



REQUEST FOR QUOTATION

PLEASE COMPLETE THE FOLLOWING CONTACT INFORMATION:

NOTES:

Company Name: _____
 Address: _____

 Contact Name: _____
 Contact Title: _____
 E-mail: _____

1. The County reserves the right to reject any and/or all quotes, to waive any technicalities in the quote, and to take whatever action is in the best interest of Washington County.
2. The County is exempt from State of Maryland Sales Tax. The County's Maryland Sales Tax Exemption Number is 30001292.

RETURN QUOTATIONS TO:

WASHINGTON COUNTY DIVISION OF ENGINEERING
 80 West Baltimore Street
 Hagerstown MD 21740

Attention: Mark Mishler – Civil Engineer

Telephone Number: 240-313-2460

REQUEST FOR QUOTATION

DATE ISSUED

DELIVERY WANTED

8/8/2019

DESCRIPTION

HOLIDAY DRIVE CONCRETE CURB
DIVISION OF ENGINEERING
(See Attached Instructions & Specifications)

PRICE (See form of Proposal)

QUOTATION DUE: Friday, August 16, 2019, no later than 2:00 P.M. by e-mail (ecquotes@washco-md.net), fax (240-313-2401), or delivered.

IF DELIVERED, QUOTATIONS TO BE ADDRESSED TO: Washington County Division of Engineering, Attn: Mark Mishler, Civil Engineer, Washington County Administrative Annex, 80 West Baltimore Street, Hagerstown, Maryland, 21740 and enclosed in a sealed opaque envelope marked **"QUOTATION – HOLIDAY DRIVE CONCRETE CURB"**

Having received clarification on all items of conflict or upon which any doubt arose, the undersigned proposed to furnish all labor, materials and equipment called for by said specifications and instructions on the attached Quotation Proposal Form.

Official Signature _____
 Name Printed _____
 Telephone Number _____

Acknowledge Addenda # _____ Date _____
 # _____ Date _____, # _____ Date _____

Delivery/Service can be performed no later than _____
 calendar days from receipt of order.
 Date _____

HOLIDAY DRIVE CONCRETE CURB
NOTICE TO QUOTERS & INSTRUCTIONS

1. **QUOTATION SUBMISSION:** Quotations are due by e-mail (ecquotes@washco-md.net), fax (240-313-2401) or delivery. If delivered, the quotation shall be enclosed in a sealed opaque envelope bearing the name of the Quoter and marked “**HOLIDAY DRIVE RETAINING WALL.**” Quotations are to be addressed to Washington County Division of Engineering, Washington County Administrative Annex, 80 West Washington Street, Hagerstown, MD 21740. Please direct all general inquiries to Mark Mishler, Civil Engineer at 240-313-2402. **Quotations must be received no later than Friday, August 16, 2019 at 2:00 P.M.**
2. **PRE-QUOTATION CONFERENCE:** No pre-quotation conference shall be scheduled.
3. **SITE VISITS:** It is strongly encouraged that each Bidder submitting a quotation for this work examine the site and thoroughly satisfy himself/herself to the conditions under which he/she will operate or that will in any manner affect any work under his/her contract. The Bidder shall accept the site as he/she finds them. All proposals shall take into consideration all conditions that may affect the work. No allowance shall be made to any Bidder for negligence in this respect.
4. **AWARD OF CONTRACT:** The total bid will be used as a basis for evaluation of quotations and award of the Contract. If an award of Contract is made, it will be made to the responsible Bidder who submits the lowest, responsive quotation. Carelessness in quoting prices, or in preparation of quotation otherwise, will not relieve the Quoter. Erasures or changes in quotations must be initialed.
5. **DISPUTES:** In cases of disputes as to whether or not an item or service quoted or delivered meets specifications, the decision of the County Commissioners or authorized representative shall be final and binding on both parties.
6. **EQUAL OPPORTUNITY:** The Board of County Commissioners of Washington County, Maryland does not discriminate on the basis of race, color, national origin, sex, religion, age and disability in employment or the provision of services.
7. **EXCEPTION:** The submission of a quote shall be considered an agreement to all items, conditions, and specifications provided herein and in the various quotation documents unless specifically noted otherwise in the proposal.
8. **INSURANCE:** Upon request and prior to execution of contract, the successful contractor must show Evidence of Insurance as outlined in the attached copy of Washington County Policy No. P-4 (Attachment No. 1).
9. **INTERPRETATION, DISCREPANCIES, OMISSIONS:** Should any Bidder find discrepancies in, or omissions from the documents or be in doubt of their meaning, or feel that the specifications are discriminatory, he/she should at once request an interpretation, in writing, from:

