



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

July 27, 2010

ADDENDUM #1

**REQUEST FOR PROPOSALS (RFP) #10-051
TWO (2) SCHOOL BUSES FOR THE GENESEE COUNTY COMMUNITY
ACTION RESOURCE DEPARTMENT'S HEADSTART PROGRAM**

1. The attached "Revised" Genesee County Insurance Checklist replaces the existing Insurance Checklist in the above referenced RFP.

Indicate on the Signature Page item #5 and 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 200
FLINT, MI 48502**

Eric F. Hopson _____

Eric F. Hopson, Purchasing Director
G:/bid2/2010/10-051add1

“REVISED” GENESEE COUNTY INSURANCE CHECKLIST

Proposal Title: TWO (2) SCHOOL BUSES FOR THE GENESEE COUNTY COMMUNITY ACTION RESOURCE DEPARTMENT’S HEADSTART PROGRAM

Proposal Number 10-051

Coverages Required	Limits (Figures denote minimums)
<u>X</u> 1. Workers' Compensation	Statutory limits of Michigan
<u>X</u> 2. Employers' Liability	\$100,000 accident/disease \$500,000 policy limit, disease
<u>X</u> 3. General Liability	Including Premises/operations \$1,000,000 per occurrence with \$2,000,000 aggregate
<u>X</u> 4. Professional liability	\$1,000,000 per occurrence with \$2,000,000 aggregate Including errors and omissions
[This is needed if the company does design of the product and has engineers involved]	
<u>X</u> 5. Products/Completed operations	\$1,000,000 per occurrence with \$2,000,000 Aggregate [If applicable]
<u>X</u> 6. Automobile liability	\$1,000,000 combined single limit each accident- Owned, hired, nonowned
<u>X</u> 7. Umbrella liability/Excess Coverage	\$10,000,000 BI & PD and PI
<u>X</u> 8. Genesee County named as an additional insured on other than Workers' Compensation and Professional Liability via endorsement. A copy of the endorsement or evidence of blanket Additional Insured language in the policy must be included with the certificate.	
<u>X</u> 9. Best's rating: A VIII or better, or its equivalent (Retention Group Financial Statements)	
<u>X</u> 10. The certificate must state Proposer number and title	

FAX THIS PAGE TO YOUR INSURANCE AGENT/BROKER

Insurance Agent's Statement

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

_____ The above policies carry the following deductibles:

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

Insurance Agent

Signature

PLEASE NOTE #8 ABOVE. ADDING ADDITIONAL INSURED [AI] TO THE DESCRIPTION IS NOT ACCEPTABLE. AN ENDORSEMENT OR COPY OF AI LANGUAGE IS REQUIRED

Prospective Contractor's Statement

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

Proposer

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 Prospective Contractor, the department and County Risk Manager. To the degree possible, all changes will be made as soon as feasible.

REVISED 04/08/2010