

November 14, 2019

INVITATION TO TENDER "ITT" No. PS20191404  
CONTRACTOR FOR CONNAUGHT PARK - SPRAY PARK RENEWAL

AMENDMENT No. 2

1. RE: PART A - APPENDIX 3 - 3.0 REFERENCE DOCUMENTS

*CURRENTLY READS:*

- (a) ESTIMATED PROJECT SCHEDULE
- (b) CITY PRE-CONTRACT HAZARD ASSESSMENT FORM (attached as Schedule 8, in the Form of Agreement)

*REPLACE WITH:*

- (a) ESTIMATED PROJECT SCHEDULE
- (b) CITY PRE-CONTRACT HAZARD ASSESSMENT FORM (attached as Schedule 8, in the Form of Agreement)
- (c) As build drawings for Connaught Park and existing Water Playground
  - (i) No. 071.001, Connaught Park
  - (ii) No. 071.007, Water Playground (4 pages)

2. RE: PART C - Section 1.0, (c) - Total Performance of the Work

*CURRENTLY READS:*

- (c) Total performance of the Work will occur by May 20, 2020.

*REPLACE WITH:*

- (c) Total performance of the Work will occur by June 1, 2020.

AMENDMENT No. 2 continued

3. RE: PART C - SCHEDULE H - CERTIFICATE OF INSURANCE

*ADDED:*

Commercial General Insurance Certificate, form inserted as Page FT23  
(see attached)

4. RE: PART C - SCHEDULE I - CERTIFICATE OF EXISTING INSURANCE

*ADDED:*

Certificate of Existing Insurance, form inserted as Page FT25  
(see attached)

All other conditions and specifications remain unchanged.

This amendment must be completed, and attached to your Tender form.

If you have already submitted your Tender, this amendment shall be submitted to the Supply Chain Management office, 4th Floor, City of Vancouver, 453 West 12th Avenue, Vancouver, British Columbia, Canada, V5Y 1V4, and must be received in the drop box at the Supply Chain Management office, prior to the Closing Time: 3:00:00 pm Local Vancouver, BC Time, Thursday, November 28, 2019 in an envelope clearly marked "AMENDMENT No. 2 to ITT, No. PS20191404 - CONTRACTOR FOR CONNAUGHT PARK - SPRAY PARK RENEWAL".

\_\_\_\_\_  
NAME OF VENDOR

\_\_\_\_\_  
SIGNATURE OF AUTHORIZED SIGNATORY

\_\_\_\_\_  
DATE

Peter Yung

**GENERAL CERTIFICATE OF INSURANCE**

Section 8 b) – City staff to select the required # of days Written Notice before sending the certificate out for completion  
 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 12<sup>th</sup> Avenue, Vancouver, BC, V5Y 1V4  
*and certifies that the insurance policies as listed herein have been issued to the Named Insured(s) and are in full force and effect as of the effective date of the agreement described below.*
2. **NAMED INSURED:** *[must be the same name as the Permittee/Licensee or Party(ies) to Contract and is/are either an individual(s) or a legally incorporated company(ies)]*

**MAILING ADDRESS:**

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**LOCATION ADDRESS:**

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**DESCRIPTION OF OPERATION, CONTRACT, AGREEMENT, LEASE, PERMIT OR LICENSE:**

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3. **PROPERTY INSURANCE naming the City of Vancouver as a Named Insured and/or Loss Payee with respect to its interests and shall contain a waiver clause in favour of the City of Vancouver.**

**(All Risks Coverage including Earthquake and Flood)**

**INSURED VALUES: (Replacement Cost)**

INSURER: \_\_\_\_\_

Building and Tenants' Improvements: \$ \_\_\_\_\_

TYPE OF COVERAGE: \_\_\_\_\_

Contents and Equipment: \$ \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

Deductible Per Loss: \$ \_\_\_\_\_

POLICY PERIOD: From \_\_\_\_\_ to \_\_\_\_\_

4. **COMMERCIAL GENERAL LIABILITY INSURANCE (Occurrence Form)**

Including the following extensions:

**LIMITS OF LIABILITY: (Bodily Injury and Property Damage Inclusive)**

Personal Injury

Per Occurrence: \$ \_\_\_\_\_

Products and Completed Operations

Aggregate: \$ \_\_\_\_\_

Cross Liability or Severability of Interest

Employees as Additional Insureds

All Risk Tenants' Legal Liability: \$ \_\_\_\_\_

Blanket Contractual Liability

Non-Owned Auto Liability

INSURER: \_\_\_\_\_

Deductible Per Occurrence: \$ \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

POLICY PERIOD: From \_\_\_\_\_ to \_\_\_\_\_

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. **OTHER INSURANCE (e.g. Boiler & Machinery, Business Interruption, Crime, etc.) – Please specify Name of Insurer(s), Policy Number, Policy Period, and Limit**
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8. **POLICY PROVISIONS:**

*Where required by the governing contract, agreement, lease, permit or license, it is understood and agreed that:*

- a) *The City of Vancouver, its officials, officers, employees, servants and agents have been added as Additional Insureds with respect to liability arising out of the operation of the Named Insured pursuant to the governing contract, agreement, lease, permit or license;*
- b) *SIXTY (60) days written notice of cancellation or material change resulting in reduction of coverage with respect to any of the policies listed herein, either in part or in whole, will be given by the Insurer(s) to the Holder of this Certificate; the exception is cancellation for non-payment of premiums in which case the applicable statutory conditions will apply;*
- c) *The insurance policy (policies) listed herein shall be primary with respect to all claims arising out of the operation of the Named Insured. Any insurance or self-insurance maintained by the City of Vancouver shall be in excess of this insurance and shall not contribute to it.*

**SIGNED BY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE**

Dated: \_\_\_\_\_

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

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**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 12<sup>th</sup> 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**

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**BUSINESS ADDRESS**

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**DESCRIPTION OF OPERATION**

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3. **PROPERTY INSURANCE (All Risks Coverage including Earthquake and Flood)**  

INSURER _____	<b>Insured Values (Replacement Cost) -</b>	
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:
 

<input checked="" type="checkbox"/> Personal Injury	INSURER _____	
<input checked="" type="checkbox"/> Property Damage including Loss of Use	POLICY NUMBER _____	
<input checked="" type="checkbox"/> Products and Completed Operations	POLICY PERIOD _____	From _____ to _____
<input checked="" type="checkbox"/> Cross Liability or Severability of Interest	<b>Limits of Liability (Bodily Injury and Property Damage Inclusive) -</b>	
<input checked="" type="checkbox"/> Employees as Additional Insureds	Per Occurrence	\$ _____
<input checked="" type="checkbox"/> Blanket Contractual Liability	Aggregate	\$ _____
<input checked="" type="checkbox"/> Non-Owned Auto Liability	All Risk Tenants' Legal Liability	\$ _____
	Deductible Per Occurrence	\$ _____

5. **AUTOMOBILE LIABILITY INSURANCE** for operation of owned and/or leased vehicles  

INSURER _____	<b>Limits of Liability -</b>
POLICY NUMBER _____	Combined Single Limit \$ _____
POLICY PERIOD From _____ to _____	<i>If vehicles are insured by ICBC, complete and provide Form APV-47.</i>

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** **Limits of Liability**  

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

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