContractorsShallBePresentateachlocationon 3-24-2022, and signin to be eligible for Award of that location. Reminder that these are private properties, and contractors are prohibited back onto the properties,

after the pre-solicitation has been completed, and you have been awarded, and received your contract from Escambia Co.

In the event pormobilization oprior to that the ontractor discover the Propert Own and the responsible for the property of the

Direct AllQuestions to: Officer Joe Bishop Abatements Cell(850)503-5444 Fax(850) 595-0149 <u>[MBishop@myescambia.com</u>

## **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)

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Esca	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL ambia County Board of County Commissi ten contract.						ral Liability policies above a	s requii	red by		
If SC	CHEDULED AUTOS is selected, schedule	e of	cove	red autos must be provided.							
CEI	RTIFICATE HOLDER			C	CANCELLATION						
	Escambia County BOCC	XX	ЪX		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					NTATIVE					
	Pensacola, FL 32591-1591				AUTHORIZED REPRESENTATIVE						
L	l				© 19	88-2010 AC	ORD CORPORATION. A	II right	s reserved.		

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EXAMPLE COI for EXHIBIT A

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

ACORD <sup>®</sup> CERTIFICATE OF LIABILITY INSURANCE									NCE	DATE (MM/DD/YYYY)			
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А		L				XXXXX.XXXXX		08/21/2015	08/22/2015	PERSONAL & ADV INJURY	\$ 500,000.00		
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	GEN'L AGGREGATE LIMIT APPLIES PER:									PRODUCTS - COMP/OP AGG	G \$ 1.000.000.00		
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		es, describe under SCRIPTION OF OPERATI	ONS below							E.L. DISEASE - POLICY LIMIT	\$ 500	,000.00	
-		Pollution and environmental impact								\$1,000,000.00			
D	<ul> <li>D liability if a separate policy is issued.</li> <li>- not required if included on GL-</li> </ul>												
						ACORD 101, Additional Remarks							
		ia County Board of contract.	County Commis	sione	ers is	endorsed as additional ins	sured or	n the Automot	oile and Gene	ral Liability policies above	e as req	uired by	
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		Escambia C	county BOCC				THE	E EXPIRATIO	N DATE TH	DESCRIBED POLICIES BE EREOF, NOTICE WILL	CANCE	LLED BEFORE	
221 Palafox Place, Suite 200							AC	CORDANCE W	ITH THE POLIC	CY PROVISIONS.			
Pensacola, FL 32502							AUTHORIZED REPRESENTATIVE						
				-		COPP name and loss of				ORD CORPORATION.	All rig	hts reserved	

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