Mark Mishler – Civil Engineer
Washington County Division of Engineering
Washington County Administrative Annex
80 West Baltimore Street
Hagerstown, MD 21740
E-mail: ecbidquestions@washco-md.net
Fax: 240-313-2401

All necessary interpretations will be issued to all bidders in the form of addenda to the specifications, and such addenda shall become part of the contract documents. Exceptions as taken in no way obligates the County to change the specifications. Failure of any Bidder to receive any such addendum or interpretation shall not relieve such Bidder from any obligation under his/her bid as submitted. The County will assume no responsibility for oral instructions or suggestions. **ORAL ANSWERS WILL NOT BE BINDING ON THE COUNTY.** Questions will be accepted in writing no later than Monday, August 12, 2019 at 4:30 pm EST.

10. **TIME OF COMPLETION AND LIQUIDATED DAMAGES:** Bidder must agree to commence work within ten (10) calendar days of receipt of written “Notice to Proceed” by the County and to fully complete the project within **21** consecutive calendar days thereafter.

The Notice to Proceed for this project will be issued within ninety (90) calendar days of the bid opening. The bidder must agree to pay as liquidated damages, the sum of **\$250.00** for each consecutive calendar thereafter.

Time is an essential element of the Contract and it is important that the Work be vigorously prosecuted until Final Acceptance. The Contractor understands and agrees that the County and the general public will suffer financial loss and/or inconvenience if the Project is not substantially complete on the date set forth in the Contract Documents. The County and the Contractor agree that the amount of financial loss and/or inconvenience is not subject to accurate estimation and the actual damages are not easily ascertained. Therefore, the County and the Contractor agree that the amount of liquidated damages set forth in the Contract Documents is a reasonable forecast of the just and fair compensation for the harm that would result from the Contractor’s failure to timely complete the work.

For each calendar day that the Work shall remain uncompleted beyond the Contract Time, the Contractor and/or the Surety shall be liable for liquidated damages in the amount provided for in the Contract Documents, provided, however, that due account shall be taken of any adjustment of the Contract time for completion of work as granted by approved equitable adjustments.

11. **DISPOSAL FEES:** Disposal of items shall be at an approved location or landfill and any fees for same must be included in the contractor's quotation.
12. **PRICE PROPOSAL:** The price proposal shall include unit prices to complete the work as specified in the Scope of Work; and shall include the cost of any and all permits and/or fees, the cost of all applicable seals and other taxes required by Local, State and Federal laws, the cost of bonds and insurances required, the cost of all material, labor, tools, equipment, transportation, landfill users fees, superintending and other services and facilities of every nature whatsoever or as may be necessary to complete the work as described in the specifications. The County will waive the permit fees for permits issued under County jurisdiction.

