

**PURCHASING**BLDG. A., 6<sup>th</sup> FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

PHONE: 845-364-3820 / FAX: 845-364-3809

**CAPITAL PROJECT NUMBER: 2098****BID NUMBER: RFB-RC-2024-2098-001****PROJECT: HEALTH CENTER BUILDING IMPROVEMENTS - BUILDING A DOMESTIC WATER BOOSTER PUMP REPLACEMENT****APPENDIX A****BID QUESTION FORM****ELECTRICAL CONSTRUCTION BID FORM****PLUMBING CONSTRUCTION BID FORM**

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<b>PROJECT: HEALTH CENTER BUILDING IMPROVEMENTS - BUILDING A DOMESTIC WATER BOOSTER PUMP REPLACEMENT</b>		

**BID QUESTION FORM**

**ALL QUESTIONS PERTAINING TO THIS SOLICITATION MUST BE  
SUBMITTED IN WRITING  
QUESTIONS WILL NOT BE ADDRESSED VERBALLY**

**PLEASE USE THIS FORM AND EMAIL TO:**

**Purchasing@co.rockland.ny.us    Attention:   PAUL J. BRENNAN  
DIRECTOR OF PURCHASING**

**AND**

**FMCapital@co.rockland.ny.us    Attention:   ROBERT H. GRUFFI, P.E., LEED AP  
DIRECTOR, FACILITIES MANAGEMENT**

**WE WILL RESPOND AS SOON AS POSSIBLE.**

**Bid No.:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Contractor:** \_\_\_\_\_  
**Fax No.:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**CONTRACTOR’S REPRESENTATIVE**\_\_\_\_\_

**COUNTY OF ROCKLAND  
PURCHASING**

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**BID NUMBER: RFB-RC-2024-2098-001**

**PROJECT: HEALTH CENTER BUILDING IMPROVEMENTS - BUILDING A DOMESTIC WATER BOOSTER PUMP REPLACEMENT**

**BID PROPOSAL FORM – ELECTRICAL**

**TO THE COUNTY OF ROCKLAND**

The Bidder hereby offers and agrees to furnish the material or service in compliance with all terms, the scope of work, conditions, specifications and amendments in the Invitation to Bid and Bidding Documents.

The Bidder hereby acknowledges that they have received a copy of the County's Equal Employment Opportunity Policy and that their rights and responsibilities concerning it were explained in the County's EEO Policy. A copy of the County's EEO policy is available at: [www.rocklandgov.com/files/3615/6924/6652/execorder\\_2019-02\\_letterhead.pdf](http://www.rocklandgov.com/files/3615/6924/6652/execorder_2019-02_letterhead.pdf)

Under penalty of perjury, the Bidder hereby states that all information it provided is true, accurate and complete and that the undersigned has the authority on behalf of the bidder to submit this Bid, which if accepted by the County, will result in a binding contract with the Bidder.

The undersigned acknowledges that the Bidder has examined the Bidding Documents and has become thoroughly familiar with the Project and the required Work, and that the Bidder possesses all requisite qualifications and licenses, therefore; and will provide all materials, labor, supervision, transportation, and equipment necessary or required, for the completion of the Work detailed in the Contract Documents, entitled:

**CAPITAL PROJECT NO. 2098  
PROJECT: HEALTHCENTER BUILDING IMPROVEMENTS  
BUILDING A DOMESTIC WATER BOOSTER PUMP REPLACEMENT**

The Bidder acknowledges receipt of all Addenda as of the Bid submission date (the last number of which is \_\_\_\_.)

We submit the following bid: \$ \_\_\_\_\_

\_\_\_\_\_  
**BID WRITTEN OUT**

Date \_\_\_\_\_

\_\_\_\_\_  
Company Name

CORPORATE SEAL

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Federal Identification Number: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Signature of Person Authorized to Sign

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

**THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE BID**

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**BID NUMBER: RFB-RC-2024-2098-001**

**PROJECT: HEALTH CENTER BUILDING IMPROVEMENTS - BUILDING A DOMESTIC WATER BOOSTER PUMP REPLACEMENT**

**BID PROPOSAL FORM – PLUMBING**

**TO THE COUNTY OF ROCKLAND**

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Under penalty of perjury, the Bidder hereby states that all information it provided is true, accurate and complete and that the undersigned has the authority on behalf of the bidder to submit this Bid, which if accepted by the County, will result in a binding contract with the Bidder.

