

**P**URCHASING **D**IVISION  
BOARD OF COUNTY COMMISSIONERS  
BROWARD COUNTY, FLORIDA

**A D D E N D U M N O . 1**

**Overseed Rye Grass  
(SHELTERED MARKET)**

**DATE OF ADDENDUM: October 27, 2009**

**TO ALL PROSPECTIVE QUOTERS:**

**PLEASE NOTE THE FOLLOWING CHANGES:**

- 1) PAGE 5 OF 23, Line Item 1 is revised to add the following: "If you are proposing an equal, provide Manufacture \_\_\_\_\_ and p/n \_\_\_\_\_."
- 2) Insurance Requirements which were inadvertently omitted in the Quote Document are attached herein. Your Insurance Certificate should be returned with your quote on the revised due date of 5:00 PM, Wednesday, November 4, 2009.
- 3) This Addendum Cover Sheet or an acknowledgment of it on the Bid Sheet should be returned with your Invitation for Bid due Wednesday November 4, 2009 at 5:00 p.m.

All other terms, conditions and specifications remain unchanged for Quote No.E0784404Q1.

**NAME OF COMPANY:** \_\_\_\_\_

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**Insurance Requirements for the Purchase and Delivery of Over Seed/Grass**

The following coverages are deemed appropriate for minimum insurance requirements for this project and will be required of the selected firm & identified in the negotiated agreement. Any deviation or change during the contract negotiation period shall be approved by Risk Mgt.

TYPE OF INSURANCE	Limits on Liability in Thousands of Dollars		
		Each Occurrence	Aggregate
<b>GENERAL LIABILITY /</b> <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Premises-Operations <input type="checkbox"/> Explosion & Collapse Hazard <input type="checkbox"/> Underground Hazard <input checked="" type="checkbox"/> Products/Completed Operations Hazard <input checked="" type="checkbox"/> Contractual Insurance <input checked="" type="checkbox"/> Broad Form Property Damage <input checked="" type="checkbox"/> Independent Contractors	Bodily Injury		
	Property Damage		
	Bodily Injury and Property Damage Combined	\$500K	\$500K
	Personal Injury		
<b>AUTO LIABILITY</b> <input checked="" type="checkbox"/> Comprehensive Form <input checked="" type="checkbox"/> Owned <input checked="" type="checkbox"/> Hired <input checked="" type="checkbox"/> Non-owned <input checked="" type="checkbox"/> Any Auto	Bodily Injury (each person)		Broward County reserves the right to review and revise any insurance requirements at the time of contract renewal, not limited to the limits, coverages and endorsements based on insurance market conditions and/or changes in the scope of services.
	Bodily Injury (each accident)		
	Property Damage		
	Bodily Injury and Property Damage Combined	\$500K (Waived if delivered by a 3 <sup>rd</sup> party other than contracting Vendor)	
<input type="checkbox"/> POLLUTION & ENVIRONMENTAL LIABILITY	Max Ded. \$		
<input checked="" type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY (NOTE *)	<input checked="" type="checkbox"/> STATUTORY		
		(each accident)	\$100K MIN
<input type="checkbox"/> PROFESSIONAL LIABILITY ~ E&O	Max. Ded. \$		\$
	VENDOR RESPONSIBLE FOR DEDUCTIBLE		
<input type="checkbox"/> PROPERTY COVERAGE / ALL RISK	Max. Ded. \$		Agreed value
		VENDOR RESPONSIBLE FOR DEDUCTIBLE	
<input type="checkbox"/> If project greater than \$50k – installation floater required for replacement of materials, equipment and installation. All risk, agreed value.	Max Deductible	\$ 10K	
	Each Claim	VENDOR RESPONSIBLE FOR DEDUCTIBLE	

**Contractor responsible for all tools, materials, equipment, machinery, etc., until completion and acceptance by County.**

Description of Operations/Locations/Vehicles Certificate must show on general liability and excess liability Additional Insured: Broward County Board of County Commissioners, Broward County, Florida. Also when applicable certificate should show B.C.B.C.C as a named insured for property and builders risk and as a loss payee for installation floater when coverage's are required. Certificate Must be Signed and All applicable Deductibles shown. **CONTRACTOR RESPONSIBLE FOR ALL DEDUCTIBLES UNLESS OTHERWISE STATED.** Indicate bid number, RLI,RFP, and project manager.

**NOTE \*** - If the Company is exempt from Workers' Compensation Coverage, please provide a letter on company letterhead or a copy of the State's exemption which documents this status and attaché to the Certificate of Insurance for approval. If any operations are to be undertaken on or about navigable waters, coverage must be included for U.S. Longshoremen & Harbor Workers' Act/ & Jones Act  
**CANCELLATION: Thirty (30) Day written notice of cancellation required to the Certificate Holder:**

Name & Address of Certificate Holder  
 Broward County Board of County Commissioners  
 Risk Management Division, RM 210  
 115 South Andrews Avenue  
 Fort Lauderdale, FL 33301  
 RE: (H. Williams, Parks Purchasing)

*Dawn Mehler*  
 Dawn Mehler  
 c/o-Dawn Mehler, c/o US, c/o Broward County, c/o Risk Management  
 email=dmehtor@broward.org  
 2009.09.30 11:12:28 -0400

Dawn Mehler,  
 Risk Management Division  
 9/30/09