13. **PAYMENT:** Payment will be made within thirty (30) days after satisfactory acceptance. The Contractor is responsible for the measurement of all quantities on the project. Payment will be based on the completion of the work and paid based on the Contract unit prices. Invoices shall be submitted in duplicate to Mr. Jim Plummer, Division of Engineering, 80 West Baltimore Street, Hagerstown, Maryland 21740. Invoices submitted without clear, concise, readable, definitive information shall be returned for clarification, and may delay payment. Invoices must include the site name and the Washington County-issued Purchase Order (P.O.) number.
14. **PAYMENT OF COUNTY AND MUNICIPAL TAXES:** Effective October 1, 1993, in compliance with Section 1-106(b)(3) of the Code of the Public Local Laws of Washington County, Maryland, "If a Bidder has not paid all taxes owed to the County or a municipal corporation in the County, the County Commissioners may reject the Bidder's bid."
15. **POLITICAL CONTRIBUTION DISCLOSURE:** In accordance with Maryland Code, State Finance and Procurement Article, §17-402, the Bidder shall comply with Maryland Code, Election Law Article, Title 14, which requires that every person that enters into contracts, leases, or other agreements with the State, a county, or any incorporated municipality, or their agencies during a calendar year in which the person receives in the aggregate \$100,000 or more, shall file with the State Administrative Board of Election Laws a statement disclosing contributions in excess of \$500 made during the reporting period to a candidate for elective office in any primary or general election. The statement shall be filed with the State Administrative Board of Election Laws: (1) before a purchase or execution of a lease or contract by the State, a county, an incorporated municipality or their agencies, and shall cover the preceding two (2) calendar years; and (2) if the contribution is made after the execution of a lease or contract, then twice a year, throughout the contract term, on: (a) February 5, to cover the 6-month period ending January 31; and (b) August 5, to cover the 6-month period ending July 31.
16. **RESERVATIONS:** The Board of County Commissioners of Washington County, Maryland, reserves the right to accept or reject any or all quotes, to waive formalities, informalities and technicalities therein. The Board reserves the right to contact a Quoter for clarifications and may, at its sole discretion, allow a Quoter to correct any and all formalities, informalities and technicalities in the best interest of the Washington County.
17. **SALES TAX:** The County is exempt from State of Maryland Sales Tax. The County's Sales Tax Exemption Number is 3000129-2. The Bidder is responsible to make any necessary inquiries and investigations with regulating state agencies to obtain a determination of tax exemptions in his/her quotation.
19. **WORK SITE DAMAGES:** Any damage to finished surfaces, surrounding areas, building, etc., shall be repaired to the damaged party's satisfaction at the Contractor's expense.
20. **FINAL ACCEPTANCE SIGN-OFF:** Final acceptance shall take place after all deficiencies noted by the Washington County Project Manager have been corrected to his/her satisfaction.
21. **PRICES VALID:** All quoted prices shall be valid for ninety (90) consecutive calendar days after submission of quote.

22. **GENERAL CONDITIONS FOR CONSTRUCTION CONTRACTS:** Contractor advised that contract shall abide by Washington County General Conditions for Construction October 2008.

Quotation

HOLIDAY DRIVE CONCRETE CURB

TASK ORDER OF WORK

1. SUMMARY:

This quotation shall be to construct install approximately 75 linear feet of Type A Curb (24") and Gutter (12"). The project shall remove existing concrete curb/retaining wall on Holiday Drive and replace it with new curb. The work shall consist of the removal of asphalt pavement and concrete curb, installation of concrete curb, grading, topsoil and seed, and contingent asphalt work. The Contractor shall submit all applicable material specifications and shop drawings to the Engineer for review and approval prior to the start of work.

2. SCOPE OF WORK

- A. Excavate and dispose of excess material at an approved offsite location. Clear only the smallest area necessary to complete the work.
- B. Construct concrete curb to the limits and specifications shown on the drawings.
- C. Backfill the concrete curb and provide grading tie ins according to the drawings.
- D. Restore asphalt pavement.
- E. Stabilize and seed all disturbed areas.
- F. The Contractor shall be responsible for the safety and welfare of his/her employees while working on this project. All workers will be required to wear appropriate safety equipment.

3. RESPONSIBILITIES OF THE COUNTY AND CONTRACTOR

- A. The County will assign a Project Manager to coordinate all activities with the Contractor. All correspondence and inquiries shall be directed to the designated Project Manager. Mr. Blair Reynolds, shall be the Owner's designated representative and point of contact for all matters relating to the performance of this work.
- B. The Contractor is responsible for the installation and maintenance of a traffic control plan for the project, if necessary.
- C. The Contractor shall complete the work described herein within the time specified herein following receipt of a written notice to proceed (purchase order) from the Owner.

