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RFQ NO. Y16-774-MM

ISSUED: May 13, 2016

**NOTICE**

**REQUEST FOR QUALIFICATIONS FOR  
THE ORANGE COUNTY CONVENTION CENTER WEST BUILDING RESTROOMS  
AND W109 AND W110 MEETING ROOMS RENOVATIONS**

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This Request for Qualifications is for selection of qualified prospective **General Contractors** that meet minimum qualification requirements for this project. Under this process, SOQs will be opened and evaluated. Contractors that satisfactorily meet all of the minimum qualification requirements, on the basis of their SOQs, will be invited to submit bids in the future for this project. **Only those Contractors pre-qualified through this process will be eligible to submit bids for this project.** Submittal of an SOQ is **mandatory** in order to be eligible to submit bids for this project. Contractors who are determined NOT qualified by the County on the basis of their SOQ will not be eligible or invited to submit bids.

SOQs for furnishing the above will be accepted up to **2:00 PM, June 7, 2016**, in the Procurement Division, Internal Operations Centre II, 400 E. South Street; 2nd Floor, Orlando, FL 32801.

A **non-mandatory Pre-submittal meeting** will be held on **May 23, 2016 at 1:30 P.M.** located at the **Orange County Convention Center, West Building, Meeting Rooms W109 and W110 at 9800 International Drive, Orlando, Florida 32819.**

**REQUIRED SUBMITTALS:** The SOQ shall be submitted in a sealed envelope per the following:

**Original, plus five (5) complete copies of the completed SOQ. The sealed envelope shall be marked on the outside cover "SOQ Form" along with the Request for Qualifications number, Due Date, name of Contractor, and return address of Contractor.**

To ensure that your SOQ is responsive, you are urged to request clarification or guidance on any issues involving this solicitation before submission of your response. Your point-of-contact for this solicitation is Marsha Mussori at (407) 836-5696, email: [Marsha.Mussori@ocfl.net](mailto:Marsha.Mussori@ocfl.net).

Copies of the Request for Qualifications may be obtained from the Orange County Procurement Division, Internal Operations Centre II, 400 E. South Street, 2nd Floor, Orlando, FL 32801; Phone (407) 836-5635. SOQ documents are also available for downloading from the internet at [orangecountyfl.net](http://orangecountyfl.net).

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**PART A**

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**PART B- INSTRUCTIONS TO CONTRACTORS**

**1. PURPOSE:**

The Board of County Commissioners is soliciting Qualifications. The term County used herein refers to the Board of County Commissioners, Orange County, Florida, or its duly authorized representative. The term General Contractor or Contractor used herein refers to the Contractor submitting a Statement of Qualifications to the County in response to this Request for Qualifications.

**2. PREPARATION AND SUBMISSION OF SOQ's:**

The purpose of this solicitation is to select qualified prospective **Contractors** that meet minimum qualification requirements for this project through the solicitation of Statements of Qualifications (SOQs). Under this process, SOQs will be opened, evaluated and determined qualified or not qualified.

**3. REQUIRED SUBMITTALS:** The General Contractor shall submit one (1) sealed envelope as follows:

**Original plus five (5) copies of the completed SOQ Form. The envelope shall be marked on the outside cover "SOQ Form" along with the Request for Qualifications number, hour and date of SOQ are due, name of Contractor, and return address of Contractor.**

The Contractor hereby agrees that there is attached an Original plus five (5) complete copies of the SOQ Form (PART D) with all of the following attachments:

- 1. Similar Project Experience Form Yes \_\_\_
- 2. Construction Industries Licensing Board Certification Yes \_\_\_
- 3. Conflict/Non-Conflict of Interest and Litigation Statement Yes \_\_\_
- 4. Evidence of Authority to Sign SOQ Yes \_\_\_
- 5. E Verification Certification Yes \_\_\_
- 6. Drug Free Work Place Form Yes \_\_\_
- 7. Contractor's Licenses Yes \_\_\_
- 8. Verification of Bonding Capacity Letter from Surety with  
An effectively dated Power of Attorney Yes \_\_\_
- 9. Permit to Transact Business in State of Florida Yes \_\_\_
- 10. Current W9

**4. SELECTION PROCEDURE:**

**QUALIFICATION PHASE, UNPRICED:**

SOQs shall be submitted by Contractors to the County to determine their qualifications to perform the Work.

Form of SOQs: Each Contractor shall submit their Statement of Qualification Form (original SOQ Form, marked "Original SOQ," with attachments and five (5) copies of the SOQ Form and all attachments).

**5. PROJECT EXPERIENCE:**

The West Building Restrooms Renovation Project and the Meeting Rooms Renovation Project will be issued as two separate Invitation for Bids. The purpose of this RFQ is to qualify Contractors that have experience and are capable to build one or both of the projects and it is expected the project schedules will overlap. Only Contractors pre-qualified under this RFQ will be invited to bid these two projects. Both projects may be awarded to one pre-qualified Contractor or the projects may be awarded to two separate Contractors.

The Contractor shall submit three (3) projects successfully completed for **PART A - Restrooms Renovation** and three (3) projects successfully completed for **PART B - W109 AND W110 Meeting Rooms Renovation** within the last ten (10) years (i.e., construction declared Substantially Complete within ten (10) years of the Request for Qualifications due date) that demonstrate the types of experience outlined below in #6 of the Similar Project Type. All projects submitted shall be separate projects. The Contractor's required project experience shall be listed and described using the enclosed Statement of Qualifications Form limited to a single page for each similar project.

All projects must be completed or substantially complete by the Company submitting a Statement of Qualification for this project.

**"Substantial Completion"** shall mean the completion of the Work by the Contractor to the point where the Owner may make beneficial use of the Work.

Failure to complete the required forms in their entirety or listing a project that does not meet the similar project description will negatively impact the evaluation of your SOQ; and may result in its rejection.

**References:** The contact person listed as a reference shall be an individual who has personal knowledge of the Contractor's performance during the

referenced project. More than one person can be listed, but all must have knowledge of the project. DO NOT list principals or officers who will not be able to answer specific questions regarding the project. Contact persons must have been informed that they are being used as a reference and that the County shall be e-mailing and/ or calling them. Please provide an accurate email address for the reference. Failure of references listed to respond to the County's inquiries will negatively impact the evaluation of the Contractor's SOQ. **Failure of a reference to provide positive responses to County's inquiries will negatively impact the evaluation of the SOQ.**

**6. SIMILAR PROJECT TYPE:**

The County will contact the references of all Contractors for PART A & PART B below. Both PART A & PART B shall be completed for the Contractor to qualify for this RFQ. The County has the right to reject all Contractors who fail to demonstrate these qualifications to the satisfaction of the County.

**PART A - Restrooms Renovation:**

List three (3) projects successfully completed by the **CONTRACTOR AS A PRIME CONTRACTOR (using Form D-1 through D-3)** within the last ten (10) years (i.e., construction declared substantially complete within ten (10) years of the receipt of the SOQ). Note: Please refer to **Part C, General Project Description** for the general scope of work for this SOQ.

"Similar Projects" for the purposes of this solicitation has been defined as a single project (if a phased project all phases shall be substantially complete) completed within the last ten (10) years within the contiguous United States, plus Alaska and Hawaii, for the renovation of multiple restrooms. **New construction will not be considered similar.**

Contractor shall submit previous successful project experience whereas two (2) projects shall have demonstrated all elements below and one (1) project shall have demonstrated at least elements (1) and (2) below:

1. Renovation of multiple restrooms that included wall and floor tile that required a layout, removal and replacement of plumbing fixtures, HVAC duct replacements and realignments.
2. Renovation occurred in an **ACTIVE**, fully operational, general assembly facility (airports, arenas, convention centers, educational facilities, hotels, hospitals, stadiums).
3. Renovation included a gang women's restroom containing a minimum of 30 water closets, 7 lavatories and 1 handicapped water closet and a gang men's restroom containing a minimum of 10 urinals, 10 water closets, 6 lavatories and 1 handicapped water closet.

## **PART B – W109 & W110 Meeting Rooms Renovation:**

List three (3) projects successfully completed by the **CONTRACTOR AS A PRIME CONTRACTOR** (using Form D-4 through D-6) within the last ten (10) years (i.e., construction declared substantially complete within ten (10) years of the receipt of the SOQ). Note: Please refer to **Part C, General Project Description** for the general scope of work for this SOQ.

“Similar Projects” for the purposes of this solicitation has been defined as a single project (if a phased project all phases shall be substantially complete) completed within the last ten (10) years within the contiguous United States, plus Alaska and Hawaii, for the renovation of meeting rooms. **New construction will not be considered similar.**

Contractor shall submit previous successful project experience whereas one (1) project shall have demonstrated all elements below and two (2) of the projects shall have demonstrated elements (1) and (2) below:

1. Renovation of meeting room/s with a minimum of 25,000 square feet.
2. Renovation occurred in an **ACTIVE**, fully operational, general assembly facility (airports, arenas, convention centers, educational facilities, hotels, hospitals, stadiums).
3. Installation and configuration of modular workstation furniture.
4. Minimum construction value was \$2,000,000.

**EACH SIMILAR PROJECT LISTED SHALL BE LISTED WITH COMPLETE INFORMATION AS SPECIFICALLY PROVIDED ON THE REFERENCE FORM THE SPECIFIC INFORMATION ON REFERENCES MUST BE PROVIDED ON THE REFERENCE FORM. DO NOT ATTACH LISTINGS OF REFERENCE INFORMATION. FAILURE TO PROVIDE REFERENCE INFORMATION AS REQUESTED MAY RESULT IN THE REJECTION OF YOUR RESPONSE.**

The determination of whether a Contractor is qualified or not will be at the sole discretion of the County. Although the County may request submission of a minimum number of similar projects for evaluation, the County’s determination of a Contractor’s qualifications will not be solely based on the number of similar projects submitted.

### **7. BONDING CAPACITY:**

#### **VERIFICATION OF BONDING CAPACITY LETTER FROM SURETY**

To be qualified under this RFQ, a minimum bonding capacity of \$20,000,000 is required as evidence of your bonding capacity. Submit with the Statement of Qualification verification of available bonding capacity on a letter from Surety on

Surety's letterhead detailing the maximum bonding capacity available to the contractor, accompanied by an effectively dated Power of Attorney.

The Surety shall have a rating from A.M. Best Company (or other equivalent rating company) equal to or better than A- rating and a Financial Strength Rating of Class VI or better. The surety must be included on the approved list of sureties issued by the United States Department of Treasury. **Failure to provide bonding verification shall result in your SOQ being found not qualified.**

**8. LICENSES:**

Provide copies of the Contractor's current General Contractors license as well as all other specialty licenses held by the applicant issued by the State of Florida and/or the County or City. **Failure to provide a current license will result in your SOQs being found not qualified.**

**9. BIDDING PHASE:**

General Contractors that satisfactorily meet all of the minimum qualification requirements will be invited to submit bids for **THE ORANGE COUNTY CONVENTION CENTER WEST BUILDING RESTROOMS AND W109 AND W110 MEETING ROOMS RENOVATIONS**. Submittal of an SOQ and determination by the County that the Contractor is qualified is mandatory in order to be eligible to submit bids. Contractors shall meet the minimum qualification criteria set forth. **Contractors who do not meet the minimum qualification criteria will be considered not qualified and not eligible to submit bids on THE ORANGE COUNTY CONVENTION CENTER WEST BUILDING RESTROOMS AND W109 AND W110 MEETING ROOMS RENOVATIONS.**

**10. GENERAL**

A. Contractor's are cautioned that they are responsible for delivery of the SOQ to the specific location cited above. Therefore, if your SOQ is delivered by an express mail carrier or by any other means, it is your responsibility to ensure delivery to the above address. This office will not be responsible for deliveries made to any place other than the specified address.

