CITY OF VANCOUVER

REQUEST FOR EXPRESSION OF INTEREST "RFEOI" NO. PS20190859
VANCOUVER LANDFILL GAS WORKS – CONTRACTOR PREQUALIFICATION

QUESTIONS AND ANSWERS NO. 1

ISSUED ON October 16, 2019

Q1	With respect to the subject referenced RFEOI opportunity, can you please confirm if the City of Vancouver has a specific template to satisfy Schedule 4 – Certificate of Existing Insurance? It appears this was not included in the original RFEOI package
A1	**Please see attached the Schedule 4 – Certificate of Existing Insurance template attached to this QA 1 document.**

City of Vancouver, Finance, Risk and Supply Chain Management
Supply Chain Management
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CITY OF VANCOUVER

CERTIFICATE OF EXISTING INSURANCE
TO BE COMPLETED AND APPENDED TO THE PROPOSAL/TENDER

Section 2 through 8 – to be completed and executed by the Insurer or its Authorized Representative

1. **THIS CERTIFICATE IS ISSUED TO:** City of Vancouver, 453 W 12th Avenue, Vancouver, BC, V5Y 1V4
   and certifies that the insurance policy (policies) as listed herein has/have been issued to the Named Insured and is/are in full force and effect.

2. **NAMED INSURED** *(must be the same name as the proponent/bidder and is either an individual or a legally incorporated company)*

   BUSINESS TRADE NAME or DOING BUSINESS AS

   BUSINESS ADDRESS

   DESCRIPTION OF OPERATION
   PS20190859 - VANCOUVER LANDFILL GAS WORKS - CONTRACTOR PREQUALIFICATION

3. **PROPERTY INSURANCE (All Risks Coverage including Earthquake and Flood)**
   INSURER _____ **Insured Values (Replacement Cost) -**
   TYPE OF COVERAGE _____ Building and Tenants' Improvements $ _____
   POLICY NUMBER _____ Contents and Equipment $ _____
   POLICY PERIOD From _____ to _____ Deductible Per Loss $ _____

4. **COMMERCIAL GENERAL LIABILITY INSURANCE (Occurrence Form)**
   Including the following extensions: INSURER _____
   √ Personal Injury   POLICY NUMBER _____
   √ Property Damage including Loss of Use   POLICY PERIOD   From _____ to _____
   √ Products and Completed Operations   **Limits of Liability (Bodily Injury and Property Damage Inclusive) -**
   √ Cross Liability or Severability of Interest   Per Occurrence $ _____
   √ Employees as Additional Insureds   Aggregate $ _____
   √ Blanket Contractual Liability   All Risk Tenants' Legal Liability $ _____
   √ Non-Owned Auto Liability   Deductible Per Occurrence $ _____

5. **AUTOMOBILE LIABILITY INSURANCE** for operation of owned and/or leased vehicles
   INSURER _____ **Limits of Liability -**
   POLICY NUMBER _____ Combined Single Limit $ _____
   POLICY PERIOD From _____ to _____ *If vehicles are insured by ICBC, complete and provide Form APV-47.*

6. ☐ **UMBRELLA OR** ☐ **EXCESS LIABILITY INSURANCE** **Limits of Liability (Bodily Injury and Property Damage Inclusive) -**
   INSURER _____ Per Occurrence $ _____
   POLICY NUMBER _____ Aggregate $ _____
   POLICY PERIOD From _____ to _____ Self-Insured Retention $ _____

7. **PROFESSIONAL LIABILITY INSURANCE**   **Limits of Liability**
   INSURER _____ Per Occurrence/Claim $ _____
   POLICY NUMBER _____ Aggregate $ _____
   POLICY PERIOD From _____ to _____ Deductible Per Occurrence/Claim $ _____

   If the policy is in a "CLAIMS MADE" form, please specify the applicable Retroactive Date: _____

8. **OTHER INSURANCE**
   TYPE OF INSURANCE _____ **Limits of Liability**
   INSURER _____ Per Occurrence $ _____
   POLICY NUMBER _____ Aggregate $ _____
   POLICY PERIOD From _____ to _____ Deductible Per Loss $ _____

   TYPE OF INSURANCE _____ **Limits of Liability**
   INSURER _____ Per Occurrence $ _____
   POLICY NUMBER _____ Aggregate $ _____
   POLICY PERIOD From _____ to _____ Deductible Per Loss $ _____

   SIGNED BY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE

   _____ Dated _____
   PRINT NAME OF INSURER OR ITS AUTHORIZED REPRESENTATIVE, ADDRESS AND PHONE NUMBER