- D. The Contractor shall take all necessary precautions for the protection of the work zone and safety of the public, all as indicated in the MUTCD.
- E. All equipment, materials, and vehicles shall be stored outside the road clear zone. Driveway entrances shall not be blocked at any time unless coordinated with the property owner and the County.
- F. Work hours shall be Monday-Friday 7:30am to 5:00pm. The contractor shall provide written notice requesting an adjustment to the work hours 48 hours in advance for consideration by the Project Manager.
- G. The Contractor shall notify MISS UTILITY at (800) 257-7777 to arrange for stakeout of utilities at least five days before starting any construction.

4. ADDITIONAL INFORMATION IS ATTACHED HERETO FOR INFORMATION PURPOSES:

- Attachment No. 1 – Insurance Requirements
- Attachment No. 2 – Standard Details
- Attachment No. 3 – Type A Curb Construction
- Attachment No. 4 – Special Provisions
- Attachment No. 5 – Washington County General Conditions for Construction
October 2008.

FORM OF PROPOSAL

TO:

FROM:

**The Board of County Commissioners
of Washington County, Maryland
c/o Washington County Division of Engineering
Washington County Administrative Annex
80 West Baltimore Street
Hagerstown, MD 21740**

DATE: _____

**QUOTATION DUE: Friday, August 16, 2019
2:00 P.M.**

Ladies/Gentlemen:

We hereby submit our proposal for:

HOLIDAY DRIVE CONCRETE CURB

Having examined the site and being familiar with pertinent local conditions affecting the work and having carefully examined the contents of this Quotation Package, Request for Quotation, Notice to Quoters/Instructions, and Task Order of Work/Specifications bearing the project title, and dated **August 16, 2019**, including

Addenda (if any):

Addendum No. _____ Dated _____

Addendum No. _____ Dated _____

and having received clarification on all items of conflict or upon which any doubt arose, the undersigned proposes to furnish all labor, materials and equipment called for by the said documents for the entire work, in strict accordance with the specifications, for the stipulated sum of:

Base Bid

_____ DOLLARS (\$ _____)
Written Figures

ITEM	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE		ITEM TOTAL	
101	LUMP SUM	L.S.	MOBILIZATION	_____	___	_____	___
102	LUMP SUM	L.S.	MAINTENANCE OF TRAFFIC	_____	___	_____	___
103	175	L.F.	TEMPORARY ORANGE CONSTRUCTION FENCE	_____	___	_____	___
104	10	EA	DRUMS FOR MOT	_____	___	_____	___
201	20	C.Y.	UNCLASSIFIED EXCAVATION – INCLUDES ASPHALT AND CONCRETE CURB REMOVAL	_____	___	_____	___
202	85	LF	FULL DEPTH SAW CUTS	_____	___	_____	___
301	10	C.Y.	SELECT BACKFILL – CR6	_____	___	_____	___
501	30	SY	6” GRADED AGGREGATE BASE	_____	___	_____	___
502	10	TON	19.0MM SUPERPAVE BASE COARSE (FULL DEPTH PATCH)	_____	___	_____	___
601	75	LF	TYPE ‘A’ CURB	_____	___	_____	___
701	10	C.Y.	TOPSOIL FOR TIE INS	_____	___	_____	___
702	30	S.Y.	TURFGRASS ESTABLISHMENT	_____	___	_____	___
Total This Sheet						_____	___

FIRM NAME AND ADDRESS: _____

BY (Signature): _____

NAME AND TITLE (Printed): _____

TELEPHONE NO: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

DATE: _____

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER: _____

ATTACHMENT NO. 1

POLICY TITLE: Insurance Requirements for Independent Contractors

POLICY NUMBER: P-4

ADOPTION DATE: August 29, 1989

EFFECTIVE DATE: September 1, 1989

FILING INSTRUCTIONS:

I. PURPOSE

To protect Washington County against liability, loss or expense due to damaged property, injury to or death of any person or persons and for care and loss of services arising in any way, out of, or in connection with or resulting from the work or service performed on behalf of Washington County.

