COUNTY OF ALAMEDA

ADDENDUM No. 1

to

RFQ No. 901939

### for

**CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY (CARES) ACT FUNDING EMERGENCY**

**Specification Clarification/Modification**

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| --- |
| **This RFQ Addendum has been electronically issued to potential bidders via e-mail. E-mail addresses used are those in the County’s Small Local Emerging Business (SLEB) Vendor Database or from other sources. If you have registered or are certified as a SLEB, please ensure that the complete and accurate e-mail address is noted and kept updated in the SLEB Vendor Database. This RFQ Addendum will also be posted on the GSA Contracting Opportunities website located at** [**http://www.acgov.org/gsa/purchasing/bid\_content/ContractOpportunities.jsp**](http://www.acgov.org/gsa/purchasing/bid_content/ContractOpportunities.jsp)**.** |

**\*\* REVISED CALENDAR OF EVENTS AND INSURANCE REQUIREMENTS\*\***

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**The following Sections have been modified or revised as shown below.** Changes made to the original RFP document are in **bold** print and highlighted, and deletions made have a ~~strike through~~.

**CALENDAR OF EVENTS**

**REQUEST FOR QUALIFICATION No. 901939**

**CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY (CARES) ACT FUNDING EMERGENCY**

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| --- | --- |
| **EVENT** | **DATE/LOCATION** |
| **Request Issued** | **July 22, 2020** |
| **Written Questions Due** | **August 11, 2020 by 5:00 p.m.** |
| **Networking/Bidders Conference** | **August 11, 2020 at 10:30 a.m.**  ***TO ATTEND ONLINE*:**  [**Join Microsoft Teams Meeting**](https://teams.microsoft.com/l/meetup-join/19%3ameeting_MDI0NDg1Y2UtMjE0My00NzdlLWIyNjAtMDVlYTAyNDVjZjgz%40thread.v2/0?context=%7b%22Tid%22%3a%2232fdff2c-f86e-4ba3-a47d-6a44a7f45a64%22%2c%22Oid%22%3a%22df7a4970-3e39-4a40-a6aa-6aa9b34ea9e5%22%7d)  Dial: [+1 415-915-3950](tel:+1%20415-915-3950,,873550518# )   United States, San Francisco (Toll)  Conference ID: 873 550 518# |
| **List of Attendees** | **August 13, 2020** |
| **Q&A Issued** | **August 18, 2020** |
| **Addendum No. 1 Issued** | **August 5, 2020** |
| **Addendum No. 2 Issued** [only if necessary to amend RFP] | **August 18, 2020** |
| **Response Due** | **Continuous Filing for Responses** |
| **Contract Start Date** | **August 20, 2020** |

***NOTE: All dates are tentative and subject to change.***

**Page 13 of Exhibit A within the RFQ, Insurance Requirements, is revised as follows:**

#### **REVISED INSURANCE REQUIREMENTS**

Insurance certificates are not required at the time of submission; however, by signing the Bid Response Packet, the Bidder agrees to meet the minimum insurance requirements prior to award. Insurance documentation must be provided to the County, prior to award, and include an insurance certificate and additional insured certificate, naming the County of Alameda, which meets the minimum insurance requirements, as stated in the RFQ.

The following page contains the minimum insurance limits, required by the County of Alameda, to be held by the Contractor performing on this RFQ:

**\*\*\*See Next Page For County Of Alameda**

**REVISED Minimum Insurance Requirements\*\*\***

COUNTY OF ALAMEDA REVISED MINIMUM INSURANCE REQUIREMENTS

Without limiting any other obligation or liability under this Agreement, the Contractor, at its sole cost and expense, shall secure and keep in force during the entire term of the Agreement or longer, as may be specified below, the following minimum insurance coverage, limits and endorsements. The County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances. If the contractor maintains broader coverage and/or higher limits than the minimums shown below, the County requires and shall be entitled to the broader coverage and/or the higher limits maintained by the Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the County.