B. The time and date for receipt of SOQ will be scrupulously observed. The County will not be responsible for late deliveries or mail delays. The time/date stamp clock in the Procurement Division will serve as the official authority to determine lateness of the SOQ.

C. SOQs received after the specified time and date will be returned unopened. All SOQs will be opened publicly and the names of all Contractors will be read aloud.

- D. The County will not be responsible for re-calculation or interpretations of information provided on any form.
- E. Contractors shall NOT fax their SOQ. Faxed SOQ's will be rejected as non-responsive, regardless of where the fax is received.
- F. Contractors must indicate on their SOQ envelope the following:  
  
Request for Qualifications Number Y16-774-MM  
Date of Opening – June 7, 2016  
Name of Contractor  
Return Address of the Contractor
- G. Contractors are prohibited from contacting any member of the Orange County SOQ Review Committee or any other staff (except as provided below) involved in this process until such time as expiration of the posting period for the list of Pre-qualified firms. All inquiries pertaining to this Request for Qualifications must be directed to the Procurement Division.
- H. Questions concerning this Request for Qualifications shall be directed to Marsha Mussori (407) 836-5696, email: [marsha.mussori@ocfl.net](mailto:marsha.mussori@ocfl.net) between the hours of 9:00 a.m. and 4:00 p.m. weekdays. Any Contractor who initiates any discussions with staff in any manner other than that described above is subject to disqualification from this procurement.
- I. Information regarding SOQ Evaluation Committee are available by calling the Procurement Reception Desk at (407) 836-5635. A list of selected pre-qualified Contractors will be available for review by interested parties at the Procurement Division and at <http://apps.ocfl.net/OrangeBids/AwardsRec/default.asp> prior to submission through the appropriate approval process and will remain posted for a period of five full business days. Contractors will not be notified.

Failure to file a protest to the Procurement Manager by 5:00 PM on the fifth full business day after the posting date shall constitute a waiver of qualifications/bid/proposal protest proceedings. Additional information relative to lobbying and protests can be found at:  
<http://www.ocfl.net/?tabid=1267>

A lobbying blackout period shall commence upon issuance of the Request for Qualifications until the fifth full business day after the posting date.

**The Board of County Commissioners may void any Contract where the County Mayor, one or more County Commissioners, or a County staff person has been lobbied in violation of the blackout period restrictions of Ordinance No. 2002-15.J. Should technical concerns/questions**

**arise outside the expertise of the Procurement Division, you will be asked to submit these questions in writing, no later than 4:00 P.M. May 25, 2016 to:**

Marsha Mussori, Senior Contract Administrator  
Procurement Division  
400 E. South Street, 2nd Floor  
Orlando, Florida 32801  
Fax: (407) 836-5899  
Email: [Marsha.Mussori@ocfl.net](mailto:Marsha.Mussori@ocfl.net)

- J. No oral interpretation of this Request for Qualifications shall be considered binding. The County will be bound by information and statements only when such statements are written and executed under the authority of the Manager of Procurement Division. Orange County reserves the right, and the Manager of Procurement Division has absolute and sole discretion, to cancel a RFQ at any time prior to approval of the award by the Board of County Commissioners when such approval is required. The decision to cancel a RFQ cannot be the basis for a protest pursuant to the Orange County Code.
- K. The County reserves the right to accept or reject any SOQs that it may in its sole discretion deem non-responsive, to waive technicalities, or to accept the SOQs which, in its sole judgment, is most advantageous and best serves the over-all interests of the County.
- L. The County reserves the right to request clarification of information submitted and to request additional information of one or more submitters after the deadline for receipt of Qualifications.
- M. Any SOQ may be withdrawn until the date and time set above for the submission of the SOQ.
- N. It is hereby declared that equal opportunity and nondiscrimination shall be the County's policy intended to assure equal opportunities to every person, regardless of race, religion, sex, sexual orientation and gender expression/identity, color, age, disability or national origin, in securing or holding employment in a field of work or labor for which the person is qualified, as provided by Section 17-314 of the Orange County Code and the County Administrative Regulations.
- O. The Contractor understands that this Request For Qualifications does not constitute an agreement or contract with the Contractor.
- P. Any Contractor who submits in its SOQ to the County any information that is determined by the County, in its sole opinion, to be substantially



inaccurate, misleading, exaggerated, or incorrect may be disqualified from consideration.

11. **INSURANCE AND BOND REQUIREMENTS:** *These requirements are only applicable to the successful bidder during the Bidding Phase and are subject to change.*

#### **BONDS AND INDEMNIFICATION**

**Payment and Performance Bonds:** The CONTRACTOR shall execute and deliver to the County the Payment and Performance Bonds (see Part C, 2-h) included herein as security for the faithful performance and completion of the Work and payment for all materials and labor furnished or supplied in connection with all Work included in the Contract Documents. These Bonds shall be in amounts at least equal to the Contract Amount, shall name the County as obligee and shall be in such form and by sureties of financial standing having a rating from A.M. Best Company (or other equivalent rating company) equal to or better than A- Class VI and must be included on the approved list of sureties issued by the United States Department of Treasury.

Should the Payment and Performance Bonds be issued by co-sureties, each surety listed on the bond shall meet the requirements above. In addition, each surety shall submit a power of attorney and all signatures of the co-sureties representatives shall be notarized and the "lead" surety shall be identified for the purposes of underwriting and claims management.

Prior to execution of the Contract Documents the County may require the Contractor to furnish such other Bonds, in such form and with such sureties as it may require. If such Bonds are required by written instructions given prior to opening of Bids, the premium shall be paid by the Contractor. If the Contract Amount is increased by Change Order, it shall be the Contractor's responsibility to insure that the Payment and Performance Bonds be amended accordingly and a copy of the amendment is forwarded to the County.

If the Surety on any bond furnished by Contractor is declared bankrupt or becomes insolvent or its right to do business is terminated in any State where any part of the Work is located or it ceases to meet the requirements imposed by the Contract Documents, the Contractor shall within five (5) days thereafter substitute another Bond with another Surety both of which shall be acceptable to the County.

**This requirement is applicable to all bidders who submit bids. 10 % BID BONDS is required and shall be submitted during the bidding phase and shall name the County as obligee and shall be in such form and by sureties of financial standing having a rating from A.M. Best Company (or other equivalent rating company) equal to or better than A- Class VI and must be included on the approved list of sureties issued by the United States Department of Treasury.**

## INSURANCE REQUIREMENTS:

As a condition precedent to award for the construction contract, Contractor agrees to maintain on a primary basis and at its sole expense, at all times throughout the duration of this Contract the following types of insurance coverage with limits and on forms (including endorsements) as described herein. These requirements, as well as the County's review or acceptance of insurance maintained by Contractor is not intended to and shall not in any manner limit or qualify the liabilities assumed by Contractor under this Contract. Contractor is required to maintain any coverage required by federal and state workers' compensation or financial responsibility laws including but not limited to Chapter 324 and 440, Florida Statutes, as may be amended from time to time. Insurance carriers providing coverage shall be authorized and/or eligible to do business in the State of Florida and shall possess a current A.M. Best's Financial Strength Rating of A- Class VIII.

The Contractor shall require and ensure that each of its subcontractors maintain insurance until the completion of their work under any contract associated with this Contract. Failure of the Contractor to maintain insurance coverage for itself or for any other persons or entities for whom it is responsible or to ensure that its subcontractors maintain coverage shall not relieve the Contractor of any contractual responsibility, obligation or liability.

**If the CONTRACTOR intends to bid on this Contract as a Joint Venture then all insurance coverage required herein shall include the Joint Venture as "named insured". If the Joint Venture has no employees then this requirement is waived for workers' compensation. The Joint Venture shall also purchase discontinued completed operations coverage for any claims made after the dissolution of the Joint Venture. This coverage shall be for a period of two years following final completion of the project or continuing service contract.**

The minimum types and amounts of insurance inclusive of any amount provided by an umbrella or excess policy, shall be as follows:

- Workers' Compensation – The Contractor shall maintain coverage for its employees with statutory workers' compensation limits, and no less than the limits indicated in the Schedule of Limits (see below) for Employers' Liability. Said coverage shall include a waiver of subrogation in favor of the County. The County will not accept elective exemptions. Any contractor using an employee leasing company shall complete the Leased Employee Affidavit (Exhibit A).

Required Endorsements:

- Waiver of Subrogation- WC 00 03 13 or its equivalent (Exhibit G)

Commercial General Liability – The Contractor shall maintain coverage issued on an ISO form CG 00 01 or its equivalent, with a limit of liability of not less than the limits indicated in the Schedule of Limits (see below). Contractor further agrees coverage shall not contain any endorsement(s) excluding or limiting Product/Completed Operations, Independent Contractors, Contractual Liability, or Separation of Insureds. The General Aggregate limit shall either apply separately to this Contract or shall be at least twice the required occurrence limit.

All projects with a Contract Amount greater than \$20,000,000 shall be written on a Designated Premises or Projects basis (Exhibit B). Commercial umbrella and excess coverage shall include liability coverage for damage to the Contractor’s completed work equivalent to that provided under ISO Form CG 00 01 04 13.

Required Endorsements:

Additional Insured- CG 20 10 04 13 and CG 20 37 04 13 or its equivalent (Exhibits E and F)

Waiver of Subrogation- CG 24 04 05 09 or its equivalent

Note: If blanket endorsements are being submitted please include the entire endorsement. The policy number to which the endorsement applies shall be indicated directly on the endorsement.

Business Automobile Liability - The Contractor shall maintain coverage for all owned; non-owned and hired vehicles issued on ISO form CA 00 01 or its equivalent, with limits of not less than the limits indicated in the Schedule of Limits (see below). In the event the Contractor does not own automobiles the Contractor shall maintain coverage for hired and non-owned auto liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Liability policy.

Schedule of Limits:

<i>Contract Amount</i>	<i>Workers’ Comp/ Employers Liability</i>	<i>General Liability</i>	<i>Automobile Liability</i>
Up to \$10 million	Statutory/\$500,000	\$1,000,000	\$1,000,000
\$10 - \$20 million	Statutory/\$1,000,000	\$5,000,000	\$5,000,000
Over \$20 million	Statutory/\$5,000,000	\$15,000,000	\$15,000,000

Pollution Legal Liability - The Contractor agrees to maintain Contractor’s Pollution Legal Liability with a limit of not less than one million (\$1,000,000) per occurrence on a per-project basis.

**Builders' Risk** - If this Contract includes: (1) construction of a new above-ground structure or structures, (2) any addition, improvement, alteration, or repair to an existing structure or structures, or (3) the installation of machinery or equipment into an existing structure or structures, the Contractor shall maintain builders' risk insurance providing coverage to equally protect the interests of the County, the Professional, the Contractor and subcontractors of any tier. Coverage shall be written on a completed value form (Exhibit C) in an amount at least equal to 100% of the estimated completed value of the project plus any subsequent modifications of that sum. The coverage shall be written on an "all-risk" basis and shall, at a minimum cover the perils insured under the ISO CP 10 30 Special Causes of Loss Form (Exhibit D) and shall include property in transit and property stored on or off premises, which shall become part of the project. The Contractor agrees not to maintain a wind or flood sub-limit less than 25% of the estimated completed value of the project. The Contractor agrees any flat deductible(s) shall not exceed \$25,000, and any wind percentage deductible (when applicable) shall not exceed five-percent (5%). The coverage shall not be subject to automatic termination of coverage in the event the project/building is occupied in whole or in part, or put to its intended use, or partially accepted by the County. If such restriction exists the Contractor shall request that the carrier endorse the policy to amend the automatic termination clause to only terminate coverage if the policy expires, is cancelled, the County's interest in the project ceases, or the project is accepted and insured by the County.