The undersigned acknowledges that the Bidder has examined the Bidding Documents and has become thoroughly familiar with the Project and the required Work, and that the Bidder possesses all requisite qualifications and licenses, therefore; and will provide all materials, labor, supervision, transportation, and equipment necessary or required, for the completion of the Work detailed in the Contract Documents, entitled:

CAPITAL PROJECT NO. 2098  
PROJECT: HEALTH CENTER BUILDING IMPROVEMENTS  
DOMESTIC WATER BOOSTER PUMP REPLACEMENT

The Bidder acknowledges receipt of all Addenda as of the Bid submission date (the last number of which is \_\_\_\_\_.)

We submit the following bid: \$ \_\_\_\_\_

\_\_\_\_\_  
**BID WRITTEN OUT**

Date \_\_\_\_\_

\_\_\_\_\_  
Company Name

CORPORATE SEAL

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Federal Identification Number: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Signature of Person Authorized to Sign

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

**THIS FORM MUST BE COMPLETED AND SUBMITTED WITH THE BID**

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- ☐ Project Labor Agreement applies to this Project.  
See following Project Labor Agreement.  
Project Labor Agreement form must be completed.  
(Page 28 of the General Conditions)
- ☒ Project Labor Agreement does not apply to this Project.  
Do not complete the Project Labor Agreement Form

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- ☐ Supplemental General Conditions apply to this Project.  
See following Supplemental General Conditions.
- ☒ Supplemental General Conditions do not apply to this Project.

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**PROJECT: HEALTH CENTER BUILDING IMPROVEMENTS - BUILDING A DOMESTIC WATER BOOSTER PUMP REPLACEMENT**

**INSURANCE: THE BID NUMBER IS TO APPEAR ON ALL INSURANCE CERTIFICATES**

**INDEPENDENT CONTRACTOR:** The CORPORATION / CONTRACTOR/ AGENCY / CONSULTANT, is an independent contractor and covenants and agrees that it, its agents, servants and/or employees, will neither hold itself/themselves out as, nor claim to be an employee, servant or agent of the COUNTY, and that it, its agents and employees will not make claim, demand or application to or for any right or privilege applicable to an officer or employee of the COUNTY including, but not limited to, Worker's Compensation coverage, unemployment insurance benefits, Social Security Coverage or retirement membership or credit.

**ROCKLAND COUNTY'S INSURANCE REQUIREMENTS:**

**GENERAL LIABILITY:** Prior to commencing work, the CONTRACTOR or CONSULTANT must, at its/his/her own cost and expense, procure and maintain insurance to cover his/her/its work, services, employees, agents and servants under the terms of the contract or purchase order which must include, but not be limited to the coverage that is selected on the attached matrix. Insurance must be obtained from insurance companies licensed in the State of New York, carrying a Best's financial rating of A or better. Upon failure to furnish, deliver and maintain such insurance, the agreement, contract award or purchase order may be declared suspended, discontinued or terminated or canceled. If at any time any of the policies required herein must be or become unsatisfactory to the County, as to form or substance, or if a company issuing any such policy must be or become unsatisfactory to the County, the CONTRACTOR OR CONSULTANT must upon notice to that effect from the County, promptly obtain a new policy and submit same with a certificate for approval by the County.

**Forced Placed Insurance.** If CONTRACTOR OR CONSULTANT does NOT provide the County of Rockland with evidence of the insurance coverage required by this Agreement, the County may purchase insurance (at Contractor's or Consultant's sole expense) to protect the County's interests. This insurance may, but need not, protect Contractor's or Consultant's interest. If the County purchases insurance under this Section, Contractor or Consultant will be responsible for the cost of that insurance, including interest and any other charges the County may impose in connection with the placement of the insurance, until the effective date of the cancellation or expiration of the insurance. The cost of insurance under this Section may be more than the cost of insurance that Contractor or Consultant may be able to obtain on its own.

In relation to purchases that are not a result of a County Bid, RFP or Contract; Vendors who cannot provide the coverage limits on the attached matrix may provide the County with an ACORD Certificate detailing the coverage limits they currently have in place and the County will review such certificates on a case-by-case basis to determine if sufficient coverage is in place in relation to the perceived risks associated with the proposed purchase.

