

INVITATION TO TENDER "ITT" NO. PS20210042 CONSTRUCTION SERVICES FOR 2021 GAS SYSTEM EXPANSION AND UPGRADES VANCOUVER LANDFILL

QUESTIONS AND ANSWERS NO. 2

ISSUED ON MARCH 16, 2021

Q1	In the tender document for the above noted ITT, I noticed that the certificates for Schedule F (Certificate of Insurance) and Schedule G (Certificate of Existing Insurance) appear to be switched (attached for your reference). Please confirm if certificates with new headers will be issued, or new schedule cover pages, or if we should proceed with what was given.
A1	The Schedule F - Certificate of Insurance and Schedule G - Certificate of Existing Insurance are attached to the end of this QA 2 with updated headers. Tenderers should submit the Schedule F - Certificate of Insurance and Schedule G - Certificate of Existing Insurance with the updated headers with their tender.
Q2	Can you confirm if "a written acknowledgement from the surety issuing the bid bond that the scanned copy of it submitted with the Tender is a true, authentic and complete copy of the bid bond as issued", is necessary if we submit an electronically verifiable bond?
A2	Tenderers should submit a written acknowledgement from the surety issuing the bid bond as per PART B - TERMS AND CONDITIONS OF ITT PROCESS - 3.0 Bonds - 3.2.
Q3	ITT Schedule A - Which Sideslope Gas Collectors is covered under provisional item 4.0?
А3	Sideslope gas collectors labeled P05-S508 and P05-S509 are included with the provisional pay items 4.0 in Schedule A - Schedule of Quantities and Prices. The sideslope gas collectors are shown on Drawing 210 on the left side of the drawing encircled with the blue "bubble" or "cloud" lines.
Q4	Amendment # 1 - The amendment indicates Drawing 212 and 229 is updated. But they are not included in the 200 Series drawing package.
A4	These drawings were not re-issued. Amendment No.1 describes the minor edits to these drawings. For Drawing 212, the words "Provisional Vertical Gas Wells" shall be added to the drawing. All of the vertical gas wells on this drawing (P05-TV01 through TV05 are provisional items. For Drawing 229, Detail 1, the callout "Embedment Material (Clean Fill)" shall be replaced with the callout "Backfill (Waste and/or Soil from Excavation)"
Q5	The contract for the above noted tender states that the maximum deductible allowed under both the Wrap-up Liability and Builder's Risk is \$5,000. Our insurance company has advised



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	available. Please advise if this can be changed to a \$10,000 deductible.
A5	A \$10,000.00 deductible for the Course of Construction and/or Wrap Up Liability insurance is acceptable.

Please see the table below outlining the major quantity discrepancies. The corresponding trenching items for each pipe are also proportionately higher in the SOQ than the drawings, so they should be reviewed as well.

			SOQ Estimated	Drawing Takeoff	QTY
Item	Description	UoM	QTY	Quantity	Variance
2.09	Owner Supplied Gas Pipe, 450 200 mm Dia HDPE SDR 11 Perforated for Horizontal Gas Collectors	LM	2251	1050	-1201
2.14 & 4.06	Gas Pipe, 150 200 mm Dia HDPE SDR 11 Solid for Horizontal Gas Collector	LM	1409	734	-675
2.18 & 4.03	Owner Supplied Gas Pipe, 150 mm Dia HDPE SDR 11 Perforated for Sideslope Gas Collectors	LM	1110	470	-640
2.21 & 4.05	Gas Pipe, 150 mm Dia HDPE SDR 11 Solid for Sideslope Gas Collector	LM	408	258	-150
2.22 & 4.07	Gas Pipe, 450 200 mm Dia HDPE SDR 11 Solid for Lift 4 & 6 Horizontal Gas Collector	LM	1005	467	-538
2.40	Gas Pipe, 100 mm Dia HDPE SDR 17	LM	265	238	-27
2.44	Gas Pipe, 200 mm Dia HDPE SDR 17	LM	425	253	-172
2.46	Gas Pipe, 400 mm Dia HDPE SDR 17	LM	307	153	-154

Again, are the scales shown on the drawings incorrect such that the drawing takeoffs are too low, or perhaps the consultants used the wrong scale when calculating the SOQ.

Please review and advise whether the SOQ will be adjusted.

A6 There are no anticipated changes to the revised Schedule A - Schedule of Quantities and Prices, provided in Amendment No. 1.

The quantities were prepared from AutoCAD model space real world coordinates. The scale is 1 to 500 at full size PLAN drawings (558 \times 863 or 22" \times 34") and 1 to 625 on the full size PROFILE drawings. Any scaling of drawings should use the full size drawings, or compensate for half size drawings.

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Even without scaling, the quantities can be obtained from the stationing as shown below. For example if one uses the stationing on the profile Drawings 215 to 223, the quantities are straight forward for Item "2.09 Gas Pipe, 200 mm Dia. HDPE SDR 11 Perforated for Horizontal Gas Collectors".