**Professional Liability**- If the construction method is "design-build" the Contractor agrees to maintain Professional Liability on a per-project basis. The Contractor agrees to provide coverage with limits and deductibles as prescribed below.

<u>Project Cost</u> <u>Deductible</u>	<u>Minimum Limit</u>	<u>Maximum</u>
\$0-1,000,000	50% of project cost subject to a minimum of \$100,000/occurrence	10% of project cost or \$25,000, whichever is smaller
\$1,000,000-5,000,000	\$1,000,000	\$100,000
over \$5,000,000	Determined by the County	

**When a self-insured retention or deductible exceeds \$100,000 the County reserves the right to request a copy of the Contractor's most recent annual report or audited financial statement. For policies written on a "Claims-Made" basis the Contractor agrees to maintain a retroactive date prior to or equal to the effective date of this contract. In the event the policy is canceled, non-renewed, switched to occurrence form, or any other event which triggers the right to purchase a Supplemental Extended Reporting Period (SERP) during the life of this contract the Contractor agrees to purchase the SERP with a minimum reporting period of not less than two**

**years. Purchase of the SERP shall not relieve the Contractor of the obligation to provide replacement coverage.**

The Contractor shall be responsible for all risk of loss whether insured or not until final acceptance of the project by the County. The Contractor agrees to be fully and solely responsible for any costs or expenses resulting from a coverage deductible, co-insurance penalty, or self-insured retention; including any loss not covered because of the application of said deductible, co-insurance penalty, self-insured retention, or coverage exclusion or limitation. The County has the right to request that the Contractor procure and maintain a surety bond for any deductible amounts that exceed any amount stated herein in such amount and on such form that are acceptable to the County.

The County reserves the right, but not the responsibility to periodically review any and all policies of insurance and to reasonably adjust the limits and/or types of coverage required herein, from time to time throughout the term of this Contract. In such event, the County shall provide the Contractor written notice of such adjustments and the Contractor shall comply within thirty (30) days of receipt thereof. Any request for an exception to these insurance requirements must be submitted in writing to the County for approval.

The Contractor agrees to specifically include the County as an Additional Insured on the Commercial General Liability policy with a CG 20 37 – Additional Insured - Owners, Lessees or Contractors-Completed Operations (Exhibit E) or CG 20 10 – Additional Insured-Owners, Lessees or Contractors-Scheduled Person or Organization Endorsement, or their equivalent (Exhibit F). The Contractor shall also specifically include the County as an Additional Insured on any Commercial Umbrella or Excess policies unless the County is automatically defined under the policy as an Additional Protected Person. Additionally, the Contractor agrees to specifically include the County as an Additional Insured under the Contractor's Pollution Liability coverage (when applicable). The name of the organization identified in each Additional Insured endorsement's schedule shall read Orange County Board of County Commissioners.

The Contractor agrees by entering into this written Contract to provide a Waiver of Subrogation in favor of the County, Contractor, Professional, and sub-contractors of any tier for each required policy providing coverage during the life of this Contract. When required by the insurer, or should a policy condition not permit an endorsement, the Contractor agrees to notify the insurer and request that the policy(ies) be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or an equivalent endorsement. This Waiver of Subrogation requirement shall not apply to any policy, which includes a condition that specifically prohibits such an endorsement or voids coverage should the Contractor enter into such an agreement on a pre-loss basis.

Before execution of this Contract by the County and the start of any Work and for the duration of this Contract, the Contractor shall provide the COUNTY with current certificates of insurance evidencing all required coverage. The certificates shall clearly indicate that the Contractor has obtained insurance of the type, amount and

classification as required for strict compliance with this insurance section. No material change or cancellation of the insurance shall be effective without thirty (30) days prior written notice to the COUNTY. Certificates shall specifically reference the project title and contract number. The certificate holder shall read:

Orange County Board of County Commissioners  
c/o Procurement Division  
400 E. South Street  
Orlando, Florida 32801

Prior to commencement of any Work performed by subcontractors (if any), the Contractor shall obtain certificates of insurance evidencing coverage from each of its subcontractors and shall furnish within five days, copies of said certificates upon request by the County. In addition to the certificate(s) of insurance the Contractor shall also provide a blanket or specific additional insured endorsement and all waivers of subrogation or transfer of rights of recovery endorsements for each policy. Failure of the County to demand such certificate or other evidence of full compliance with these insurance requirements or failure of the County to identify a deficiency from evidence provided will not be construed as a waiver of the Contractor's obligation to maintain such insurance.

**Indemnification:**

Subject to the limitations in the third paragraph under this heading, the Contractor will defend, indemnify and hold harmless the County, its agents and employees from and against all liabilities, claims, damages, losses, costs and expenses (including attorney's fees) arising out of or resulting from the performance of the Work, provided that any such liability, claim, damage, loss, cost or expense:

- is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property (other than the Work itself) including the loss of use resulting there from and,
- is caused in whole or in part by any act or omission of the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in whole or in part by a party indemnified hereunder.

The Contractor hereby acknowledges receipt of One Hundred Dollars (\$100) and other good and valuable consideration from the County as consideration for the indemnification provisions in this Contract.

In any and all claims against the County, its agents or employees; employees of the Contractor and subcontractor; all persons directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, the indemnification obligation under the previous paragraph shall not be limited in any way as to the amount or type of damages, compensation or benefits payable by or for the Contractor or any subcontractor under workers' compensation acts, disability benefit acts or other employee benefit acts.

The indemnification obligations of the Contractor under this section shall not extend to the liability of the Professional and its agents or employees arising out of the preparation or approval of maps, drawings, opinions, reports, surveys, change orders, designs or specifications, or the giving or the failure to give requested interpretations by the Professional and their agents or employees, provided such giving or failure to give is the primary cause of injury or damage.

The Contractor will defend, indemnify and hold harmless the County and anyone directly or indirectly employed by it from and against all claims, damages, losses and expenses (including attorney's fees) arising out of any infringement of patent rights or copyrights held by others during or after completion of the Work, and shall defend all such claims in connection with any alleged infringement of such rights.

Provided however, if this Contract is deemed by a court of competent jurisdiction to be a construction contract under Section 725.06, Florida Statutes, any obligation of the Contractor to defend, indemnify or hold harmless the County, its officers and employees shall be limited to an obligation to indemnify and hold harmless to the extent caused by the negligence, recklessness or intentionally wrongful conduct of the Contractor and persons employed or utilized by the Contractor in the performance of the Contract.

The indemnification provisions contained herein shall survive the termination of this Contract.

EXHIBIT A

LEASED EMPLOYEE AFFIDAVIT

I affirm that an employee leasing company provides my workers' compensation coverage. I further understand that my contract with the employee leasing company limits my workers' compensation coverage to enrolled worksite employees only. My leasing arrangement does not cover un-enrolled worksite employees, independent contractors, uninsured subcontractors or casual labor exposure.

I hereby certify that 100% of my workers are covered as worksite employees with the employee leasing company. I certify that I do not hire any casual or uninsured labor outside the employee leasing arrangement. I agree to notify the County in the event that I have any workers not covered by the employee leasing workers' compensation policy. In the event that I have any workers not subject to the employee leasing arrangement, I agree to obtain a separate workers' compensation policy to cover these workers. I further agree to provide the County with a certificate of insurance providing proof of workers' compensation coverage prior to these workers entering any County jobsite.

I further agree to notify the County if my employee leasing arrangement terminates with the employee leasing company and I understand that I am required to furnish proof of replacement workers' compensation coverage prior to the termination of the employee leasing arrangement.

I certify that I have workers' compensation coverage for all of my workers through the employee leasing arrangement specified below:

Name of Employee Leasing Company: \_\_\_\_\_

Workers' Compensation Carrier: \_\_\_\_\_

A.M. Best Rating of Carrier: \_\_\_\_\_

Inception Date of Leasing Arrangement: \_\_\_\_\_

I further agree to notify the County in the event that I switch employee-leasing companies. I recognize that I have an obligation to supply an updated workers' compensation certificate to the County that documents the change of carrier.

Name of Contractor: \_\_\_\_\_

Signature of Owner/Officer: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



EXHIBIT B

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 25 03 03 97

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**DESIGNATED CONSTRUCTION PROJECT(S)  
GENERAL AGGREGATE LIMIT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Designated Construction Projects:**

**“Any person or organization on whose behalf you are required to obtain  
a Designated Construction Project under a written contract or agreement”**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

- A.** For all sums which the insured becomes legally obligated to pay as damages caused by “occurrences” under **COVERAGE A (SECTION I)**, and for all medical expenses caused by accidents under **COVERAGE C (SECTION I)**, which can be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:
1. A separate Designated Construction Project General Aggregate Limit applies to each designated construction project, and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.
  2. The Designated Construction Project General Aggregate Limit is the most we will pay for the sum of all damages under **COVERAGE A**, except damages because of “bodily injury” or “property damage” included in the “products-completed operations hazard”, and for medical expenses under **COVERAGE C** regardless of the number of:
    - a. Insureds;
    - b. Claims made or “suits” brought or
    - c. Persons or organization making claims or bringing “suits”
  3. Any payments made under **COVERAGE A** for damages or under **COVERAGE C** for medical expenses shall reduce the Designated Construction Project General Aggregate Limit for that designated construction project. Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other Designated Construction Project General Aggregate Limit for any other designated construction project shown in the Schedule above.
- 4.** The limits shown in the Declarations for Each Occurrence, Fire Damage and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable Designated Construction Project General Aggregate Limit.
- B.** For all sums which the insured becomes legally obligated to pay as damages caused by “occurrences” under **COVERAGE A (SECTION I)**, and for all medical expenses caused by accidents under **COVERAGE C (SECTION I)**, which cannot be attributed only to ongoing operations at a single designated construction project shown in the Schedule above:
1. Any payments made under **COVERAGE A** for damages or under **COVERAGE C** for medical expenses shall reduce the amount available under the General Aggregate Limit or the Products-Completed Operations Aggregate Limit, whichever is applicable; and
  2. Such payments shall not reduce any Designated Construction Project General Aggregate Limit.

- C. When coverage for liability arising out of the “products- completed operations hazard” is provided, any payments for damages because of “bodily injury” or “property damage” included in the “products-completed operations hazard” will reduce the Products-Completed Operations Aggregate Limit, and not reduce the General Aggregate Limit nor the Designated Construction Project General Aggregate Limit.
- D. If the applicable designated construction project has been abandoned, delayed, or abandoned and then restarted, or if the authorized contracting parties

deviate from plans, blueprints, designs, specifications or timetables, the project will still be deemed to be the same construction project.

- E. The provisions of Limits of Insurance (SECTION **III**) not otherwise modified by this endorsement shall continue to apply as stipulated.

EXHIBIT C

COMMERCIAL PROPERTY  
CP 00 20 06 07

**BUILDERS RISK COVERAGE FORM**

Various provisions in this policy restrict coverage. Read the entire policy carefully to determine rights, duties and what is and is not covered.

Throughout this policy the words “you” and “your” refer to the Named Insured shown in the Declarations. The words “we”, “us” and “our” refer to the Company providing this insurance.

Other words and phrases that appear in quotation marks have special meaning. Refer to Section **G.**, Definitions.

**A. Coverage**

We will pay for direct physical loss of or damage to Covered Property at the premises described in the Declarations caused by or resulting from any Covered Cause Loss.