**COVERAGES – (SEE ATTACHED MATRIX)**

An ACORD Certificate of Insurance will confirm that the required policies have been issued to the named insured; for the policy period indicated. The ACORD Certificate is to be provided to the County of Rockland within five (5) business days of notice of contract award or of notice of intent to issue a Purchase Order. Please NOTE: the Certificate of Insurance must be updated to give the County of Rockland immediate notice of the following:

1. Dilution of the limits of insurance shown on the Certificate of Insurance by more than 20% as a result of the payment of claims or expenses;
2. The downgrading of any insurer listed on the Certificate of Insurance by AM Best to less than an "A" rating;
3. The receipt, from any listed insurer, of a notice of cancellation before the expiration date thereof or non-renewal will be delivered in accordance with the policy provisions;
4. The receipt, from any listed insurer, of any failure of the named insured to comply with an insurance policy term or condition.

**All Certificates of Insurance must be updated at least annually to remain valid.**

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The ACORD Certificate of Insurance must contain a Description of Operations and include any exclusions or special provisions added by endorsement that in any way restrict coverage. The Contract Number and/or Purchase Order Number and the name of the department requiring the insurance should be stated under the description. The description must also contain a statement to the effect that "The following are named as Additional Insured's under General Liability and (if required) Automobile Liability, Excess Umbrella Liability, and Professional Liability (if applicable) on a primary basis, and on the broadest form available through the listed insurers with respect to this Contract or Purchase Order: ***The County of Rockland, its employees, elected officials and affiliated municipal entities.*** The signing authorized representative warrants that the insurance carrier(s) have been informed of and accepted the County of Rockland as an additional insured.

**WORKERS COMPENSATION REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §57:** The Vendor must procure, pay for, and maintain during the entire term of the contract such insurance as will protect both the owner and the vendor from claims under worker's compensation acts and amendments thereto and from any other claims for property damage and for personal injury including death, which may arise from operations under this contract, whether such operations by the Vendor or by any other party directly or indirectly employed by the Vendor. Vendors must provide copies of the required certificate to the County of Rockland within five (5) business days of notice of contract award or of notice of intent to issue a Purchase Order.

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

- A. Be legally exempt from obtaining workers' compensation insurance coverage; or
- B. Obtain such coverage from insurance carriers; or
- C. Be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

The Contractor must prove that they are in compliance with §57 of the Workers Compensation Law (WCL) by providing ONE of the following forms indicating that they are:

- **Insured Form C-105.2 or U-26.3** – (*All private insurance carriers and their licensed insurance agents are authorized to use the Form C-105.2 as their Certificate of NYS Worker's Comp Insurance. The State Insurance Fund uses the U-26.3 form as its Certificate of Workers Compensation Insurance*). Upon obtaining a permit, license or contract from a government agency Employers must obtain this form from their private insurance carrier. Carriers and their licensed agents may contact the Board's [Bureau of Compliance](#) to obtain this form.
- **Self-Insured Form SI-12** – Certificate of Worker's Compensation Self-Insurance or Form GSI-105.2 Certificate of Participation in Worker's Compensation Group Self-Insurance). Upon obtaining a permit, license or contract from a government agency. Board-approved self-insurers must obtain this form from Board's Self-Insurance Office.
- **Exempt Form CE-200** – Certificate of Attestation of Exemption from NYS Worker's Compensation Insurance) (Effective 12/1/08) Applicants for permits, licenses or contracts from State, county or municipal agencies in New York State that are not required to carry NYS workers' compensation and/or disability benefits insurance coverage. These exemption forms can ONLY be used to attest to a government entity that an applicant requesting a permit, license or contract from that government entity is not required to carry NYS workers' compensation and/or disability benefits insurance.

The Vendor will send the appropriate forms to the Purchasing Division within five (5) business days of notification of contract award. All correspondence must contain the Solicitation Number and Title.

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***DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8):***

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A. Be legally exempt from obtaining disability benefits insurance coverage; or
- B. Obtain such coverage from insurance carriers; or
- C. Be a Board-approved self-insured employer.

The Vendor must prove that they are in compliance with Section 220(8) of the Workers Compensation Law (WCL) by providing ONE of the following forms indicating that they are:

- **Insured Form DB-120.1** – Certificate of Disability Benefits Insurance (the businesses insurance carrier will send this form to the County upon request.
- **Self-Insured Form DB-155** – Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).
- **Exempt Form CE-200** – Certificate of Attestation of Exemption from NYS Worker's Compensation and/or Disability Benefits Coverage.

The Vendor will send the appropriate forms to the Purchasing Division within five (5) business days of notification of contract award. All correspondence must contain the Solicitation Number and Title.

