



Department of Health & Mental Hygiene
OFFICE OF CHIEF MEDICAL EXAMINER
 421 East 26th Street, NEW YORK, NY 10016

REQUEST FOR BID

Delivery Instructions:

The awarded vendor must notify the Receiving Department at (212) 323-1686 24 hours prior to delivery.

Delivery hours: 8:30AM - 3:30PM Monday - Friday.

Bid Number: 17R0068MJ		Due Date: 8 /22 / 16		at 2 : 00 PM (EASTERN STANDARD TIME)	
Vendor Information:			Return Bid by Fax, E-mail, Delivery or Mail to:		
Name:			Office of Chief Medical Examiner		
Street:			Office of Procurement Management Operations		
City:			421 EAST 26 TH Street, 10 TH Floor		
State:		Zip:	New York, NY 10016		
Tax ID:			Attention:	Michelle Jordan	
			Phone:	212-323-1706	
Deliver To:			Fax:	212-323-1790	
			Direct Fax:	646-500-6912	
Location:	Office of Chief Medical Examiner		Email: ocmebids@ocme.nyc.gov		
Street:	Various OCME Locations within the five (5) boroughs of New York City		To submit your bid by e-mail: - Complete this document electronically and save it to an appropriate directory - If possible, provide the request in an unalterable form, for example in Adobe Acrobat portable document format (pdf) secured by a password. - Open a reply to our e-mailed solicitation. Leave the subject line unchanged. - Attach the electronic RFS and send. Note: To receive this or future solicitations electronically, e-mail your e-mail address to the address above. (NYC reserves the right to issue and receive solicitations by fax, e-mail or mail).		

TO ALL PROSPECTIVE BIDDERS:

The City of New York Department of Health and Mental Hygiene, **Office of Chief Medical Examiner (OCME)** is soliciting Vendors who are qualified and capable of providing Roofing Repair Services on various roofing systems and assemblies on an On-Call, On-Site basis as a Time and Materials agreement. The Vendor must perform On-Call, On-Site Roofing Repair Services at the various facilities and locations owned and or operated by the OCME within the five (5) boroughs of New York City as per the specifications contained in this solicitation.

The Earned Sick Time Act, also known as the Paid Sick Leave Law (“PSLL”) requires covered employees who annually perform more than 80 hours of work in New York City to be provided with paid sick time. Vendors of the City of New York [or of other governmental entities] may be required to provide sick time pursuant to the PSLL codified at Title 20, Chapter 8, of the New York City Administrative Code.

To be considered responsive bidders must return all bid **submissions on this form** with the Doing Business Data Form.

Basis of Award: The award of this Solicitation will be made in accordance with the Rules of the Procurement Policy Board of the City of New York (“PPB Rules”) Section 3-08; the Office of the Comptroller, City of New York 220 Prevailing Wage Schedule. The award will be made to the vendor offering the lowest responsive aggregate bid price. The award amount shall not to exceed One Hundred Thousand Dollars (\$100,000.00).

The OCME shall pay, and the Vendor agrees to accept, the Hourly Labor Rate(s) (unit bid price) for labor and the percentage Mark-Up from the Manufacturer’s List Price not to exceed a ten percent (10%) mark-up for Parts and Materials, set forth therein. The awarded bidder must indicate on their invoice(s):

- all hours worked per Labor Classification Title
- all Parts and Materials with list price and Mark Up unit price

A. Service Locations: The OCME is seeking a qualified Vendor to perform On call, On site Roofing Repair Services on various roofing systems and assemblies at various OCME facilities located within the five boroughs of New York City:

- i. Manhattan OCME: 520 First Avenue, New York, NY 10016
- ii. Charles S. Hirsch Center for Forensic Sciences: 421 East 26th Street, New York, NY 10016
- iii. Brooklyn OCME: 599 Winthrop Street, Brooklyn, NY 11203
- iv. Queens OCME: 160-15 82nd Drive, Jamaica, NY 1143

B. Regular Service Call: The Vendor shall perform services in response to a Service Call (“Service Call”). The Service Call will be defined in a written Work Order (“WO”) by facsimile or an email to the Vendor’s Representative from the OCME Representative specifying the location and description of work required.

C. Response Time: The Vendor shall acknowledge request for service within three (3) hours after OCME notification. The Vendor shall arrive on site to perform service within twenty-four (24) hours after acknowledgement of service request unless an arranged service call has been scheduled and approved by the OCME Representative. The Vendors response to a request for repair for Service shall consist of arriving at the designated OCME facility with the appropriate personnel, equipment, tools, parts, materials, equipment, and supplies, needed to perform any Services.

D. Estimated Amount of Services: The OCME will not guarantee a minimum of labor hours and/or parts and materials for any given Service Call. The quantity of hours and allowances which appear in this Request for Quote are estimates used for bidding purposes only.