**1. Covered Property**

Covered Property as used in this Coverage Part, means the type of property described in this section, **A.1.**, and limited in **A.2.**, Property Not Covered, If a Limit of Insurance is shown in the Declarations for that type of property.

**Building Under Construction**, meaning the building or structure described in the Declarations while in the course of construction, including:

- a.** Foundations;
- b.** The following property:
  - (1) Fixtures and machinery;
  - (2) Equipment used to service the building; and
  - (3) Your building materials and supplies used for construction;

Provided such property is intended to be permanently located in or on the building or structure described in the Declarations or within 100 feet of its premises;

- c.** If not covered by other insurance, temporary structures built or assembled on site, including cribbing, scaffolding and construction forms.

**2. Property Not Covered**

Covered Property does not include:

- (b) Subject to (a) above, the amount we will pay for debris removal expense is limited to 25% of the sum of the deductible plus the amount that we pay for direct physical loss or damage to the Covered Property that has sustained loss or damage.
- (4) We will pay up to an additional \$10,000 for debris removal expense, for each location, in any one occurrence of physical loss or damage to Covered Property if one or both of the following circumstances apply:

- a.** Land (including land on which the property is located) or water;
- b.** The following property when outside of buildings:
  - (1) Lawns, trees, shrubs or plants;
  - (2) Radio or television antennas (including satellite dishes) and their lead-in wiring, master or towers; or
  - (3) Signs (other than signs attached to buildings)

**3. Covered Causes of Loss**

See applicable Causes Of Loss Form as shown in the Declarations.

**4. Additional Coverages**

**a. Debris Removal**

- (1) Subject to Paragraphs (3) and (4), we will pay your expense to remove debris of Covered Property caused by or resulting from a Covered Cause of Loss that occurs during the policy period. The expenses will be paid only if they are reported to us in writing within 180 days of the date of direct physical loss or damage.
- (2) Debris Removal does not apply to costs to:
  - (a) Extract “pollutants” from land or water; or
  - (b) Remove, restore or replace polluted land or water.
- (3) Subject to the exceptions in paragraph (4), the following provisions apply:
  - (a) The most we will pay for the total of direct physical loss or damage plus debris removal expense is the Limit of Insurance applicable to the Covered Property that has sustained loss or damage.

- (a) The total of the actual debris removal expense plus the amount we pay for direct physical loss or damage exceeds the Limit of Insurance on the Covered Property that has sustained loss or damage.
- (b) The actual debris removal expense exceeds 25% of the sum of the deductible plus the amount that we pay for direct physical loss or damage to the Covered Property that has sustained loss or damage.

Therefore if (4)(a) and/or (4)(b) apply, our total payment for direct physical loss or damage and

debris removal expense may reach but will never exceed the Limit of Insurance on the Covered Property that has sustained loss or damage, plus \$10,000.

**(5) Examples**

The following examples assume that there is no Coinsurance penalty.

**Example #1**

Limit or Insurance:	\$90,000
Amount of Deductible:	\$ 500
Amount of Loss:	\$50,000
Amount of Loss Payable:	\$49,500
	(\$50,000 - \$500)
Debris Removal Expense:	\$10,000
Debris Removal Expense Payable:	\$10,000
(\$10,000 is 20% of \$50,000.)	

The debris removal expense is less than 25% of the sum of the loss payable plus the deductible. The sum of the loss payable and the debris removal expense (\$49,500 + \$10,000 = \$59,500.) is less than the Limit of Insurance. Therefore, the full amount of debris removal expense is payable in accordance with the terms of Paragraph (3).

**Example #2**

Limit of Insurance:	\$90,000
Amount of Deductible:	\$ 500
Amount of Loss:	\$80,000
Amount of Los Payable:	\$79,500
	(\$80,000 - \$500)
Debris Removal Expense:	\$30,000
Debris Removal Expense Payable	
Basic Amount:	\$10,500
Additional Amount:	\$10,000

The basic amount payable for debris removal expense under the terms of Paragraph (3) is calculated as follows: \$80,000 (\$79,500 + \$500) x .25 = \$20,000; capped at \$10,500. The cap applies because the sum of the loss payable (\$79,500) and the basic amount payable for debris removal expense (\$10,500) cannot exceed the Limit of Insurance (\$90,000).

The additional amount payable for debris removal expense is provided in accordance with the terms of Paragraph (4), because the debris removal expense (\$30,000) exceeds 25% of the loss payable plus the deductible (\$30,000 is 37.5% of \$80,000), and because the sum of loss payable and debris removal expense (\$79,500 + \$30,00 = \$109,500) would exceed the Limit of Insurance (\$90,000). The additional amount of covered debris removal expense is \$10,000, the maximum payable under Paragraph (4). Thus the total payable for debris removal expense in this example is \$20,500; \$9,500 of the debris removal expense is not covered.

**b. Preservation Of Property**

If it is necessary to move Covered Property from the described premises to preserve it from loss or damage

by a Covered Cause of Loss, we will pay for any direct physical loss or damage to that property:

- (1) While it is being moved or while temporarily stored at another location; and
- (2) Only if the loss or damage occurs within 30 days after the property is first moved.

**c. Fire Department Service Charge**

When the fire department is called to save or protect Covered Property from a Covered Cause of Loss, we will pay up to \$1,000, unless a higher limit is shown in the Declarations, for your liability for fire department service charges:

- (1) Assumed by contract or agreement prior to loss; or
- (2) Required by local ordinance.

No Deductible applies to this Additional Coverage.

**d. Pollutant Clean-up And Removal**

We will pay your expense to extract “pollutants” from land or water at the described premises if the discharge, dispersal, seepage, migration, release or escape of the “pollutants” is caused by or results from a Covered Cause of Loss that occurs during the policy period. The expense will be paid only if they are reported to us in writing within 180 days of the date on which the Covered Cause of Loss occurs.

This Additional Coverage does not apply to costs to test for, monitor or assess the existence, concentration or effects of “pollutants”. But we will pay for testing which is performed in the course of extracting the “pollutants” from the land or water.

The most we will pay under this Additional Coverage for each described premises is \$10,000 for the sum of all covered expenses arising out of Covered Causes of

Loss occurring during each separate 12 month period of this policy.

**5. Coverage Extensions**

**a. Building Materials And Supplies Of Others**

- (1) You may extend the insurance provided by this Coverage Form to apply to building materials and supplies that are:
  - (a) Owned by others;
  - (b) In your care, custody or control;
  - (c) Located in or on the building described in the Declarations, or within 100 feet of its premises; and
  - (d) Intended to become a permanent part of the building.
- (2) The most we will pay for loss or damage under this Extension is \$5,000 at each described premises, unless a higher Limit of Insurance is specified in the Declarations. Our payment for loss of or damage to property of others will only be for the account of the owner of the property.

**b. Sod, Trees, Shrubs And Plants**

You may extend the insurance provided by this Coverage Form to apply to loss or damage to sod, trees, shrubs and plants outside of buildings on the described premises, if the loss or damage is caused by or results from any of the following causes of loss:

- (1) Fire;
- (2) Lightning;
- (3) Explosion;
- (4) Riot or Civil Commotion; or
- (5) Aircraft.

The most we will pay for loss or damage under this Extension is \$1,000, but not more than \$250 for any one tree, shrub or plant. These limits apply to any one occurrence, regardless of the types or number of items lost or damaged in that occurrence.

**B. Exclusions And Limitations**

See applicable Causes Of Loss From as shown in the Declarations.

**C. Limits Of Insurance**

The most we will pay for loss or damage in any one occurrence is the applicable Limit of Insurance shown in the Declarations.

The most we will pay for the loss or damage to outdoor signs attached to buildings is \$2,500 per sign in any one occurrence.

The limits applicable to the Coverage Extensions and the Fire Department Service Charge and Pollutant Clean-up And Removal Additional Coverage are in addition to the Limit of insurance.

Payments under the Preservation Of Property Additional Coverage will not increase the applicable Limit of insurance.

**D. Deductible**

In any one occurrence of loss or damage (hereinafter referred to as loss), we will first reduce the amount of

loss if required by Additional Condition – Need For Adequate Insurance. If the adjusted amount of loss is less than or equal to the Deductible, we will not pay for that loss. If the adjusted amount of loss exceeds the Deductible, we will then subtract the Deductible from the adjusted amount of loss, and will pay the resulting amount or the Limit of Insurance, whichever is less.

When the occurrence involves loss to more than one item of Covered Property and separate Limits of Insurance apply, the losses will not be combined in determining application of the Deductible But the Deductible will be applied only once per occurrence.

**Example #1**

(This example assumes there is no penalty for underinsurance.)

Deductible:	\$ 1,000
Limit of Insurance – Building #1:	\$ 60,000
Limit of Insurance – Building #2:	\$ 80,000
Loss to Building #1:	\$ 60,100
Loss to Building #2:	\$ 90,000

The amount of loss to Building #1 (\$60,100) is less than the sum (\$61,000) of the Limit of Insurance applicable to Building #1 plus the Deductible.

The Deductible will be subtracted from the amount of loss in calculating the loss payable for Building #1:

\$60,100
- 1,000
\$59,100 Loss Payable – Building #1

The Deductible applies once per occurrence and therefore is not subtracted in determining the amount of loss payable for Building #2. Loss payable for Building #2 is the Limit of Insurance of \$80,000.

Total amount of loss payable: \$59,100 + \$80,000 = \$139,100.

**Example #2**

(This example, too, assumes there is no penalty for underinsurance.)

The Deductible and Limits of Insurance are the same as those in Example #1

Loss to Building #1:	\$ 70,000
(Exceeds Limit of Insurance plus Deductible)	
Loss to Building # 2	\$ 90,000
(Exceeds Limit of Insurance plus Deductible)	
Loss Payable - Building #1:	\$ 60,000
(Limit of Insurance)	
Loss Payable – Building #2	\$ 80,000
(Limit of Insurance)	
Total amount of loss payable:	\$140,000

**E. Loss Conditions**

The following conditions apply in addition to the Common Policy Conditions and the Commercial Property Conditions.

**1. Abandonment**

There can be no abandonment of any property to us.

## 2. Appraisal

If we and you disagree on the value of the property or the amount of loss, either may make written demand for an appraisal of the loss. In this event, each party will select a competent and impartial appraiser. The two appraisers will select and umpire. If they cannot agree, either may request that selection be made by a judge of a court having jurisdiction. The appraiser will state separately the value of the property and amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will:

- a. Pay its chosen appraiser; and
- b. Bear the other expenses of the appraisal and umpire equally.

If there is an appraisal, we will still retain our right to deny claim.

## 3. Duties In The Event Of Loss Or Damage

a. You must see that the following are done in the event of loss or damage to Covered Property:

- (1) Notify the police if a law may have been broken.
- (2) Give us prompt notice of the loss or damage. Include a description of the property involved.
- (3) As soon as possible, give us a description of how, when and where the loss or damage occurred.
- (4) Take all reasonable steps to protect the Covered Property from further damage, and keep a record of your expenses necessary to protect the Covered Property, for consideration in the settlement of the claim. This will not increase the Limit of Insurance. However, we will not pay for any subsequent loss or damage resulting from cause of loss that is not a Covered Cause of Loss. Also if feasible, set the damaged property aside and in the best possible order for examination.
- (5) At our request, give us complete inventories of the damaged and undamaged property. Include quantities, costs, values and amount of loss claimed.
- (6) As often as may be reasonably required, permit us to inspect the property proving the loss or damage and examine your books and records. Also permit us to take samples of damaged and undamaged property for inspection, testing and analysis, and permit us to make copies from your books and records
- (7) Send us a signed, sworn proof of loss containing the information we request to investigate the claim. You must do this within 60 days after our request. We will supply you with the necessary forms.
- (8) Cooperate with us in the investigation or settlement of the claim.

b. we may examine any insured under oath while not in the presence of any other insured and at such times as may be reasonably required, about any

matter relating to this insurance or the claim, including an insured's books and records. In the event of an examination, an insured's answer must be signed.