**Please note that ACORD forms are NOT acceptable proof of New York State Workers Compensation or Disability benefits insurance coverage.**

NY State Department of Labor requirements for Workmen's Compensation and Disability forms. Online address: <http://www.wcb.ny.gov>

***EMPLOYERS LIABILITY*** with minimum statutory requirements

***All policies of the Contractor or Consultant must be endorsed to contain the following clauses:***

(a) Insurers must have no right to recovery or subrogation against the County of Rockland (including its employees and other agents and agencies), it being the intention of the parties that the insurance policies so affected must protect both parties and be primary coverage for any and all losses covered by the above-described insurance.

(b) The clause "other insurance provisions" in a policy in which the County of Rockland is named as an insured, must not apply to the County of Rockland.

**All contractual insurance requirements in any contract between the Contractor or Consultant and the County must contain the following clauses:**

(a) The insurance companies issuing the policy or policies must have no recourse against the County of Rockland (including its agents and agencies as aforesaid) for payment of any premiums or for assessments under any form of policy.

(b) Any and all deductibles in the above described insurance policies must be assumed by and be for the account of, and at the sole risk of, the Contractor or Consultant.

**SEE FOLLOWING PAGE FOR INSURANCE COVERAGE MATRIX**

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**PROJECT: HEALTH CENTER BUILDING IMPROVEMENTS - BUILDING A DOMESTIC WATER BOOSTER PUMP REPLACEMENT**

	<b>VENDOR CLASSIFICATION</b>	Janitorial Services	Contracted Services	Consultant Services	Licensed Professional Consultant Services – Legal, Accounting, Architect & Engineers, Medial, Forensics, Environmental, Etc.	Public and School Transport	Capital Construction Projects – Buildings, Roads, Water Treatment
	<b>CHECK APPROPRIATE BOX</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Type of Insurance</b>						
<b>A</b>	<b>Commercial General Liability (CGL) Each Occurrence</b>						
	General Liability	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
	Personal & Adv Injury	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
	Med. Expense Any One Person	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
	Damage to Rented Premises	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
	General Aggregate	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
	Products-Comp / Op Aggregate	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
<b>B</b>	<b>Auto Liability – Incl BI and PD (AL)</b>			(2)	(2)	(2)	(2)
	Combined Single Limit per accident						
	Any Auto	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
	Or						
	All Owned	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
	All Hired	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
	All Non-Owned	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
<b>C</b>	<b>Excess / Umbrella Liability</b>						
	Each Occurrence	\$5,000,000	XXXXX	XXXXX	\$1,000,000	\$10,000,000	\$10,000,000
	Aggregate	\$5,000,000	XXXXX	XXXXX	\$1,000,000	\$10,000,000	\$10,000,000
<b>D</b>	<b>Workers Compensation and Employers Liability</b>	(3)	(3)	(3)	(3)	(3)	(3)
	Each Employee	Statutory	Statutory	Statutory	Statutory	Statutory	Statutory
	Each Accident	Statutory	Statutory	Statutory	Statutory	Statutory	Statutory
<b>E</b>	<b>Disability Benefits</b>	(3)	(3)	(3)	(3)	(3)	(3)
	Each Employee	Statutory	Statutory	Statutory	Statutory	Statutory	Statutory
<b>F</b>	<b>Other-Professional Liability or errors and Omissions or Malpractice</b>			(4)	(4)	\$1,000,000 (Sexual Abuse) School Transportation only	
	Per Claim			\$1,000,000	\$1,000,000		
<b>Opt</b>	<b>Owners and Contractors Protection</b>						
	Each Occurrence						\$1,000,000
	Aggregate						\$2,000,000
<b>*</b>	<b>All Other Insurance as Required by Law</b>						
	Rockland County to be named as Additional Insured on these coverages for ongoing and completed operations. Waiver of Subrogation and Primary Non-Contributory	<b>GL-AL Excess</b>	<b>GL-AL</b>	<b>GL-AL Professional</b>	<b>GL-AL-Excess Professional</b>	<b>GL-AL-Excess</b>	<b>GL-AL-Excess</b>