II. ACTION

The following should be inserted in all Independent Contractor Contracts:

"The Contractor shall procure and maintain at his sole expense and until final acceptance of the work by the County, insurance as hereinafter enumerated in policies written by insurance companies admitted in the State of Maryland, have A.M. Best rating of A- or better or its equivalent, and acceptable to the County."

1. **Workers Compensation:** The Contractor agrees to comply with Workers Compensation laws of the State of Maryland and to maintain a Workers Compensation and Employers Liability Policy.

Minimum Limits Required:

Workers Compensation -	Statutory
Employers Liability -	\$100,000 (Each Accident)
	\$500,000 (Disease - Policy Limit)
	\$100,000 (Disease - Each Employee)

2. **Comprehensive General Liability Insurance:** The Contractor shall provide Comprehensive General Liability including Products and Completed Operations.

Minimum Limits Required:

\$1,000,000 combined single limit for Bodily Injury and Property Damage.

Such insurance shall protect the County, its agents, elected and appointed officials, commission members and employees, and name Washington County on the policy as additional insured against liability, loss or expense due to damaged property (including

loss of use), injury to or death of any person or persons and for care and loss of services arising in any way, out of, or in connection with or resulting from the work of service performed on behalf of Washington County.

The Contractor is ultimately responsible that Subcontractors, if subcontracting is authorized, procure and maintain at their sole expense and until final acceptance of the work by the County, insurance as hereinafter enumerated in policies written by insurance companies admitted in the State of Maryland, have A.M. Best rating of A- or better or its equivalent, and acceptable to the County.

3. **Business Automobile Liability:** The Contractor shall provide Business Auto Liability including coverage for all leased, owned, non-owned and hired vehicles.

Minimum Limits Required:

\$1,000,000 combined single limit for Bodily Injury or Property Damage.

Certificate(s) of Insurance: The Contractor shall provide certificates of insurance requiring a 30 day notice of cancellation to the Insurance Department, Board of County Commissioners of Washington County prior to the start of the applicable project.

Approval of the insurance by the County shall not in any way relieve or decrease the liability of the Contractor. It is expressly understood that the County does not in any way represent that the specified limits of liability or coverage or policy forms are sufficient or adequate to protect the interest or liabilities of the Contractor.

All responsibility for payment of any sums resulting from any deductible provisions, corridor, or self-insured retention conditions of the policy or policies shall remain with the Contractor.

General Indemnity: The Contractor shall indemnify, defend and save harmless the Board of County Commissioners of Washington County, its appointed or elected officials, commission members, employees and agents for any and all suits, legal actions, administrative proceedings, claims, demands, damages, liabilities, interest, attorneys fees, costs and expenses of whatsoever kind of nature, whether arising before or after final acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the Contractor, or any one acting under its direction, control or on its behalf in connection with or incident to its performance of the Contract.

Revision Date: August 27, 1991

Effective Date: August 27, 1991

Revision Date: March 4, 1997

Effective Date: March 4, 1997

Quick Tips

Washington County, Maryland

Understanding the Acord Certificate of Insurance

ACORD - CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
09/02/99

1. PRODUCER
Insurance Agent/Broker who issues certificate.

PRODUCER
Bill Jones Insurance Agency
License #0C32505
40 E. Main St., Ste. 1100
Baltimore, MD 21405
Ph.#: 800/683-005

2. NAME OF INSURED
Must be the legal name of the contracting party.

INSURED
XYZ Construction
P. O. Box 41229
Hagerstown, MD 21740

3. TYPES OF INSURANCE
Must include the types of insurance required by contract.

4. POLICY FORM
"Claims made" or "occurrence" form

5. NAMED ADDITIONAL INSURED
The Board of County Commissioners of Washington County, MD must be named as additional insured.