## 4. Loss Payment

a. In the event of loss or damage covered by this Coverage Form, at our option, we will either:

- (1) Pay the value of lost or damaged property;
- (2) pay the cost of repairing or replacing the lost or damaged property, subject to b. below;
- (3) Take all or any part of property at an agreed or appraised value; or
- (4) Repair, rebuild or replace the property with other property of like kind and quality, subject to b. below.

We will determine the value of lost or damaged property, or the cost of its repair or replacement, in accordance with the applicable terms of the Valuation Condition in this Coverage Form or any applicable provision which amends or supersedes the Valuation Condition.

b. The cost to repair, rebuild or replace does not include the increased cost attributable to enforcement of any ordinance or law regulating the construction, use or repair of any property.

c. We will give notice of our intentions within 30 days after we receive the sworn proof of loss.

d. We will not pay you more than your financial interest in the Covered Property.

e. We may adjust losses with the owners of lost or damaged property if other than you. If we pay the owners, such payments will satisfy your claims against us for the owners' property. We will not pay the owners more than their financial interest in the Covered Property.

f. We may elect to defend you against suits arising from claims of owners of property. We will do this at our expense.

g. We will pay for covered loss or damage within 30 days after we receive the sworn proof of loss, if you have complied with all of the terms of this Coverage Part and:

- (1) We have reached agreement with you on the amount of loss; or
- (2) An appraisal award has been made.

h. A party wall is a wall that separates and is common to adjoining buildings that are owned by different parties. In settling covered losses involving a party wall, we will pay a portion of the loss to the party wall based on your interest in the wall in proportion to the interest of the owner of the adjoining building. However, if you elect to repair or replace your building and the owner of the adjoining building elects not to repair or replace the building, we will pay you the full value of the loss to the party wall, subject to all applicable policy

provisions including Limits of Insurance, the Valuation and Coinsurance Conditions and all other provisions of this Loss Payment Condition. Our payment under the provision of this paragraph does not alter any right of subrogation we may have against any entity, including the owner or insurer of the adjoining building, and does not alter the terms of the Transfer Of Rights Of Recovery Against Others To Us Condition in this policy.

### 5. Recovery Property

If either you or we recover any property after loss settlement, that party must give the other prompt notice. At your option, the property will be returned to you. You must then return to us the amount we paid to you for the property. We will pay recovery expenses and the expenses to repair the recovered property, subject to the Limit of Insurance.

### 6. Valuation

We will determine the value of Covered Property at actual cash value as of the time of loss or damage.

## F. Additional Conditions

The following conditions apply in addition to the Common Policy Conditions and the Commercial Property Conditions.

### 1. Mortgageholders

- a. The term mortgageholder includes trustee.
- b. We will pay for covered loss of or damage to buildings or structures to each mortgageholder shown in the Declarations in their order of precedence, as interests may appear.
- c. The mortgageholder has the right to receive loss payment even if the mortgageholder has started foreclosure or similar action on the building or structure.
- d. If we deny your claim because of your acts or because you have failed to comply with the terms of this Coverage Part, the mortgageholder will still have the right to receive loss payment if the mortgageholder:
  - (1) Pays any premium due under this Coverage Part at our request if you have failed to do so;
  - (2) Submits a signed, sworn proof of loss within 60 days after receiving notice from us of your failure to do so; and
  - (3) Has notified us of any change in ownership, occupancy or substantial change in risk known to the mortgageholder.

All of the terms of this Coverage Part will then apply directly to the mortgageholder.

- e. If we pay the mortgageholder for any loss or damage and deny payment to you because of your acts or because you have failed to comply with the terms of this Coverage Part:
  - (1) The mortgageholder's rights under the mortgage will be transferred to us to the extent of the amount we pay; and

- (2) The mortgageholder's right to recover the full amount of the mortgageholder's claim will not be impaired.

At our option, we may pay to the mortgageholder the whole principal on the mortgage plus any accrued interest. In this event, your mortgage and note will be transferred to us and you will pay your remaining mortgage debt to us.

- f. If we cancel this policy, we will give written notice to the mortgageholder at least:
  - (1) 10 days before the effective date of cancellation if we cancel for your nonpayment of premium; or
  - (2) 30 days before the effective date of cancellation if we cancel for any other reason.
- g. If we elect not to renew this policy, we will give written notice to the mortgageholder at least 10 days before the expiration date of this policy.

### 2. Need for Adequate Insurance

We will not pay a greater share of any loss than the portion that the Limit of Insurance bears to the value on the date of completion of the building described in the Declarations.

#### EXAMPLE #1 (UNDERINSURANCE)

When: The value of the building on the date of completion is: \$200,000  
The Limit of Insurance for it is: \$100,000  
The Deductible is: \$ 500  
The amount of loss is: \$ 80,000

Step (1):  $\$100,000 \div \$200,000 = .50$

Step (2):  $\$80,000 \times .50 = \$40,000$

Step (3):  $\$40,000 - \$500 = \$39,500$ .

We will pay no more than \$39,500. The remaining \$40,500 is not covered.

#### EXAMPLE #2 (ADEQUATE INSURANCE)

When: The value of the building on the date of completion is: \$200,000  
The Limit of Insurance for it is: \$200,000  
The Deductible is: \$ 1,000  
The amount of loss is: \$ 80,000

The limit of Insurance in the example is adequate and therefore no penalty applies. We will pay no more than \$79,000 (\$80,000 amount of loss minus the deductible of \$1,000).

### 3. Restriction Of Additional Coverage – Collapse

If the Causes Of Loss – Broad Form is applicable to this Coverage Form, Paragraph C.2.f. of the Additional Coverage – Collapse does not apply to this Coverage Form.

If the Cause Of Loss – Special Form is applicable to this Coverage Form, Paragraphs D.2.c. and D.2.d of the Additional Coverage Collapse do not apply to this Coverage Form.

#### **4. When Coverage Ceases**

The insurance provided by this Coverage Form will end when one of the following first occurs:   **a.** This policy expires or is cancelled.

**b.** The property is accepted by the purchaser;

**c.** Your interest in the property ceases;

**d.** You abandon the construction with no intention to complete it;

**e.** Unless we specify otherwise in writing.

(1) 90 days after construction is complete or;

(2) 60 days after any building described in the

Declarations is:

(a) Occupied in whole or in part; or

(b) Put to its intended use.

#### **G. Definitions**

“Pollutants” means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, acids, alkalis, chemicals and waste. Waste includes materials to be recycled, reconditioned or reclaimed.



EXHIBIT D  
COMMERCIAL PROPERTY  
CP 10 30 06 07

**CAUSES OF LOSS – SPECIAL FORM**

Words and phrases that appear in quotation marks have special meaning. Refer to Section G., Definitions.

**A. Covered Causes Of Loss**

When Special is shown in the Declarations, Covered Causes of Loss means Risk of Direct Physical Loss unless the loss is:

1. Excluded in Section B., Exclusions; or
2. Limited in Section C., limitations; that follow.

**B. Exclusions**

1. We will not pay for loss or damage caused directly or indirectly by any of the following. Such loss or damage is excluded regardless of any other cause or event that contributes concurrently or in any sequence to the loss.

**a. Ordinance or Law**

The enforcement of any ordinance or law:

- (1) Regulating the construction, use or repair of any property; or
- (2) Requiring the tearing down of any property, including the cost of removing its debris.

This exclusion, Ordinance Or Law applies whether the loss results from:

- (a) An ordinance or law that is enforced even if the property has not been damaged; or
- (b) The increased costs incurred to comply with an ordinance or law in the course of construction, repair, renovation, remodeling or demolition of property, or removal of its debris, following a physical loss to that property.

**b. Earth movement**

- (1) Earthquake, including any earth sinking, rising or shifting related to such event;
- (2) Landslide including any earth sinking, rising or shifting related to such event.
- (3) Mine subsidence, meaning subsidence of a man-made mine, whether or not mining activity has ceased;
- (4) Earth sinking (other than sinkhole collapse), rising or shifting including soil conditions which cause settling, cracking or other disarrangement of foundations or other parts or realty. Soil conditions include contraction, expansion, freezing, thawing, erosion, improperly compacted soil and the action of water under the ground surface.

But if Earth Movement, as described in b.(1) through (4) above, results in fire or explosion, we will pay for the loss or damage caused by that fire or explosion.

- (5) Volcanic eruption, explosion or effusion. But if volcanic eruption, explosion or effusion results in fire, building glass breakage or Volcanic Action, we will pay for the loss or damage caused by that fire, building glass breakage or Volcanic Action.

Volcanic Action means direct loss or damage resulting from the eruption of a volcano when the loss or damage is caused by:

- (a) Airborne volcanic blast or airborne shock waves;
- (b) Ash, dust or particulate matter; or
- (c) Lava flow.

All volcanic eruptions that occur within any 168-hour period will constitute a single occurrence.

Volcanic Action does not include the cost to remove ash, dust or particulate matter that does not cause direct physical loss or damage to the described property.

**c. Governmental Action**

Seizure or destruction of property by order of governmental authority.

But we will pay for loss or damage caused by or resulting from acts of destruction ordered by governmental authority and taken at the time of a fire to prevent its spread, if the fire would be covered under this Coverage Part.

**d. Nuclear Hazard**

Nuclear reaction or radiation, or radioactive contamination, however caused.

But if nuclear reaction or radiation, or radioactive contamination, results in fire, we will pay for the loss or damage caused by that fire.

**e. Utility Services**

The failure of power, communication, water or other utility service supplied to the described premises, however caused, if the failure:

- (1) Originates away from the described premises; or
- (2) Originates at the described premises but only if such failure involves equipment used to supply the utility service to the described premises from a source away from the described premises.

Failure of any utility service includes lack of sufficient capacity and reduction in supply. Loss or damage caused by a surge of power is also excluded, if the surge would not have occurred but for an event causing failure of power.

But if the failure or surge of power, or the failure of communication, water or other utility service, results in Covered Cause of loss, we will pay for the loss or damage caused by that Covered Cause of Loss.

Communication services include but are not limited to service relating to Internet access or access to any electronic, cellular or satellite network.

**f. War And Military Action**

- (1) War, including undeclared or civil war;
- (2) Warlike action by military force, including action in hindering or defending against an actual or expected attack, by any government, sovereign or other authority using military personnel or other agents; or
- (3) Insurrection, rebellion, revolution, usurped power, or action taken by governmental authority in hindering or defending against any of these.

**g. Water**

- (1) Flood, surface water, waves, tides, tidal waves, overflow of any body of water or their spray, all whether driven by wind or not;
- (2) Mudslide or mudflow;
- (3) Water that backs up or overflows from a sewer, drain or sump; or
- (4) Water under the ground surface pressing on, or flowing or seeping through:
  - (a) Foundations, walls, floors or paved surfaces;
  - (b) Basements, whether paved or not; or
  - (c) Doors, windows or other openings.

But if Water, as described in **g.(1)**. Through **g.(4)**, above, results in fire, explosion or sprinkler leakage, we will pay for the loss or damage caused by that fire explosion or sprinkler leakage.

**h. "Fungus", Wet Rot, Dry Rot And Bacteria**

Presence, growth, proliferation, spread or any activity of "fungus", wet or dry rot or bacteria.

But if "fungus", wet or dry rot or bacteria results in a "specified cause of loss", we will pay for the loss or damage caused by that "specified cause of loss".

