ADDENDUM #1

INVITATION TO BID (ITB) #20-211
Liquid Application of Dust Control on Gravel Surfaces

The purpose of this addendum is to provide an updated form that has to be submitted with the vendors bid.

This addendum contains the following:
➢ Revised copy of the “Insurance Checklist” form

Vendors interested in submitting a bid for this project must use the attached “Insurance Checklist” form as part of their packet.

The due date for this proposal remains on Thursday, March 5, 2020 before 3:00 p.m. (EDT).

Vendors must indicate receipt of this addendum by adding the following on the Signature Page (item #6) and on the exterior of the envelope containing your proposal:

ADDENDUM #1 RECEIVED

ALL PROPOSALS MUST BE RECEIVED AT:
GENESEE COUNTY PURCHASING DEPARTMENT
1101 BEACH STREET, ROOM 361
FLINT, MI 48502

Derrick Jones, Purchasing Administrator

G:/bid2/2019/19-209.add 1
GENESEE COUNTY INSURANCE CHECKLIST

PROFESSIONAL SERVICES CONTRACT FOR:  ITB #20-211 - Liquid Application of Dust Control on Gravel Surfaces

Coverage Required Limits (Figures denote minimums)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Workers’ Compensation</td>
<td>Statutory limits of Michigan</td>
</tr>
<tr>
<td>2</td>
<td>Employers’ Liability</td>
<td>$100,000 accident/disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$500,000 policy limit, disease</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Including Premises/operations</td>
</tr>
<tr>
<td>3</td>
<td>General Liability</td>
<td>$1,000,000 per occurrence with $2,000,000 aggregate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Including Products/Completed Operations and Contractual Liability</td>
</tr>
<tr>
<td>4</td>
<td>Professional liability</td>
<td>$1,000,000 per occurrence with $2,000,000 aggregate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Including errors and omissions</td>
</tr>
<tr>
<td>5</td>
<td>Medical Malpractice</td>
<td>$200,000 per occurrence $800,000 in aggregate</td>
</tr>
<tr>
<td>6</td>
<td>Automobile liability</td>
<td>$1,000,000 combined single limit each accident-</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Owned, Hired, Non-owned</td>
</tr>
<tr>
<td>7</td>
<td>Umbrella liability/Excess Coverage</td>
<td>$1,000,000 BI &amp; PD and PI</td>
</tr>
</tbody>
</table>

_X_ 8 Genesee County named as an additional insured on other than workers’ compensation via endorsement. A copy of the endorsement or evidence of blanket Additional Insured language in the policy must be included with the certificate.

__9. Other insurance required: Environmental Impairment Liability - $1,000,000 limit

_X_ 10. Best's rating: A VIII or better, or its equivalent (Retention Group Financial Statements)

_X_ 11. The certificate must state bid number and title

Insurance Agent's Statement

I have reviewed the requirements with the bidder named below. In addition:

_____ The above required policies carry the following deductibles:

_____________________________________________________________________________

_____ Liability policies are occurrence____ claims made____

_______________________________________ ___________________________________

Insurance Agent Signature

Prospective Contractor's Statement

I understand the insurance requirements and will comply in full if awarded the contract.

_______________________________________ ___________________________________

Contractor Signature

Required general insurance provisions are provided in the checklist above. These are based on the contract and exposures of the work to be completed under the contract. Modifications to this checklist may occur at any time prior to signing of the contract. Any changes will require approval by the vendor/contractor, the department and County Risk Manager. To the degree possible, all changes will be made as soon as feasible.

ITB # 20-211
Add #1