6. CERTIFICATE HOLDER
Must be Board of County Commissioners of Washington County MD

7. POLICY EFFECTIVE DATE
Must be prior to or coincidental with effective date of contract.

8. POLICY EXPIRATION DATE
If occurrence form, date must be on or after termination of contract.

9. LIMITS OF INSURANCE
Must be the same or greater than required by contract. See minimums below.

10. DESCRIPTION OF OPERATIONS OF OPERATIONS
The County is named additional insured here; place & event sometimes described here.

11. NOTICE OF CANCELLATION
Must be modified as indicated; 30 days required.

12. AUTHORIZED REPRESENTATIVE
Must be signed, not stamped.

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.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A TRAVELERS INDEMNITY OF WISCONSIN
COMPANY LETTER B RELIANCE INSURANCE OF PENNSYLVANIA
COMPANY LETTER C STATE INSURANCE COMPANY
COMPANY LETTER D
COMPANY LETTER E

COVERAGES
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PREVIOUS CLAIMS.

CODE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS (IN THOUSANDS)
A	GENERAL LIABILITY <input checked="" type="checkbox"/> OCCURRENCE-GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	NGA0105086-09	10/1/06	10/1/07	GENERAL AGGREGATE \$1,000,000 PRODUCTS-COMP-OPS AGGREGATE \$1,000,000 PERSONAL & ADVERTISING AGENCY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ MEDICAL EXPENSE (Any one person) Exclud.
B	AUTOMOBILE LIABILITY <input type="checkbox"/> NON-AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> RENT AUTOS <input type="checkbox"/> LOW OWNED AUTOS <input type="checkbox"/> BARGE LIABILITY	0105081-RDE	4/7/07	4/7/08	INSURED SINGLE LIMIT \$1,000,000 BODILY INJURY PER PERSON \$ BODILY INJURY PER OCCURRENCE \$ PROPERTY DAMAGE \$
C	EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	46699898	1/10/07	1/10/08	EACH OCCURRENCE \$1,000,000 AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	JKA010-9087654	4/7/07	4/7/08	STATUTORY LIMITS \$1,000,000 (EACH ACCIDENT) \$1,000,000 (PER EMPLOYEE LIMIT) \$1,000,000 (PER YEAR EACH EMPLOYEE)

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS
The Board of County Commissioners, Washington County, MD, its appointed or selected officials, officers, agents, and employees are named as additional insureds.

CERTIFICATE HOLDER
Board of County Commissioners of Washington County, MD
100 W. Washington St.
Hagerstown, MD 21740

Attn: County Dept

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDORSE TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPROVE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Bill Jones

ACORD 25-S (3/88) ACORD CORPORATION 1988

1. THE PRODUCER: Produces or orders Certificate for insured; answers questions, revises certificate to meet contract requirements.
2. NAME OF INSURED: Must be legal name of contracting party.
3. TYPES OF INSURANCE: Must include types required by contract.
4. POLICY FORM: Will indicate claims-made or occurrence form; see "8. Policy Expiration Date" and Glossary for additional information.
5. NAMED ADDITIONAL INSURED: The Certificate must state, either under Description of Operations or by attached endorsement, that Board of County Commissioners is additional insured.
6. CERTIFICATE HOLDER: Must be Board of County Commissioners of Washington County, MD -- Include department, contact person.
7. POLICY EFFECTIVE DATE: Must be prior to or coincidental with effective date of contract.
8. POLICY EXPIRATION DATE: For "occurrence" form coverage, date should be on or after the termination date of contract; if "claims-made coverage," coverage must survive for a period not less than three years following termination of contract and shall provide for a retroactive date of placement prior to or coinciding with the effective date of contract.
9. LIMITS OF INSURANCE: Must be same or greater than required by contract.
10. DESCRIPTION OF OPERATIONS: Review information in this section to determine it is consistent with contract.
11. NOTICE OF CANCELLATION: This language must be modified to read: "Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail 30 days notice to the certificate holder named to the left."
12. AUTHORIZED REPRESENTATIVE: Must be signed by an authorized representative of Producer.

Quick Tips: Understanding the Acord Certificate of Insurance • 07/07