

INVITATION TO TENDER "ITT" NO. PS20180617
CONSTRUCTION OF SEWER AND WATERWORKS RENEWAL - VANCOUVER WEST
PACKAGE NO. 2

QUESTIONS AND ANSWERS NO. 1

ISSUED ON MAY 16, 2018

Q1	Schedule N (FT25) has a typo on its heading as CERTIFICATE OF INSURANCE "Project Specific Insurance" and it should say "Certificate of Existing Insurance" as noted on FT24.
A1	See attached the correct form for Schedule N that Tenderers should have filled out by their insurance broker and submitted with their Tender.

INVITATION TO TENDER NO. PS20180617
CONSTRUCTION OF VANCOUVER WEST SEWER SEPARATION - PACKAGE #2
SCHEDULE "N" (PART C - FORM OF TENDER)

SCHEDULE "N"
CERTIFICATE OF EXISTING INSURANCE
(TO BE COMPLETED AND SUBMITTED WITH TENDER)

May 10, 2018

Page FT24

Name of Tenderer

Initials of Signing Officer

INVITATION TO TENDER NO. PS20180617
CONSTRUCTION OF VANCOUVER WEST SEWER SEPARATION - PACKAGE #2
SCHEDULE "N" (PART C - FORM OF TENDER)

Schedule N



**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

PS20180617 Construction of Sewer and Waterworks Renewal - Vancouver West Package No. 2

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 ICB, 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