	Dwg	Sta	Sta	
H201	215	312.58	66.98	250.60
H202	216	324.02	75.09	253.93
H203	217	325.46	73.26	257.20
H204	218	326.90	81.65	250.25
H205	219	329.40	90.41	243.99
H206	220	332.07	93.03	244.04
H207	221	334.74	92.33	247.41
H208	222	337.41	91.54	250.87
H209	223	340.08	90.74	254.34
				2252.63



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 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. 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** ITT PS20210042 - Construction Services for 2021 Gas System Expansion and Upgrades - Vancouver Landfill PROPERTY INSURANCE (All Risks Coverage including Earthquake and Flood) **INSURER** ___ Insured Values (Replacement Cost) -TYPE OF COVERAGE _______ Building and Tenants' Improvements \$ _____ Contents and Equipment POLICY NUMBER \$ Deductible Per Loss POLICY PERIOD From to____ **COMMERCIAL GENERAL LIABILITY INSURANCE (Occurrence Form) INSURER** Including the following extensions: √ Personal Injury POLICY NUMBER √ Property Damage including Loss of Use POLICY PERIOD From √ 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 **AUTOMOBILE** LIABILITY **INSURANCE** for operation owned and/or leased vehicles INSURER _ **Limits of Liability -**POLICY NUMBER ___ Combined Single Limit \$ _ POLICY PERIOD From If vehicles are insured by ICBC, complete and provide Form APV-47. to_ ☐ UMBRELLA OR ☐ EXCESS LIABILITY INSURANCE Limits of Liability (Bodily Injury and Property Damage Inclusive) -Per Occurrence INSURER POLICY NUMBER Aggregate Self-Insured Retention \$ POLICY PERIOD From Limits of Liability 7. PROFESSIONAL LIABILITY INSURANCE **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:_ **OTHER INSURANCE** TYPE OF INSURANCE **Limits of Liability INSURER** Per Occurrence POLICY NUMBER Aggregate POLICY PERIOD From Deductible Per Loss **Limits of Liability** TYPE OF INSURANCE Per Occurrence INSURER POLICY NUMBER ___ Aggregate POLICY PERIOD From Deductible Per Loss SIGNED BY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE

Dated



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CERTIFICATE OF INSURANCE Project Specific Insurance

Section 7 a) – City staff to select the required # of days Written Notice <u>before</u> sending out for completion Section 2 through 7 – to be completed and executed by the Insurer or its Authorized Representative

THIS CERTIFICATE IS ISSUED TO: City of Vancouver, 4 and certifies that the insurance policies as listed herein have effective date of the agreement described below.	53 W 12 th Avenue, Vancouver, BC, V5Y 1V4 be been issued to the Named Insured(s) and are in full force and effect as of the					
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:						
LOCATION ADDRESS:						
DESCRIPTION OF PROJECT/CONTRACT:						
ITT PS20210042 - Construction Services for 2021 Gas System Ex	xpansion and Upgrades - Vancouver Landfill					
PROPERTY INSURANCE – ALL RISK COURSE OF CONSTRU	CTION (Builder's Risk Form) /INSTALLATION FLOATER					
 Naming the City of Vancouver as an Insured and containing 	d up to full replacement cost of the Project/Contract described above a Loss Payee Clause in favour of the City of Vancouver stating that proceeds of any					
claims against the Insurer be made payable to City of Vanco						
INSURER: TYPE OF COVERAGE:	INSURED VALUES: (Full Replacement Cost value of Project)					
POLICY NUMBER:	Limit: \$ Deductible Per Loss: \$					
POLICY PERIOD: From to						
Sub-consultants, Contractors, and Subcontractors, including their the above Project/Contract, including the following extensions: √ Personal Injury √ Cross Liability or Severability of Interest √ Employees as Additional Insureds √ Blanket Contractual Liability √ Broad Form Products and Completed Operations √ Broad Form Property Damage including Loss of Use √ Non-Owned Auto Liability INSURER:	Deductible Per Occurrence:\$					
INSURER:	LIMITS OF LIABILITY:					
	Combined Single Limit: \$					
POLICY PERIOD: From to	If vehicles are insured by ICBC, complete and provide Form APV-47.					
POLICY PROVISIONS: Where required by the governing contract, agreement, lease, a) SIXTY (60) days written notice of cancellation or materia listed herein, either in part or in whole, will be given by the payment of premiums in which case the applicable statu b) All property insurance policies must contain a provisi subrogation against the City of Vancouver, its officials, of	If change resulting in reduction of coverage with respect to any of the policies in Insurer(s) to the Holder of this Certificate; the exception is cancellation for non- story conditions will apply; for in which the Insurer(s), upon payment of a claim will waive all rights of conficers, employees or agents; fary with respect to the above described project/contract. Any insurance or self-					
SIGNED BY THE INSURER OR ITS AUTHORIZED REPRESENT	Dated:					
FIGURE I MANUE OF INSURER OR ITS AUTHORIZED REPRESEN	IATIVE, ADDRESS AND FROME NUMBER					