



# Leon County

## Board of County Commissioners

301 South Monroe Street, Tallahassee, Florida 32301  
(850) 606-5302 www.leoncountyfl.gov

Purchasing Division  
1800-3 Blair Stone Road  
(corner of Miccosukee and Blair Stone Roads)  
Tallahassee, Florida 32308  
(850) 606-1600

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County Attorney

March 3, 2011

RE: RFP Title: Request for Proposals for Civil Engineering Services, Continuing Supply  
Proposal Number: BC-03-17-11-25  
Opening Date: Thursday, March 17, 2011 at 2:00 PM

### ADDENDUM #1

Dear Vendor:

This letter serves as Addendum #1 for the above referenced project.

1. There have been many inquiries about the format and number of proposals needed as stated in Section II B. Here is a restatement of what is being requested:
  - a. There is to be one "Original" that contains the general section and a section of the specific information for each of the work categories you submit, an all inclusive "book".
  - b. For each work category to which you respond there are to be 3 copies that contain the general section and the specific information requested for the work category. These are to be the working sets for the Evaluation Committees.
2. In Section IV, **Specific Proposal Information to be Provided for Each Work Category**, the following items need correction:
  - B.1.d. "Project user agency's representative name, address and phone number." This is a duplicate of the previous item but with a different title for the representative and is to be ignored.
  - B.3. and B.4. are identical. Ignore B.4., the second one
3. The Insurance Certification Form was omitted from the RFP and is attached for completion and submittal.

Acknowledgment of this addendum is required as part of your submittal. Failure to acknowledge this addendum may result in rejection of your proposal.

Should you have any questions, feel free to call me at (850) 606-1600.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith M. Roberts".

Keith M. Roberts  
Purchasing Director

**INSURANCE CERTIFICATION FORM**

To indicate that Bidder/Respondent understands and is able to comply with the required insurance, as stated in the bid/RFP document, Bidder/Respondent shall submit this completed Insurance Certification Form, signed by the company Risk Manager or authorized manager with risk authority.

A. Is/are the insurer(s) to be used for all required insurance (except Workers' Compensation) listed by Best with a rating of no less than A:VII?

YES     NO

Commercial General  
Liability:

Indicate Best Rating: \_\_\_\_\_  
Indicate Best Financial Classification: \_\_\_\_\_

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Business Auto:

Indicate Best Rating: \_\_\_\_\_  
Indicate Best Financial Classification: \_\_\_\_\_

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1. Is the insurer to be used for Workers' Compensation insurance listed by Best with a rating of no less than A:VII?

YES     NO

Indicate Best Rating: \_\_\_\_\_  
Indicate Best Financial Classification: \_\_\_\_\_

If answer is NO, provide name and address of insurer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Is the Respondent able to obtain insurance in the following limits (next page) for this professional services agreement?

YES     NO

Insurance will be placed with Florida admitted insurers unless otherwise accepted by Leon County. Insurers will have A.M. Best ratings of no less than A:VII unless otherwise accepted by Leon County.

Required Coverage and Limits

The required types and limits of coverage for this bid/request for proposals are contained within the solicitation package. Be sure to carefully review and ascertain that bidder/proposer either has coverage or will place coverage at these or higher levels.

Required Policy Endorsements and Documentation

Certificate of Insurance will be provided evidencing placement of each insurance policy responding to requirements of the contract.

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to and approved by the County. At the option of the County, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the County, its officers, officials, employees and volunteers; or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

Endorsements to insurance policies will be provided as follows:

Additional insured (Leon County, Florida, its Officers, employees and volunteers) -  
General Liability & Automobile Liability

Primary and not contributing coverage-  
General Liability & Automobile Liability

Waiver of Subrogation (Leon County, Florida, its officers, employees and volunteers)- General  
Liability, Automobile Liability, Workers' Compensation and Employer's Liability

Thirty days advance written notice of cancellation to County - General Liability,  
Automobile Liability, Worker's Compensation & Employer's Liability.

Professional Liability Policy Declaration sheet as well as claims procedures for each applicable policy to be provided

Please mark the appropriate box:

Coverage is in place  Coverage will be placed, without exception

The undersigned declares under penalty of perjury that all of the above insurer information is true and correct.

Name \_\_\_\_\_  
                    Typed or Printed

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_  
(Company Risk Manager or Manager with Risk Authority)