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| --- | --- | --- |
| **TYPE OF INSURANCE COVERAGES** | | **MINIMUM LIMITS** |
| **A** | **Commercial General Liability**  Premises Liability; Products and Completed Operations; Contractual Liability; Personal Injury and Advertising Liability | $1,000,000 per occurrence (CSL)  Bodily Injury and Property Damage |
| **B** | **Commercial or Business Automobile Liability**  All owned vehicles, hired or leased vehicles, non-owned, borrowed and permissive uses. Personal Automobile Liability when extended to cover your business is acceptable for individual contractors with no transportation or hauling related activities | $1,000,000 per occurrence (CSL)  Any Auto or Hired and Non-Owned Autos  Bodily Injury and Property Damage |
| **C** | **Workers’ Compensation (WC) and Employers Liability (EL)**  As required by State of California | WC: Statutory Limits  EL: No less than $1,000,000 per accident for bodily injury or disease |
| **D** | **Professional Liability/Errors & Omissions**  Includes endorsements of contractual liability and defense and indemnification of the County | $1,000,000 per occurrence  $2,000,000 project aggregate |
| **E** | **Endorsements and Conditions**: ADDITIONAL INSURED: County of Alameda, its Board of Supervisors, the individual members thereof, and all County officers, agents, employees, volunteers, and representatives are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor’s insurance (at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of both CG 20 10, CG 20 26, CG 20 33, or CG 20 38; and CG 20 37 if a later edition is used). Auto policy shall contain or be endorsed to contain additional insured coverage for the County.  1. **DURATION OF COVERAGE:** All required insurance shall be maintained during the entire term of the Agreement. In addition, Insurance policies and coverage(s) written on a claims-made basis shall be maintained and evidence of insurance must be provided during the entire term of the Agreement and for at least five (5) years following the later of termination of the Agreement and acceptance of all work provided under the Agreement, with the retroactive date of said insurance (as may be applicable) concurrent with the commencement of activities pursuant to this Agreement. If coverage is cancelled or non-renewed, and not replaced with another claims-made policy form with a Retroactive Date prior to the contract effective date, the Contractor must purchase “extended reporting” coverage for a minimum of five (5) years after completion of work. 2. **REDUCTION OR LIMIT OF OBLIGATION:** All insurance policies, including excess and umbrella insurance policies, shall be primary and non-contributory coverage at least as broad as ISO CG 20 10 04 13 as respects the County, its officers, officials, employees, or volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees, or volunteers shall be excess of the Contractor’ insurance and shall not contribute with it. Pursuant to the provisions of this Agreement insurance effected or procured by the Contractor shall not reduce or limit Contractor’s contractual obligation to indemnify and defend the Indemnified Parties. 3. **INSURER FINANCIAL RATING:** Insurance shall be maintained through an insurer with an A.M. Best Rating of no less than A: VII or equivalent, shall be admitted to the State of California unless otherwise acceptable by Risk Management, and with deductible amounts acceptable to the County. Acceptance of Contractor’s insurance by County shall not relieve or decrease the liability of Contractor hereunder. Self-insured retentions must be declared and approved. Any deductible or self-insured retention amount or other similar obligation under the policies shall be the sole responsibility of the Contractor. The policy language shall provide or be endorsed to provide, that the self –insured retention may be satisfied by either the named insured or County.  SUBCONTRACTORS: Contractor shall include all subcontractors as an insured (covered party) under its policies or shall verify that the subcontractor, under its own policies and endorsements, has complied with the insurance requirements in this Agreement, including this Exhibit.  1. **JOINT VENTURES:** If Contractor is an association, partnership or other joint business venture, required insurance shall be provided by one of the following methods:  * Separate insurance policies issued for each individual entity, with each entity included as a “Named Insured” (covered party), or at minimum named as an “Additional Insured” on the other’s policies. Coverage shall be at least as broad as in the ISO Forms named above. * Joint insurance program with the association, partnership or other joint business venture included as a “Named Insured”.  1. **CANCELLATION OF INSURANCE:** Each insurance policy required above shall provide that coverage shall not be cancelled, except with notice of cancellation provided to the County in accordance with policy terms and conditions. 2. **CERTIFICATE OF INSURANCE**: Before commencing operations under this Agreement, Contractor shall provide Certificate(s) of insurance and applicable insurance endorsements as set forth in the provisions of this Agreement and this Exhibit C, in forms satisfactory to County, evidencing that all required insurance coverage is in effect. However, failure to obtain the required documents prior to the work beginning shall not waive the Contactor’s obligation to provide them. The County reserves the right to require the Contractor to provide complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time. | |

Certificate C-2 Page 1 of 1 Form 2001-1 (Rev. 03/31/20)