This exclusion does not apply:

- 1. When "fungus", wet or dry rot or bacteria results from fire or lightning; or
- 2. To the extent that coverage is provided in the Additional Coverage – Limited Coverage For "Fungus", Wet Rot, Dry Rot And Bacteria with respect to loss or damage by a cause of loss other than fire or lightning.

Exclusions **B.1.a.** through **B.1h.** apply whether or not the loss event results in widespread damage or affects a substantial area.

2. We will not pay for loss or damage caused by or resulting from any of the following:

- a. Artificially generated electrical, magnetic or electromagnetic energy that damages, disturbs, disrupts or otherwise interferes with any:
  - (1) Electrical or electronic wire, device, appliance, system or network; or
  - (2) Device, appliance, system or network utilizing cellular or satellite technology.

For the purpose of this exclusion, electrical, magnetic or electromagnetic energy includes but is not limited to:

- (a) Electrical current, including arcing;
- (b) Electrical charge produced or conducted by a magnetic or electromagnetic field;
- (c) Pulse of electromagnetic energy; or
- (d) Electromagnetic waves or microwaves.

But if fire results, we will pay for the loss or damage caused by the fire.

**b.** Delay, loss of use or loss of market.

**c.** Smoke, vapor or gas from agricultural smudging or industrial operations

**d. (1)** Wear and tear;

(2) Rust or other corrosion, decay, deterioration, hidden or latent defect or any quality in property that causes it to damage or destroy itself;

(3) Smog;

(4) Setting, cracking, shrinking or expansion;

(5) Nesting or infestation, or discharge or release of waste products or secretions, by insects, birds, rodents or other animals.

(6) Mechanical breakdown, including rupture or bursting caused by centrifugal force. But if mechanical breakdown results in elevator collision, we will pay for the loss or damage caused by the elevator collision.

(7) The following causes of loss to personal property:

(a) Dampness or dryness of atmosphere;

(b) Changes in or extremes of temperature; or

(c) Marring or scratching.

But if an excluded cause of loss that is listed in **2.d.(1)**, through (7) results in a "specified cause of loss" or building glass breakage, we will pay for the loss or damage caused by that "specified cause of loss" or building glass breakage.

**e.** Explosion of steam boilers, steam pipes, steam engines or steam turbines owned or leased by you, or operated under your control. But if explosion of steam boilers, steam pipes, steam engines or steam turbines result in fire or combustion explosion, we will pay for the loss or damage caused by that fire or combustion explosion. We will also pay for loss or damage caused by or resulting from explosion of gases or fuel within the furnace of any fired vessel or within the flues or passages through which the gases of combustion pass.

**f.** Continuous or repeated seepage or leakage of water, or the presence or condensation of humidity, moisture or vapor, that occurs over period of 14 days or more.

**g.** Water, other liquids, powder or molten material that leaks or flows from plumbing, heating, air conditioning or other equipment (except fire protective systems) caused by or resulting from freezing, unless:

- (1) You do your best to maintain heat in the building or structure; or
  - (2) You drain the equipment and shut off the supply if the heat is not maintained.
- h.** Dishonest or criminal act by you, any of your partners, members, officers, managers, employees (including leased employees), directors, trustees, authorized representatives or anyone to whom you entrust the property for any purpose.
- (1) Acting alone or in collusion with others; or
  - (2) You drain the equipment and shut off the supply if the heat is not maintained.

This exclusion does not apply to acts of destruction by your employees (including leased employees); but theft by employees (including leased employees) is not covered.

- i.** Voluntary parting with any property by you or anyone else to whom you have entrusted the property if induced to do so by any fraudulent scheme, trick, device or false pretense.
- j.** rain, snow, ice or sleet to personal property in the open.
- k.** Collapse, including any of the following conditions of property or any part of the property:
  - (1) An abrupt falling down or caving in;
  - (2) Loss of structural integrity, including separation of parts of the property or property in danger of falling down or caving in; or
  - (3) Any cracking, bulging, sagging, bending, leaning, setting, shrinkage or expansion as such condition relates to (1) or (2) above.

But if collapse results in a Covered Cause of Loss at the described premises, we will pay for the loss or damage caused by that Covered Cause of Loss.

The exclusion, **k.**, does not apply:

- (a) To the extent that coverage is provided under the Additional Coverage – Collapse; or
- (b) To collapse caused by one or more of the following:
  - (i) The “specified cause of loss”;
  - (ii) Breakage of building glass;
  - (iii) Weight of rain that collects on a roof; or
  - (iv) Weight of people or personal property.

- l.** Discharge, dispersal, seepage, migration, release or escape of “pollutants” unless the discharge, dispersal, seepage, migration, release or escape is itself caused by any of the “specified causes of loss”. But if the discharge, dispersal, seepage, migration, release or escape of “pollutants” results in “specified cause of loss”, we will pay for the loss or damage caused by that “specified cause of loss”.

The exclusion, **l.**, does not apply to damage to glass caused by chemicals applied to glass.

- m.** Neglect of an insured to use all reasonable means to save and preserve property from further damage at and after the time loss.

- 3.** We will not pay for loss or damage caused by or resulting from any of the following, **3.a.** through **3.c.** But if an excluded cause of loss that is listed in **3.a.** through **3.c.** results in a Covered Cause of Loss, we will pay for the loss or damage caused by that Covered Cause of Loss.

- a.** Weather conditions. But this exclusion only applies if weather conditions contribute in any way with a cause or event excluded in Paragraph **1.** above to produce the loss or damage.
- b.** Acts or decisions, including the failure to act or decide, of any person, group, organization or governmental body.
- c.** Faulty, inadequate or defective:
  - (1) Planning, zoning, development, surveying, siting;
  - (2) Design, specifications, workmanship, repair, construction, renovation, remodeling, grading, compaction;
  - (3) Materials used in repair, construction renovation or remodeling; or
  - (4) Maintenance; of part or all of any property on or off the described premises.

#### **4. Special Exclusions**

The following provisions apply only to the specified Coverage Forms.

- a. Business Income (And Extra Expense) Coverage Form, Business Income (Without Extra Expense) Coverage Form, Or Extra Expense Coverage Form**  
We will not pay for:

- (1) Any loss caused by or resulting from:
  - (a) Damage or destruction of “finished stock”; or
  - (b) The time required to reproduce “finished stock”.

This exclusion does not apply to Extra Expense.

- (2) Any loss caused by or resulting from direct physical loss or damage to radio or television antennas (including satellite dishes) and their lead in-wiring, masts or towers.
- (3) Any increase of loss caused by or resulting from:
  - (a) Delay in rebuilding, repairing or replacing the property or resuming “operations”, due to interference at the location of the rebuilding, repair or replacement by strikers or other persons; or
  - (b) Suspension, lapse or cancellation of any license, lease or contract. But if the suspension, lapse or cancellation is directly caused by the “suspension” of “operations”, we will cover such loss that affects your Business Income during the “period of restoration” and any extension of the “period of restoration” in accordance with the terms of the Extended business Income Additional Coverage and the Extended Periods Of

Indemnity Optional Coverage or any variation of these.

- (4) Any Extra Expense caused by or resulting from suspension, lapse or cancellation of any license, lease or contract beyond the "period of restoration".
- (5) Any other consequential loss.

**b. Leasehold interest Coverage Form**

- (1) Paragraph **B.1.a.**, Ordinance Or Law, does not apply to insurance under this Coverage Form.
- (2) We will not pay for any loss caused by:
  - (a) Your cancelling the lease;
  - (b) The suspension lapse or cancellation of any license; or
  - (c) Any other consequential loss.

**c. Legal liability Coverage Form**

- (1) The following exclusions do not apply to insurance under this Coverage Form:
  - (a) Paragraph **B.1.a.**, Ordinance Or Law;
  - (b) Paragraph **B.1.c.**, Governmental Action
  - (c) Paragraph **B.1.d.**, Nuclear Hazard;
  - (d) Paragraph **B.1.e.**, Utility Services; and
  - (e) Paragraph **B.1.f.**, War And Military Action
- (2) The following additional exclusions apply to insurance under this Coverage Form:

**(a) Contractual Liability**

We will not defend any claim or "suit", or pay damages that you are legally liable to pay solely by reason of your assumption of liability in a contract or agreement.

But this exclusion does not apply to a written lease agreement in which you have assumed liability for building damage resulting from an actual or attempted burglary or robbery, provided that:

- (i) Your assumption of liability was executed prior to accident; and
- (ii) The building is Covered Property under this Coverage Form.

**(b) Nuclear Hazard**

We will not defend any claim or "suit", or pay any damages, loss, expense or obligation, resulting from nuclear reaction or radiation, or radioactive contamination, however caused.

**5. Additional Exclusion**

The following provisions apply only to the specified property.

**LOSS OR DAMAGE TO PRODUCTS**

We will not pay for loss or damage to any merchandise, goods or other product caused by or resulting from error or omission by any person or entity (including those having possession under an arrangement where work or a portion of the work is outsourced) in any stage of the development, production or use of the product, including planning, testing, processing, packaging, installation,

maintenance or repair. This exclusion applies to any effect that compromises the form, substance or quality of the product. But if such error or omission results in a Covered Cause loss, we will pay for the loss or damage caused by that Covered Cause of Loss.

**C. Limitations**

The following limitations apply to all policy forms and endorsements, unless otherwise stated.

1. We will not pay for loss of or damage to property, as described and limited in the section. In addition, we will not pay for any loss that is a consequence of loss or damage as described and limited in this section.

**a.** Steam boilers, steam pipes steam engines or steam turbines caused by or resulting from any condition or event inside such equipment. But we will pay for loss of or damage to such equipment caused by or resulting from an explosion of gases or fuel within the furnace of any fired vessel or within the flues or passages through which the gases of combustion pass.

**b.** Hot water boilers or other water heating equipment caused by ore resulting from any condition or event inside such boilers or equipment, other than an explosion.

**c.** The interior of any building or structure or to personal property in the building or structure, caused by or resulting from rain, snow, sleet, ice, sand or dust, whether driven by wind or not, unless:

- (1) The building or structure first sustains damage by a Covered Cause of Loss to its roof or walls through which the rain, snow, sleet, ice, sand or dust enters; or
- (2) The loss or damage is caused by or results from thawing of snow, sleet or ice on the building or structure.

**d.** Building materials and supplies not attached as part of the building or structure caused by or resulting from theft.

However, this limitation does not apply to:

- (1) Building materials and supplies held for sale by you, unless they are insured under the Builders Risk Coverage Form; or
- (2) Business Income Coverage or Extra Expense Coverage.

**e.** Property that is missing, where the only evidence of the loss or damage is a shortage disclosed on taking inventory, or other instances where there is no physical evidence to show what happened to the property.

**f.** Property that has been transferred to a person or to a place outside the described premises on the basis of unauthorized instructions.

2. We will not pay for loss of or damage to the following types of property unless caused by the “specified causes of loss” or building glass breakage:

a. Animals, and then only if they are killed or their destruction is made necessary.

b. Fragile articles such as statuary, marbles, chinaware and porcelains, if broken. This restriction does not apply to:

(1) Glass; or

(2) Containers of property held for sale.

c. Builders’ machinery, tools and equipment owned by you or entrusted to you, provided such property is Covered Property.

(1) If the property is located on or within 100 feet of the described premises, unless the premises is insured under the Builders Risk Coverage Form; or

(2) To Business Income Coverage or to Extra Expense Coverage.

