



NORTHERN MORAIINE W R D

ADDENDUM No. 1

DATE: February 14, 2023

COMMODITY/SERVICE: Chlorination & Dechlorination Chemicals

OWNER: Northern Moraine Wastewater Reclamation District

TO: Prospective Bidders

The Addendum forms a part of the Contract Documents and modifies the Bidding Documents dated February 6, 2023, with amendments and additions noted below.

This Addendum No. 1 must accompany the Bidding Documents when submitting a public bid. Failure to do so may disqualify the Bidder.

This Addendum consists of six (6) pages.

General Comments

1. This Addendum No. 1 is being issued to clarify Bidding Document sections and insurance coverages for the specific commodity (Chlorination & Dechlorination Chemicals).

Modification/Clarifications to Invitation to Bid

1. **Section 1 – Invitation for Bidder’s Proposals**
Section 1, 6. Bid Security, Bonds and Insurance, A. Bid Security, is hereby modified as follows;
 - A. *Bid Security. Each Bidder's Proposal shall be accompanied by a security deposit **in the amount of \$4,000** of ten percent of the Bidder's Price Proposal in the form of (1) a Cashier's Check or Certified Check drawn on a solvent bank insured by the Federal Deposit Insurance Corporation and payable without condition to Owner or (2) a Bid Bond in a form satisfactory to Owner from a surety company licensed to do business in the State of Illinois with a general rating of A minus and a financial size category of Class X or better in Best's Insurance Guide.*





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2. Section 3 – Bidder’s Proposal

Section 3, 7. Bid Security, is hereby modified as follows;

*Bidder herewith tenders a Cashier's Check, Certified Check, or Bid Bond as specified in the Invitation for Bidder's Proposals for the sum of **four thousand** dollars (**\$ 4,000**), which is equal to ~~ten percent of Bidder's Price Proposal~~ (“Bid Security”).*

3. Section 1 – Invitation for Bidder’s Proposals

Section 1, 6. Bid Security, Bonds and Insurance, C. Insurance, is hereby modified as follows;

Clarification Description:

Insurance coverage limits were previously left out of the original “2023 Invitation to Bid (RFP) – Chlorination & Dechlorination Chemicals” document. This Addendum No. 1 is being issued to specify insurance coverage limits. Note that a sample contract is no longer part of the Bid Package.

Insurance Limit Requirements

1. Workers' Compensation and Employer's Liability

Limits shall not be less than:

Worker's Compensation: Statutory

Employer's Liability: \$500,000 ea. accident-injury

\$500,000 ea. employee-disease

\$500,000 disease-policy

Such insurance shall evidence that coverage applies to the State of Illinois and provide a waiver of subrogation in favor of Owner.

2. Comprehensive Motor Vehicle Liability

Limits for vehicles owned, non-owned or rented shall not be less than:

\$1,000,000 Bodily Injury and Property Damage Combined Single Limit

3. Comprehensive General Liability

Limits shall not be less than:

\$1,000,000 Bodily Injury and Property Damage Combined Single Limit.

Coverage is to be written on an “occurrence” basis.

Coverage to include:

- Premises Operations
- Products/Completed Operations
- Independent Contractors





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- Personal Injury (with Employment Exclusion deleted)
- Broad Form Property Damage Endorsement
- "X," "C," and "U"
- Contractual Liability

Contractual Liability coverage shall specifically include the indemnification set forth in the Contract/Proposal.

4. Umbrella Liability

Limits shall not be less than:

\$2,000,000 Bodily Injury and Property Damage Combined Single Limit.

This Coverage shall apply in excess of the limits stated in 1, 2, and 3 above.

Contract Bonds Required:

Yes

Other Insurance Requirements:

