



LAKE COUNTY

FLORIDA

OFFICE OF PROCUREMENT SERVICES
315 WEST MAIN STREET, SUITE 441
PO BOX 7800
TAVARES FL 32778-7800

PHONE: (352) 343-9839
FAX: 352) 343-9473

ADDENDUM NO. 1 **June 8, 2016**

ITB 16-0615 **As Needed Repair Services for Lake County** **Vehicles and Operating Equipment**

It is the vendor's responsibility to ensure their receipt of all addenda, and to clearly acknowledge all addenda within their initial bid or proposal response. Acknowledgement may be confirmed either by inclusion of a signed copy of this addendum within the bid response, or by completion and return of the addendum acknowledgement section of the solicitation. Failure to acknowledge each addendum may prevent the bid or proposal from being considered for award.

This addendum does not change the date for receipt of bids or proposals.

Questions regarding this solicitation are due June 17, 2016. The purpose of this addendum is to address questions received to date.

Question 1: We have a question regarding insurance requirements for ITB 16-0615.

With regard to the Garage Liability and Garage Keepers coverage; we are not a vehicle garage nor do we offer towing service. We are a Grounds Maintenance Equipment provider with sales and service. In other ITB's this has not pertained to our firm and type of business and we are asking if this would not pertain to us in this ITB as well. Also, our minimum limits do not meet the required minimums but we do carry a \$10M Umbrella Liability policy which more than meets the minimum requirements. Please review the attached certificate to determine if the limits will be acceptable for this ITB.

Answer 1: Provided that a bidder does not have a true automobile/vehicle repair garage facility, Lake County will waive the garage keepers liability requirement for other types of businesses (i.e. lawn equipment repair shop). However, these types of businesses shall be required to provide proof of some sort of property of others (or garage keepers) coverage in the COI provided to the County that shows the County's equipment is protected and covered by the vendor's insurance while in the vendor's possession for repairs. Included with this addendum is a sample of an insurance certificate that includes "property of others" coverage.

Acknowledgement of receipt of Addendum:

Firm Name: _____ Date: _____

Signature: _____ Title: _____

Typed/Printed Name: _____



EVIDENCE OF PROPERTY INSURANCE

DATE (MMDDYYYY)
06/06/2016

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

AGENCY [REDACTED]	WgNo Extl: 941-924-3808	COMPANY [REDACTED]
(A) No: [REDACTED]	i%ARSS: [REDACTED]	
CODE: 0909510	SUB CODE:	
g ER 10 I: [REDACTED]		
INSURED [REDACTED]	LOAN NUMBER	POLICY NUMBER [REDACTED]
	EFFECTIVE DATE 10/01/15	EXPIRATION DATE 10/01/16
	1 n CONTINUED UNTIL TERMINATED IF CHECKED	
	THIS REPLACES PRIOR EVIDENCE DATED:	

PROPERTY INFORMATION

LOCATION DESCRIPTION

[REDACTED]

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 EVIDENCE OF PROPERTY INSURANCE 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 PAID CLAIMS.

COVERAGE INFORMATION

COVERAGE PERILS	AMOUNT OF INSURANCE	DEDUCTIBLE
All Locations Personal Property of Others, Building, BPP Blanket Wind/Hail Deductible 7.5%	16300000	500

REMARKS (Including Special Conditions)

[REDACTED]

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE

ADDITIONAL INTEREST

NAME AND ADDRESS [REDACTED] PO Box 7800 [REDACTED]	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE	[REDACTED]