3. The special limit shown for each category, a. through d., is the total limit for loss of or damage to all property in that category. The special limit applies to any one occurrence of theft, regardless of the types or number of articles that are lost or damaged in that occurrence. The special limits are:

a. \$2,500 for furs, fur garments and garments trimmed with fur.

b. \$2,500 for jewelry, watches, watch movements, jewels, pearls, precious and semiprecious stones, bullion, gold, silver, platinum, and other precious alloys or metals. This limit does not apply to jewelry and watches worth \$100 or less per item.

c. \$2,500 for patterns, dies, molds and forms.

d. \$250 for stamps, tickets, including lottery tickets held for sale, and letters for credit.

These special limits are part of, not in addition to, the Limit of Insurance applicable to the Covered Property.

This limitation, C.3., does not apply to Business Income Coverage or Extra Expense Coverage.

4. We will not pay the cost to repair any defect to a system or appliance from which water, other liquid, powder or molten material escapes. But we will pay the cost to repair or replace damaged parts of fire-extinguishing equipment if the damage:

a. Results in discharge of any substance from an automatic fire protection system; or

b. Is directly caused by freezing.

However, this limitation does not apply to Business Income Coverage or to Extra Expense Coverage.

#### **D. Additional Coverage – Collapse**

The coverage provided under this Additional Coverage – Collapse applies only to an abrupt collapse as described and limited in D.1., through D.7.,

1. For the purpose of this Additional Coverage – Collapse, abrupt collapse means an abrupt falling

down or caving in of a building or any part of a building with the result that building or part of the building cannot be occupied for its intended purpose.

2. We will pay for direct physical loss or damage to Covered Property, caused by abrupt collapse of building or any part of a building that is insured under this Coverage Form or that contains Covered Property insured under this Coverage Form, if such collapse is caused by one or more of the following.

a. Building decay that is hidden from view unless the presence of such decay is known to an insured prior to collapse;

b. Insect or vermin damage that is hidden from view, unless the presence of such damage is known to an insured prior to collapse;

c. Use of defective material or methods in construction, remodeling or renovation if the abrupt collapse occurs during the course of the construction, remodeling or renovation.

d. Use of defective material or methods in construction, remodeling or renovation if the abrupt collapse occurs after the construction, remodeling or renovation is complete but only if the collapse is caused in part by:

(1) A cause of loss listed in 2.a. or 2.b.;

(2) One or more of the “specified causes of loss”;

(3) Breakage of building glass;

(4) Weight of people or personal property; or

(5) Weight of rain that collects on a roof.

3. This **Additional Coverage – Collapse** does **not** apply to:

a. A building or any part of a building that is in danger of falling down or caving in;

b. A part of a building that is standing, even if it has a separated from another part of the building; or

c. A building that is standing or any part of a building that is standing even if it shows evidence of cracking, bulging, sagging, bending, leaning, setting, shrinkage or expansion.

4. With respect to the following property:

a. Outdoor radio or television antennas (including satellite dishes) and their lead-in wiring, masts or towers;

b. Awnings, gutters and downspouts;

c. Yard fixtures;

d. Outdoor swimming pools;

e. Fences;

f. Piers, wharves and docks;

g. Beach or diving platforms or appurtenances;

h. Retaining walls; and

i. Walks, roadways and other paved surfaces;

if an abrupt collapse is caused by cause of loss listed in 2.a. through 2.d., we will pay for loss or damage to that property only if:

- (1) Such loss or damage is a direct result of the abrupt collapse of a building insured under this Coverage Form.
  - (2) The property is Covered Property under this Coverage Form.
5. If personal property abruptly falls down or caves in and such collapse is **not** the result of abrupt collapse of a building, we will pay for loss or damage to Covered property caused by such collapse of personal property only if:
- a. The collapse of personal property was caused by a cause of loss listed in **2.a.** through **2.d.**;
  - b. The personal property which collapses is inside a building; and
  - c. The property which collapses is not of a kind listed in **4.**, regardless of whether that kind of property is considered to be personal property or real property.
- The coverage stated in the Paragraph **5.** does not apply to personal property if marring and/or scratching is the only damage to that personal property caused by the collapse.
6. This Additional Coverage – Collapse does not apply to a personal property that has not abruptly fallen down or caved in, even if the personal property shows evidence of cracking, bulging, sagging, bending, leaning, settling, shrinkage or expansion.
7. This Additional Coverage – Collapse will not increase the Limits of Insurance provided in this Coverage Part.
8. The term Covered Cause of Loss includes the Additional Coverage – Collapse as described and limited in **D.1.** through **D.7.**
- E. Additional Coverage – Limited Coverage For “Fungus”, Wet Rot, Dry Rot And Bacteria**
1. The coverage described in **E.2.** and **E.6.** only applies when the “fungus”, wet or dry rot or bacteria is the result of one or more of the following causes that occurs during the policy period and only if all reasonable means were used to save and preserve the property from further damage at the time of and after that occurrence.
- a. A “specified cause of loss” other than fire or lightning; or
  - b. Flood, if Flood Coverage Endorsement applies to the affected premises.
2. We will pay for loss or damage by “fungus” wet or dry rot or bacteria. As used in this Limited Coverage, the term loss or damage means:
- a. Direct physical loss or damage to Covered Property caused by “fungus”, wet or dry rot or bacteria including the cost of removal of the “fungus”, wet or dry rot or bacteria;
  - b. The cost to tear out and replace any part of the building or other property as needed to gain access to the “fungus”, wet or dry rot or bacteria; and
  - c. The cost of testing performed after removal, repair, replacement or restoration of the damaged property is completed, provided there is a reason to believe that “fungus”, wet or dry rot or bacteria are present.
3. The coverage described under **E.2.** of this Limited Coverage is limited to \$15,000. Regardless of the number of claims, this limit is the most we will pay for the total of all loss or damage arising out of all occurrences of “specified cause of loss” (other than fire or lightning) and Flood which take place in a 12 month period (starting with the beginning of the present annual policy period). With respect to a particular occurrence of loss which results in “fungus”, wet or dry rot or bacteria, we will not pay more than a total of \$15,000 even if the “fungus”, wet or dry rot or bacteria continues to be present or active, or recurs, in a later policy period.
4. The coverage provided under this Limited Coverage does not increase the applicable Limit of Insurance on any Covered Property. If a particular occurrence results in loss or damage by “fungus”, wet or dry rot or bacteria, and other loss or damage, we will not pay more, for the total of all loss or damage, than the applicable Limit of Insurance on the affected Covered Property.
- If there is covered loss or damage to Covered Property, not caused by “fungus”, wet or dry rot or bacteria, loss payment will not be limited by the terms of this Limited Coverage, except to the extent that “fungus”, wet or dry rot or bacteria causes an increase in the loss. Any such increase in the loss will be subject to the terms of this Limited Coverage.
5. The terms of this Limited Coverage do not increase or reduce the coverage provided under Paragraph **F.2.** (Water Damage, Other Liquids, Powder Or Molten Material Damage) of this Causes Of Loss Form or under the Additional Coverage – Collapse.
6. The following, **6.a** or **6.b.**, applies only if Business Income and/or Extra Expense Coverage applies to the described premises and only if the “suspension” of “operations” satisfies all terms and conditions of the applicable Business Income and/or Extra Expense Coverage Form.
- a. If the loss which resulted in “fungus”, wet rot or dry rot or bacteria does not in itself necessitate a “suspension” of “operations”, but such “suspension” is necessary due to loss or damage to property caused by “fungus” wet or dry rot or bacteria, then our payment under Business Income and/or Extra Expense is limited to the amount of loss and/or expense sustained in a period of not more than 30 days. The days need not be consecutive.
  - b. If a covered “suspension” of “operations” was caused by loss or damage other than “fungus”, wet or dry rot or bacteria but remediation of “fungus”, wet or dry rot or bacteria but remediation of

“fungus”, wet or dry rot or bacteria prolongs the “period of restoration”, we will pay for loss and/or expense sustained during the delay (regardless of when such delay occurs during the “period of restoration”), but such coverage is limited to 30 days. The days need not be consecutive.

## **F. Additional Coverage Extensions**

### **1. Property In Transit**

This Extension applies only to your personal property to which this form applies.

- a. You may extend the insurance provided by this Coverage Part to apply to your personal property (other than property in the care, custody or control of your salespersons) in transit more than 100 feet from the described premises. Property must be in or on a motor vehicle you own, lease or operate while between points in the coverage territory.
- b. Loss or damage must be caused by or result from one of the following causes of loss:
  - (1) Fire, lightning, explosion, windstorm or hail riot or civil commotion, or vandalism.
  - (2) Vehicle collision, upset or overturn. Collision means accidental contact of your vehicle with another vehicle or object. It does not mean your vehicle’s contact with the roadbed.
  - (3) Theft of an entire bale, case or package by forced entry into a securely locked body or compartment of the vehicle. There must be visible marks of the forced entry.
- c. The most we will pay for loss or damage under this Extension is \$5,000.

This Coverage Extension is additional insurance. The Additional Condition, Coinsurance, does not apply to this Extension.

### **2. Water Damage, Other Liquids, Powder Or Molten Material Damage**

If loss or damage caused by or resulting from covered water or other liquid, powder or molten material damage loss occurs, we will also pay the cost to tear out and replace any part of the building or structure to repair damage to the system or appliance from which the water or other substance escapes. This Coverage Extension does not increase the Limit of Insurance.

### **3. Glass**

- a. We will pay for expenses incurred to put up temporary plates or board up openings if repair or replacement of damaged glass is delayed.
- b. We will pay for expenses incurred to remove or replace obstructions when repairing or replacing glass that is part of a building. This does not include removing or replacing window displays.

The Coverage Extension, **F.3.**, does not increase the Limit of Insurance.

## **G. Definitions**

1. “Fungus” means type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents or by-products produced or released by fungi.
2. “Specified cause of loss” means the following: fire; lightning; explosion; windstorm or hail; smoke; aircraft or vehicles; riot or civil commotion; vandalism; leakage from fire-extinguishing equipment; sinkhole collapse; volcanic action; falling objects; weight of snow, ice or sleet; water damage.
  - a. Sinkhole collapse means sudden sinking or collapse of land into underground empty spaces created by the action of water on limestone or dolomite. This cause of loss does not include:
    - (1) The cost of filling sinkholes; or
    - (2) Sinking or collapse of land into manmade underground cavities.
  - b. Falling objects does not include loss or damage to:
    - (1) Personal property in the open; or
    - (2) The interior of a building or structure, or property inside a building or structure, unless the roof or an outside wall of the building or structure is first damaged by a falling object.
  - c. Water damage means accidental discharge or leakage of water or steam as the direct result of the breaking apart or cracking of a plumbing, heating, air conditioning or other system or appliance (other than a sump system including its related equipment and system including its related equipment and parts), that is located on the described premises and contains water or steam.

EXHIBIT E

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s):</b>	<b>Location(s) Of Covered Operations</b>
Orange County Board of County Commissioners Procurement Division 400 E. South Street Orlando, FL 32801	

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to incline as an additional insured the person(s) or organization(s) shown in the Schedule but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part by:

1. Your acts omissions; or
2. The acts or omissions of those acting on your behalf; In the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

The insurance does not apply to “bodily injury” or “property damage” occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be



EXHIBIT F

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
Orange County Board of County Commissioners Procurement Division 400 E. South Street ORLANDO, FL 32801
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with you premises owned by or rented to you.

## EXHIBIT G

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WORKERS COMPENSTION AND EMPLOYEES LIABILITY INSURANCE POLICY

WC 00.03.13

2<sup>ND</sup> Reprint

*Effective April 1, 1984*

Advisory

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### WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

**Name of Person or Organization:**

ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS  
PROCUREMENT DIVISION  
400 E. SOUTH STREET  
ORLANDO, FL 32801

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**EXHIBIT H**

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

**COMMERCIAL GENERAL LIABILITY  
CG 24 04 10 93**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US**

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name of Person or Organization:**

ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS  
PROCUREMENT DIVISION  
400 E. SOUTH STREET  
ORLANDO, FL 32801

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right to recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or “your work” done under a contract with that person or organization and included in the “Products-completed operations hazard”. This waiver applies only to the person or organization shown in the Schedule above.

