

COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government



FINANCE DEPARTMENT PURCHASING DIVISION

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October 26, 2022

ADDENDUM NO. 1 Space Planning and Programming & Design Professional Services for Fire Station No. 5 Replacement RFQ No. 23-0001

Use the form provided in the solicitation to acknowledge receipt of this addendum. Failure to do so may result in your submittal being deemed non-responsive and not receiving further consideration for award.

Vendors are informed that the above subject solicitation is hereby modified, corrected, or supplemented as specified, described and set forth in this addendum:

Questions & Responses

Question 1: Who will make up the selection committee?

Response: The Evaluation Committee is yet to be determined. Firms are respectfully reminded to thoroughly read, sign and include in their proposal the form title *Communication Concerning this Solicitation (Exhibit D)*.

Question 2: Are we to include resumes for lead person for civil, MEP, structural engineering?

Response: Yes.

Question 3: Exhibit G - Please confirm certificate of insurance is to be submitted with response.

Response: Refer to Section 6, Instructions for Preparing and Submitting Statements of Qualifications, which begins on page 18.

Question 4: Exhibit G - Builder's risk is typically associated with the work of contractors. Please clarify.

Response: The revised document is included on pages 2 and 3 of this addendum.

Andrea J. McCorvey,
Purchasing Manager



REVISED

(Exhibit G)

INSURANCE CHECKLIST

**Space Planning and Programming &
Design Professional Services for Fire Station No. 5 Replacement
RFQ No. 23-0001**

**CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE
AND ENDORSEMENTS INDICATED BY "X"**

CSL = Combined Single Limit; BI = Bodily Injury; PD=Property Damage

	Required Coverage(s)	Limits (Figures denote minimums)	Bidders Limits/Response
X	1. Worker's Compensation and Employer's Liability	STATUTORY REQUIREMENTS	
	Comprehensive General Liability		
X	2. General Liability Premises/Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	3. Independent Contractors and Sub - Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	4. Products Liability	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	5. Completed Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	6. Contractual Liability (Must be shown on Certificate)	\$ 1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	Automobile Liability		
X	7. *Owned/Hired/Non-Owned Vehicles/ Employer non ownership	\$1 Million BI/PD each Accident, Uninsured Motorist	
	Others		
X	8. Miscellaneous Errors and Omissions	\$1 Million per occurrence/claim	
	9. Umbrella/Excess Liability	\$1 Million Bodily Injury, Property Damage and Personal Injury	
	10. Personal and Advertising Injury Liability	\$1 Million each offense, \$1 Million annual aggregate	
X	11. Professional Liability	\$1 Million per occurrence/claim	
X	12. Architects and Engineers	\$1 Million per occurrence/claim	
	13. Asbestos Removal Liability	\$2 Million per occurrence/claim	

	Required Coverage(s)	Limits (Figures denote minimums)	Bidders Limits/Response
	14. Medical Malpractice	\$1 Million per occurrence/claim	
	15. Medical Professional Liability	\$1 Million per occurrence/claim	
	16. Dishonesty Bond		
	17. Builder's Risk	Provide Coverage in the full amount of contract	
	18. XCU (Explosive, Collapse, Underground) Coverage		
	19. USL&H (Long Shore Harbor Worker's Compensation Act)		
	20. Contractor Pollution Liability	\$2 Million per occurrence/claim	
	21. Environmental Impairment Liability	\$2 Million per occurrence/claim	
X	22. Carrier Rating shall be Best's Rating of A-VII or its equivalents		
X	23. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		
X	24. The City shall be named Additional Insured on all policies		
X	25. Certificate of Insurance shall show RFQ Number and RFQ Title		
	26. Pollution:	\$2 Million per occurrence/claim	

*If offeror's employees will be using their privately owned vehicles while working on this contract and are privately insured, please state that fact in the **Bidders Limits/Response** column of the insurance checklist.

BIDDER'S STATEMENT:

If awarded the contract, I will comply with contract insurance requirements.

Vendor Name

Signature of Authorized Agent

Date

Title of Authorized Representative

Print Name of Authorized Agent