

CONTRACTOR'S REQUEST FOR INTERPRETATION NO. 06 F&D RFI NO: 009 (F&D USE)

NAME OF PROJECT: Administration Building Cafeteria Addition

NAME OF OWNER: Edgemont School District

FACILITY: Edgemont Jr./Sr. High School

DATE: 03/25/2025

A/E PROJECT NO: 24529.02

ARCHITECT: Fuller and D'Angelo, P.C.

45 Knollwood Road, Elmsford, NY 10523

Tel: 914-592-4444; Fax: 914-592-1717

William Means, RA WilliamM@fullerdangelo.com

Refer to Section 00 2113 Par 1.13 for additional requirements.

FROM (CO. NAME): Piazza Inc

CONTACT NAME: Joe Piazza Tel: 914-741-4435

Tel: _____ E-mail: Joe@piazzabrothers.com

SUBJECT: Insurance Coverage

DISCIPLINE/TRADE: _____

DWG./SPEC. REFERENCE: _____

QUESTION: Item #7 in the insurance coverage certificatino form requires Testing company Errors & Omissions Insurance, please confirm that this is required.

FIELD CONDITION _____

DRAWING/SPEC _____

DISCREPANCY _____

OWNER CHANGE _____

CLARIFICATION _____

CONTRACTOR'S SUGGESTION (IF APPLICABLE): _____

ANSWER

Confirmed.

ARCHITECT'S SIGNATURE: 

DATE: 3/25/2025

Note: review and any responses to this request for information by the architect/engineer is strictly for design intent only and does not constitute acknowledgement or acceptance of any cost or schedule implications unless specifically presented by the contractor. By submission of this request for information, the contractor assumes all responsibility in the absence of an approved change order or work directive.

END OF SECTION

FULLER AND D'ANGELO, P.C.
ARCHITECTS AND PLANNERS

INSURANCE COVERAGE CERTIFICATION

_____ (name), President/CEO/Owner/Managing Member of
_____ (bidder), hereby represents that the bidder currently
has, or immediately upon being awarded the contract, will obtain insurance coverage, from an insurer licensed and admitted to do business in the State of New York, that meets the following requirements:

1. **Workers' Compensation, Paid Family Leave and NYS Disability Insurance**
Statutory Workers' Compensation (C-105.2 or U-26.3), NYS Paid Leave and NYS Disability Insurance (DB-120.1) for all employees. Proof of coverage must be on the approved specific form, as required by the New York State Workers' Compensation Board. ACORD certificates are not acceptable. A person seeking an exemption must file a CE-200 Form with the state. The form can be completed and submitted directly to the WC Board online.

2. **Commercial General Liability Insurance**
\$1,000,000 per Occurrence/\$2,000,000
\$2,000,000 Products and Completed Operations
\$1,000,000 Personal and Advertising Injury
\$100,000 Fire Damage
\$10,000 Medical Expense
The general aggregate shall apply on a per-project basis.

3. **Owners Contractors Protective (OCP) Insurance:**
For Projects less than or equal to \$1,000,000 and work on 1 story (10 feet) only:
\$1,000,000 per occurrence, \$2,000,000 aggregate with the Owner as the named insured.

For Projects greater than \$1,000,000 and/or work above one story (10 feet):
\$2,000,000 per occurrence, \$4,000,000 aggregate with the Owner as the named insured.

The Owner will be the named insured on OCP Policies. There will be no additional insureds on any OCP Policies.

4. **Automobile Liability**
\$1,000,000 combined single limit for owned, hired, borrowed and non-owned motor vehicles.

5. **Umbrella/Excess Insurance**
\$5,000,000 each occurrence and aggregate for general construction (including plumbing, electrical and HVAC) and no work at elevation (1 story or 10 feet) or Project values less than or equal to \$1,000,000.

\$10,000,000 each occurrence and aggregate for high-risk construction, work at elevation (>1 story or 10 feet) or Project values greater than \$1,000,000.

Umbrella/Excess coverage shall be on a follow-form basis or provide broader coverage over the General Liability and Automobile Liability coverages.

6. **Asbestos/Lead Abatement/Pollution Liability Insurance**

If the Project requires the removal of asbestos and/or hazardous materials, Contractor shall provide hazardous material liability insurance as follows:

\$2,000,000 per occurrence/\$2,000,000 aggregate, including products and completed operations. Such insurance shall include coverage for the Contractor's operations including, but not limited to, removal, replacement, enclosure, encapsulation and/or disposal of asbestos, or any other hazardous material, along with any related pollution events, including coverage for third-party liability claims for bodily injury, property damage and clean-up costs. If a retroactive date is used, it shall pre-date the inception of the Contract.

If the Contractor is using motor vehicles for transporting hazardous materials, the Contractor shall provide pollution liability broadened coverage (ISO endorsement CA 9948 or CA 01 12), as well as proof of MCS 90. Coverage shall fulfill all requirements of this Article 10 and shall extend for a period of three (3) years following acceptance by the Owner of the Certificate of Completion.

7. **Testing Company Errors and Omission Insurance**

\$1,000,000 per occurrence/\$2,000,000 aggregate for the testing and other professional acts of the Contractor performed under the Contract with the Owner.

Insurance Representative's Acknowledgment:

We have reviewed the insurance requirements set forth in the Bidding Documents and are capable of providing such insurance to our insured in accordance with such requirements in the event the contract is awarded to our insured and provided our insured pays the appropriate premium.

Insurance Representative: _____

Address: _____

Are you an agent for the companies providing the coverage: Yes _____ No _____

Date: _____

Insurance Representative

Bidder's Acknowledgment:

I acknowledge that I have reviewed the insurance requirements for this bid and have considered the costs, if any, of procuring the required insurance and will be able to supply the insurance required in accordance with the bid, if it is awarded. I understand that a certificate of insurance must be submitted with my bid; and if it is not, the Owner may reject my bid and award to the next lowest bidder.

Firm Name: _____

Address: _____

Date: _____

Bidder's Signature