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- (1) The per occurrence and Aggregate limits for specified coverage should apply on a per location or per project basis.
- (2) Automobile Liability Coverage is required IF an automobile is used in the execution of their contract. A vendor using a third party for shipment or transport does not require Automobile Liability Insurance.
- (3) An ACORD form is NOT acceptable proof of NYS Workers Compensation (WC) or Disability Benefits (DBL) Insurance coverage. For WC, secure form C-105.2 or U-26.3. For DBL, secure form DB.120. Workers Compensation/Employers Liability, and NYS Disability are not required of: a) a business that is owned by one individual, is not a corporation, and does not have any other employees, b) a self-employed individual, c) an out of state employer with no NYS employees. IN EACH CASE, the employer must file Form CE-200, Certificate of Attestation of Exemption, with the NYS Workers Compensation Board certifying that they are not required to obtain NYS specific Workers Compensation Insurance or NYS statutory Disability Benefits.
- (4) A consultant is someone who gives expert or professional advice. Consultants are ordinarily hired on an independent contractor basis. Therefore, the County is not liable to others for the acts or omissions of the consultant. A consultant is an individual who possesses special knowledge or skills and provides that expertise the County for a fee. Consultants help find and implement solutions to a wide variety of problems, including those related to business, marketing, manufacturing, strategy, organization structure, environmental compliance, health and safety, technology, and communications. Some consultants are self-employed, independent contractors who offer specialized skills in a certain field; other consultants work for large consulting firms, that offer expertise in a wide range of business areas; and still other consultants hail from academia. Specialists in various professional fields that work with the general public and have greater than average expertise in particular areas, for example lawyers, doctors, pharmacists and insurance agents, require additional coverage for someone who is injured as a result of their negligent acts or omissions. Therefore, Professional Liability Insurance is required if commercially available for your profession.

**SAMPLE ACORD CERTIFICATES:** Sample ACORD Certificates detailing the required insurance coverage are included in each Invitation to Bid or Request for Proposal. These are provided as for informational purposes only to County Vendors and their Insurance Brokers to assist you in obtaining the correct insurance required for County contracts. Please note that the attached certificates reflect the standard types and limits of insurance the County requires most often. The requirements of each proposal may differ in which case the proposal's specific requirements must prevail. Please review the insurance requirements of your proposal carefully with your broker.

Exceptions: The limits shown in the matrix and samples will generally be required for service providers involved in low-risk activities. Higher limits may be required for service providers performing potentially high-risk activities.

## COUNTY OF ROCKLAND

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## PURCHASING

BLDG. A., 6<sup>th</sup> FLOOR, 50 SANATORIUM RD, POMONA, NY 10970

PHONE: 845-364-3820 / FAX: 845-364-3809

CAPITAL PROJECT NUMBER: 2098

BID NUMBER: RFB-RC-2024-2098-001

PROJECT: HEALTH CENTER BUILDING IMPROVEMENTS - BUILDING A DOMESTIC WATER BOOSTER PUMP REPLACEMENT

**The Certificate Date of issuance must be within 6 months of Request**

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The Ducey Agency, Inc 43 South Liberty Drive Stony Point, NY 10980	<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): <b>E-MAIL ADDRESS:</b>	<b>Required</b> <b>Required</b> <b>Required</b>	<b>FAX</b> (A/C, No):
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURER A:</b>	<b>Rating as Required by Contract or Solicitation</b>		
<b>INSURER B:</b>			
<b>INSURER C:</b>			
<b>INSURER D:</b>			
<b>INSURER E:</b>			
<b>INSURER F:</b>			

**INSURED**  
Capital Construction Projects - Buildings, Roads & Water Treatment  
123 MAIN STREET  
NEW CITY, NY 10956

**Submit a Valid Certificate of Liability Insurance with the coverage and limits provided on this sample-Name of Insured must be that of contract Holder**

<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b> <b>Required</b>		<b>REVISION NUMBER:</b> <b>Required if applicable</b>			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
<b>INSR LTR</b>	<b>TYPE OF INSURANCE</b>	<b>ADDL INSD</b>	<b>SUBR WVD</b>	<b>POLICY NUMBER</b>	<b>POLICY EFF (MM/DD/YYYY)</b>	<b>POLICY EXP (MM/DD/YYYY)</b>	<b>LIMITS</b>
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	<b>Required</b>	<b>Required</b>	<b>Required</b>	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X				EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	<b>NYS Wokrs' Comp. Certificate Provide Form c-105.2 or u-26.3 - NYS Disability Certificate - Provide Form DB 120.1 Or Attestation of Exemption</b>			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	Owners & Contractors Protection	X		(OPTIONAL)			Per Occurrence \$1,000,000 Aggregate \$2,000,000

Description of Operations/Locations/Vehicles (ACORD 101, Additional Remarks Schedule, may be attached if needed)

**Language Required naming County of Rockland as additionally insured.**

The County of Rockland including its employees, its officials, volunteers and Rockland County Sewer District #1 are named as additionally Insured.

<b>CERTIFICATE HOLDER</b>  County of Rockland 50 Sanatorium Road, Bldg. A Pomona, NY 10970	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <b>Signature is Required</b>
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