



GENESEE COUNTY PURCHASING DEPARTMENT

ROOM 200, COUNTY ADMINISTRATION BLDG.
1101 BEACH STREET
FLINT, MICHIGAN 48502

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ERIC F. HOPSON
Purchasing Director

CINDY CARNES
Purchasing Manager

June 30, 2009

ADDENDUM #2

**REQUEST FOR PROPOSALS (RFP) #09-016
CIRCUIT COURSE 2 FOR ROCK CRAWL FOR
GENESEE COUNTY PARKS AND RECREATION COMMISSION**

1. The due date and time of the above referenced RFP has been extended to **3:00 p.m., Wednesday, July 8, 2009.**
2. An updated Bidder's Insurance Checklist is attached. The professional liability is not required. Please include the attached revised Bidder's Insurance Checklist with your submitted proposal.

Indicate on the Signature Page item #5 and the exterior of the envelope containing your proposal:

“ADDENDUM #2 RECEIVED”

**ALL PROPOSALS MUST BE RECEIVED AT:
GENESEE COUNTY PURCHASING DEPARTMENT
1101 BEACH STREET, ROOM 200
FLINT, MI 48502**

Eric F. Hopson

Eric F. Hopson, Purchasing Director
G:/bid2/2009/09-016add2

REVISED BIDDER'S INSURANCE CHECKLIST

Bid Title CIRCUIT COURSE 2 FOR ROCK CRAWL AT MOUNDS

Bid Number 09-016

Coverages Required	Limits (Figures denote minimums)
<input checked="" type="checkbox"/> 1. Workers' Compensation	Statutory limits of Michigan
<input checked="" type="checkbox"/> 2. Employers' Liability	\$100,000 accident/disease \$500,000 policy limit, disease
<input checked="" type="checkbox"/> 3. General Liability	Including Premises/operations \$1,000,000 per occurrence with \$2,000,000 aggregate
<input type="checkbox"/> 4. Professional liability	\$,000,000 including errors & omissions
<input checked="" type="checkbox"/> 5. Products/Completed operations	\$1,000,000 per occurrence with \$2,000,000 aggregate
<input checked="" type="checkbox"/> 6. Automobile liability accident-	\$1,000,000 combined single limit each Owned, hired, nonowned
<input checked="" type="checkbox"/> 7. Umbrella liability/Excess Coverage	\$2,000,000 BI & PD and PI
<input checked="" type="checkbox"/> 8. <u>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.</u>	
<input checked="" type="checkbox"/> 9. Cancellation Notice is to read: Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left but failure to do so shall impose no obligation or liability of any kind upon the insure, its agents, or representatives or 10 day notice for non-payment of premium.	
<input checked="" type="checkbox"/> 10. Best's rating: A VIII or better, or its equivalent (Retention Group Financial Statements)	
<input checked="" type="checkbox"/> 11. The certificate must state bid number and title	

Insurance Agent's Statement

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

_____ The above policies carry the following deductibles:

_____ Liability policies are **occurrence** _____ **claims made** _____

Insurance Agent

Signature

Bidder's Statement

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

Bidder

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 bid. Modifications to this checklist may occur prior to the bid, or after the bid has been released. To the degree possible, all changes will be made as soon as feasible. REVISED 12/20/2004