1. **VERIFICATION OF COVERAGE**: Before commencing the Work, Bidder shall furnish the District with certificates of insurance and additional insured endorsements verifying all required insurance coverages (an example of which is attached hereto as Exhibit 1). The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The certificates and endorsements are to be received and approved by the District before any work commences. The District reserves the right to request full certified copies of the insurance policies and endorsements.
2. **DEDUCTIBLES AND SELF-INSURED RETENTIONS**: Any deductibles or self-insured retentions must be declared to and approved in advance by the District in its sole discretion.
3. **ADDITIONAL INSURED**: The Northern Moraine Wastewater Reclamation District and its officials, employees, agents, and volunteers shall be named as additional insureds for the Bidder's Commercial General Liability and Automobile Liability coverages. Bidder shall provide the District with copies of all additional insured endorsements demonstrating compliance with this provision. The policies of insurance shall contain no provisions that invalidate the naming of the District and its officials, employees, agents, and volunteers as additional insureds.
4. **ACCEPTABILITY OF INSURERS**: Insurance is to be placed with insurers with an A.M. Best rating of no less than A-, VII and licensed to do business in the State of Illinois.
5. **NOTICE OF CANCELLATION OR MODIFICATIONS**: Each insurance policy required shall have the Northern Moraine Wastewater Reclamation District expressly endorsed onto the policy as a Cancellation Notice Recipient and shall provide that no cancellation or non-renewal of any insurance shall become effective until the expiration of 30 days after





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written notice thereof shall have been given by the insurance company to the District. In the event of any such cancellation or non-renewal, Bidder shall provide, with the notice thereof, evidence of replacement insurance. In the event of any change or modification of coverage, Bidder shall notify District within thirty (30) days after Bidder receives such notice of such change.

6. **NO WAIVER**: Under no circumstances shall the District be deemed to have waived any of the insurance requirements of this Agreement by any act or omission, including, but not limited to:
 - A. Allowing work by Bidder or any subcontractor to start before receipt of Certificates of Insurance and Additional Insured Endorsements.
 - B. Failure to examine, or to demand correction of any deficiency, of any Certificate of Insurance and Additional Insured Endorsement received.



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ACORD™ CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY) Completed	
PRODUCER <div style="text-align: right;">Fully Completed</div>			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
INSURED <div style="text-align: right;">Fully Completed</div>			INSURERS AFFORDING COVERAGE		NAIC #		
			INSURER A: Name of Insurance Company		Completed		
			INSURER B: Name of Insurance Company		Completed		
			INSURER C: Name of Insurance Company		Completed		
			INSURER D: Name of Insurance Company		Completed		
			INSURER E: Name of Insurance Company		Completed		
COVERAGES							
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY CG001 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> OWNERS & CONT PROT ((IF REQUIRED)) <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIER PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Policy Number	Policy Start Date	Policy End Date	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea. Occur.)				\$ 50,000	
		MED EXP (Any one person)				\$ 5,000	
		PERSONAL & ADV INJURY				\$ 1,000,000	
		GENERAL AGGREGATE				\$ 2,000,000	
		PRODUCTS-COMP/OP AGG				\$ 1,000,000	
A		AUTOMOBILE LIABILITY CA001 <input checked="" type="checkbox"/> ANY AUTO CA001 <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	Policy Number	Policy Start Date	Policy End Date	COMBINED SINGLE LIMIT (Ea. Accident)	\$ 1,000,000
		BODILY INJURY (PER PERSON)				\$	
		BODILY INJURY (PER ACCIDENT)				\$	
		PROPERTY DAMAGE (PER ACCIDENT)				\$	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY-EA ACCIDENT	\$
		OTHER THAN EA ACC				\$	
		AUTO ONLY: AGG				\$	
B	X	EXCESS UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$	Policy Number	Policy Start Date	Policy End Date	EACH OCCURRENCE	\$ per request
		AGGREGATE				\$ per request	
C		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? NO If yes, describe under SPECIAL PROVISIONS below	Policy Number	Policy Start Date	Policy End Date	<input checked="" type="checkbox"/> WC STATU- <input type="checkbox"/> OTHER TORY LIMITS	
		E.L. EACH ACCIDENT				\$ 500,000	
		E.L. DISEASE-EA EMPLOYEE				\$ 500,000	
		E.L. DISEASE-POLICY LIMIT				\$ 500,000	
OTHER Professional Liability (If requested)		Policy Number	Policy Start Date	Policy End Date			
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS							
List project number, location and description. No endorsements or additional forms modify or limit coverage provided to additional insured. Coverage provided to the additional insured is primary.							
CERTIFICATE HOLDER				CANCELLATION			
Additional Insured: Member, its officials, employees, agents and volunteers.				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.			
				SIGNATURE OF AUTHORIZED AGENT			





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ALL ITEMS IN CONFLICT WITH THIS ADDENDUM ARE HEREBY DELETED.

THIS ADDENDUM IS HEREBY MADE PART OF THE CONTRACT DOCUMENTS AND SHALL BE NOTED ON THE PROPOSAL.

END ADDENDUM No. 1