**Part C**  
**GENERAL PROJECT DESCRIPTION:**

**SCOPE OF WORK:** The Work to be performed under the resultant contract is generally described as follows:

**PART 1 - West Building Restrooms Renovation**

The OCCC is upgrading the restrooms in the West Building. The restrooms are over 20 years old, and must be renovated to comply with current building codes. There are 82 single restrooms, (41 pairs consisting of women's and men's restrooms), totaling approximately 40,000 square feet, located in the public concourses, exhibit halls, and back-of-house employee service areas.

The renovated restrooms will have upgraded finishes, plumbing, electrical, additional and/or new fixtures. The objective of this project is to upgrade all the restrooms over a three (3) year period sequenced around the Convention Center scheduled shows and events. The Convention Center anticipates starting construction in September, 2016.

**PROJECT LOCATION**

Orange County Convention Center  
West Building  
9800 International Drive  
Orlando, Florida 32819

**PART 2 – West Building W109-W110 Meeting Rooms Renovation**

The OCCC is converting meeting rooms W109 & W110 to an administrative area. The meeting rooms were built in January 1996, and are located on the first level of the West Building adjacent to the employee parking garage. They can be subdivided into two main sections by movable operable partitions, and accommodate approximately 2,510 people.

The new space designated for the administrative area is approximately 40,000 square feet and will have a reception area, offices, conference rooms, restrooms, break room, training room, and an open modular workstation area. Additionally, the building systems will be upgraded, and there will be new electrical to accommodate LED lighting, security enhancements, and low voltage technology. The Contractor will have within 300 calendar days to complete the project sequenced around the Convention Center scheduled shows and events. The Convention Center anticipates starting construction in October, 2016.

**PROJECT LOCATION**

Orange County Convention Center  
West Building  
9800 International Drive  
Orlando, Florida 32819

\*\*\*\*\*

**RFQ Y16-774-MM**

**STATEMENT OF QUALIFICATIONS FORM**

**FOR**

**REQUEST FOR QUALIFICATIONS FOR  
THE ORANGE COUNTY CONVENTION CENTER WEST BUILDING RESTROOMS  
AND W109 AND W110 MEETING ROOMS RENOVATIONS**

\*\*\*\*\*

**Mail or Hand Deliver**

**ORIGINAL SOQ FORM AND FIVE (5) COMPLETE COPIES**

**By 2:00 PM – June 7, 2016**

**To:**

**BOARD OF COUNTY COMMISSIONERS  
ORANGE COUNTY, FLORIDA  
INTERNAL OPERATIONS CENTRE II  
PROCUREMENT DIVISION  
400 E. SOUTH STREET – 2<sup>nd</sup> FLOOR  
ORLANDO, FLORIDA 32801**

**INTERNAL OPERATIONS CENTRE II  
PROCUREMENT CONFERENCE ROOM, 2nd FLOOR  
ORLANDO, FLORIDA**

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**Company Name**

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**Complete Mailing Address**

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**City, County, State, Zip Code**

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**Telephone Number, Fax Number, Email Address**

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**Contact Person**

\*\*\*\*\*

**PART D**

\*\*\*\*\*

**Contractor's Project Experience**  
**PART A - Restrooms Renovation:**  
**PROJECT NO. 1**

Project Name:

Owner:

Reference Name:

Address:

Phone Number:

Email Address:

1. Original Bid/Proposal: \$ \_\_\_\_\_
2. Final Construction Cost: \$ \_\_\_\_\_
3. Construction Completion Date (**month/year**): \_\_\_\_\_

Provide description to include the elements that would constitute a similar project:

**Contractor's Project Experience**  
**PART A - Restrooms Renovation:**  
**PROJECT NO. 2**

Project Name:

Owner:

Reference Name:

Address:

Phone Number:

Email Address:

1. Original Bid/Proposal: \$ \_\_\_\_\_
2. Final Construction Cost: \$ \_\_\_\_\_
3. Construction Completion Date (**month/year**): \_\_\_\_\_

Provide description to include the elements that would constitute a similar project:

**Contractor's Project Experience**  
**PART A - Restrooms Renovation:**  
**PROJECT NO. 3**

Project Name:

Owner:

Reference Name:

Address:

Phone Number:

Email Address:

1. Original Bid/Proposal: \$ \_\_\_\_\_
2. Final Construction Cost: \$ \_\_\_\_\_
3. Construction Completion Date (**month/year**): \_\_\_\_\_

Provide description to include the elements that would constitute a similar project:



**Contractor's Project Experience**  
**PART B - Meeting Rooms Renovation:**  
**PROJECT NO. 1**

Project Name:

Owner:

Reference Name:

Address:

Phone Number:

Email Address:

1. Original Bid/Proposal: \$ \_\_\_\_\_
2. Final Construction Cost: \$ \_\_\_\_\_
3. Construction Completion Date (**month/year**): \_\_\_\_\_
4. Square Footage: \_\_\_\_\_

Provide description to include the elements that would constitute a similar project:

**Contractor's Project Experience**  
**PART B - Meeting Rooms Renovation:**  
**PROJECT NO. 2**

Project Name:

Owner:

Reference Name:

Address:

Phone Number:

Email Address:

1. Original Bid/Proposal: \$ \_\_\_\_\_
2. Final Construction Cost: \$ \_\_\_\_\_
3. Construction Completion Date (**month/year**): \_\_\_\_\_
4. Square Footage: \_\_\_\_\_

Provide description to include the elements that would constitute a similar project:

**Contractor's Project Experience**  
**PART B - Meeting Rooms Renovation:**  
**PROJECT NO. 3**

Project Name:

Owner:

Reference Name:

Address:

Phone Number:

Email Address:

1. Original Bid/Proposal: \$ \_\_\_\_\_
2. Final Construction Cost: \$ \_\_\_\_\_
3. Construction Completion Date (**month/year**): \_\_\_\_\_
4. Square Footage: \_\_\_\_\_

Provide description to include the elements that would constitute a similar project:

The Contractor hereby agrees that there is attached a:

- |     |  |         |
|-----|--|---------|
| 1.  | Similar Project Experience Form  | Yes ___ |
| 2.  | Construction Industries Licensing Board Certification  | Yes ___ |
| 3.  | Conflict/Non-Conflict of Interest and Litigation Statement   | Yes ___ |
| 4.  | Evidence of Authority to Sign SOQ  | Yes ___ |
| 5.  | E Verification Certification   | Yes ___ |
| 6.  | Drug Free Work Place Form  | Yes ___ |
| 7.  | Contractor's Licenses  | Yes ___ |
| 8.  | Verification of Bonding Capacity Letter from Surety with<br>An effectively dated Power of Attorney | Yes ___ |
| 9.  | Permit to Transact Business in State of Florida  | Yes ___ |
| 10. | Current W9   |         |

**ACKNOWLEDGEMENT OF ADDENDA**

The Contractor shall acknowledge receipt of any addenda issued to the Request for Qualifications by completing the blocks below or by completion of the applicable information on the addendum and returning it not later than the date and time for receipt of the SOQ. Failure to acknowledge an addendum that has a material impact on the RFQ may negatively impact the responsiveness of your SOQ. Material impacts include but are not limited to changes to specifications, letters of credit, insurance, qualifications, etc.

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_ Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_ Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

**FLORIDA CONSTRUCTION INDUSTRIES LICENSING BOARD CERTIFICATION:**

\_\_\_\_\_  
(NAME OF HOLDER) (CERTIFICATE NO.)

\_\_\_\_\_  
(SIGNATURE OF CONTRACTOR) (CERTIFICATE EXPIRATION DATE)

\_\_\_\_\_  
(NAME TYPED)

**IDENTIFICATION OF BUSINESS ORGANIZATION**

Complete and submit the following information:

- Type of Organization  
{ } Sole Proprietorship      { } Partnership  
{ } Joint Venture              { } Corporation

State of Incorporation: \_\_\_\_\_

**CONFLICT/NON-CONFLICT OF INTEREST AND LITIGATION STATEMENT**

**CHECK ONE**

[ ] To the best of our knowledge, the undersigned Contractor has no potential conflict of interest due to any other clients, contracts, or property interest for this project.

**OR**

[ ] The undersigned Contractor, by attachment to this form, submits information which may be a potential conflict of interest due to other clients, contracts, or property interest for this project.

**LITIGATION STATEMENT**

**CHECK ONE**

[ ] The undersigned Contractor has had no litigation and/or judgments entered against it by any local, state or federal entity and has had no litigation and/or judgments entered against such entities during the past ten (10) years.

[ ] The undersigned Contractor, **BY ATTACHMENT TO THIS FORM**, submits a summary and disposition of individual cases of litigation and/or judgments entered by or against any local, state or federal entity, by any state or federal court, during the past ten (10) years.

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
NAME (PRINT OR TYPE)

\_\_\_\_\_  
TITLE

Failure to check the appropriate blocks above may result in disqualification of your proposal. Likewise, failure to provide documentation of a possible conflict of interest, or a summary of past litigation and/or judgments, may result in disqualification of your proposal.

**AUTHORIZED SIGNATORIES/NEGOTIATORS**

The Contractor or proposer represents that the following persons are authorized to sign and/or negotiate Contracts and related documents to which the Contractor or proposer will be duly bound:

Name	Title	Telephone Number	E-Mail Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IN WITNESS WHEREOF, THE CONTRACTOR HAS HEREUNTO SET HIS SIGNATURE AND AFFIXED HIS SEAL THIS DAY OF \_\_\_\_\_, A.D. 20\_\_.

BY \_\_\_\_\_  
(SEAL)

TITLE: \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME AND TITLE

FEDERAL I.D.# \_\_\_\_\_  
Attachment A

**E VERIFICATION CERTIFICATION**

**IFB NO. Y16-774-MM**

**NAME OF CONTRACTOR:** \_\_\_\_\_ (referred to herein as  
"Contractor")

**ADDRESS OF CONTRACTOR:**

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The undersigned does hereby certify that the above named contractor:

1. Is registered and is using the E-Verify system; or
2. Does not have any employees and does not intend to hire any new employees during the period of time that the contractor will be providing services under the contract and consequently is unable to register to use the E-Verify system; or
3. Employs individuals that were hired prior to the commencement of providing labor on the contract and does not intend to hire any new employees during the period of time that the contractor will be providing labor under the contract, and consequently is unable to use the E-Verify system.

The undersigned acknowledges the use of the E-Verify system for newly hired employees is an ongoing obligation for so long as the contractor provides labor under the contract and that the workforce eligibility of all newly hired employees will be properly verified using the E-Verify system.

**In accordance with Section 837.06, Florida Statutes, Contractor acknowledges that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duties shall be guilty of a misdemeanor in the second degree, punishable as provided in Section 775.082 or Section 775.083, Florida Statutes.**

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## DRUG-FREE WORKPLACE FORM

The undersigned vendor, in accordance with Florida Statute 287.087 hereby certifies that \_\_\_\_\_ does:

Name of Business

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Informs employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.
3. Gives each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in Paragraph 1.
4. In the statement specified in Paragraph 1, notifies the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any State, for a violation occurring in the workplace no later than five (5) days such conviction.
5. Imposes a sanction on, or requires the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Makes a good faith effort to continue to maintain a drug-free workplace through implementation of Paragraphs 1 thru 5.

**As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.**

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date