E. The bidder will be required to comply strictly with all Federal, State and Local Laws and regulations, payment of prevailing wages, are in accordance with all requirements of Local Law §220. Bidders can review the Prevailing Wage Schedule by visiting <http://comptroller.nyc.gov/general-information/prevailing-wage/>

All vendors must have at least three (3) years of satisfactory experience in providing Roofing Repair Services and must provide evidence to show three years of business relationship(s). All work performed as outlined in this solicitation shall be performed by the appropriate classified tradesperson(s). All Bidders must provide three (3) references for performing same or similar services within the past twelve (12) months (**See Attachment “B”**). The awarded vendor must provide the OMCE Representative with 24/7 contact information: (1) Name of the Vendor’s Representative; (2) Email Address; (3) Toll-Free Telephone number or a telephone number within NYC; and (4) Cell/Mobile Phone Number.

F. Invoice: Final Acceptance of Services: The Vendor shall be required to submit written notification to the OCME Representative within five (5) business days of the completion of work. The Final Acceptance of Services by the OCME shall be within seven (7) business days from receipt of the vendor’s notification that the work is complete. OCME representative shall provide written notification to the Vendor Representative that the work performed is accepted as complying with the terms and conditions of the purchase order issued from this solicitation. The date of Final Acceptance shall be the date of such written notification by the OCME Representative. The Vendor is responsible for obtaining the written notification prior to submitting invoices. All invoices must be submitted within fifteen (15) calendar days subsequent to the month in which services were performed and completed. Invoices submitted Three Hundred Sixty-five (365) calendar days after the Final Acceptance of Services date shall be at NO Cost to OCME.

G. Vendor Payment: PPB rules Section 4-06

H. Sub-Contractors: For the purposes of this RFQ, the Vendor shall not be allowed to sub-contract any of the work and/or services.

I. Certificate of Insurance: – See Attachment “A”

- J. Guarantee:** All parts and materials furnished and installed under this purchase order shall be guaranteed for a period of one (1) year against any and all defects in materials and parts, workmanship and installation from the date of final acceptance of service. The awarded vendor is advised all repairs, replacement or re-installation of these parts shall be at the expense of the vendor including but not limited to labor, materials and travel.

In general, the scope of work for this solicitation is for the Vendor to furnish all labor, all parts, all materials, all tools, all equipment, all supervision, mobilization and demobilization, service incidentals, transportation, tolls, vehicles, tools, statutory payroll, fringe benefits, overhead (inclusive of general, supervisory and administrative), insurances and taxes (inclusive of any required NYS and Federal insurances and taxes), attendant expenses, consumable materials, Vendor profit and other related items necessary to complete the Roofing Repair Services.

SCOPE OF WORK

1. Related Work: Related Roofing Repair Services, include but not limited to the following: steel deck and furnishing acoustical deck rib insulation; miscellaneous carpentry for wood nailers, curbs and blocking; sheet metal flashing and trim for metal roof penetration-flashings, flashings and counter-flashings; roof expansion assemblies; joint sealants; manufactured roof expansion joints; and plumbing specialties for roof drains and down spouts; etc.
2. Definitions: Roofing Terminology: Refer to ASTM D 1079 and glossary of National Roofing Contractor's Association's (NRCA) "The NRCA Roofing and Waterproofing Manual" for definition of terms to roofing work.
3. Performance Requirements:
 - A. General: Provide installed roofing membrane and base flashings that remain watertight; do not permit the passage of water; and resist specified uplift pressures, thermally induced movement, and exposure to weather without failure.
 - B. Material Compatibility: Provide roofing materials that are compatible with one another under conditions of service and application required; or existing roofing systems and assemblies; as demonstrated by the roofing system manufacturer based on its testing and field experience.
 - C. FMG Listing (**note all changes of most recent edition**): Provide roofing membrane, base flashings and component materials that comply with the requirements in FM Global - FMG 4450 (Approval Standard for Class 1 Insulated Steel Deck Roofs) and FMG 4470 Approval Standard for Single-Ply Polymer-Modified Bitumen Sheet, Built-Up Roof (BUR) and Liquid Applied Roof Assemblies for use in Class 1 and Non-Combustible Roof Deck Construction) as part of a membrane roofing system and are listed in FMG's "Approval Guide" for Class 1; or non-combustible construction as applicable. Identify all materials with FMG certification markings.
4. Submittals (As Required and Defined in written "Work Order"):
 - A. Product Data: For each type of product indicated (or proposed).
 - B. Shop Drawings: For roofing system and any part (or component) thereof; include plans, elevations, sections, details and attachments to other related work. Examples (as applicable): (1) Base flashings and membrane terminations; (2) Tapered insulation, including slopes; and (3) Insulation fastening patterns.
 - C. Samples for Verification: Example: 12-inch by 12-inch square of sheet roofing, of color specified, including T-shaped side and end lap seam.
 - D. Installer Certificates: Signed by roofing system manufacturer certifying that Installer is approved, authorized, or licensed by manufacturer to install roofing system.
 - E. Manufacturer Certificates: Signed by roofing manufacturer certifying that roofing system complies with requirements specified in any "Performance Requirements" Article by manufacturer and/or the OCME.
 - F. Product Test Reports: Based on evaluation of comprehensive tests performed by the manufacturer and witnessed by a qualified testing agency, for components of the roofing system.
 - G. Maintenance Data: For roofing system and any part (or component) thereof, to include in most recent maintenance manuals.
 - H. Warranties: Any special warranties specified by the manufacturer and/or the OCME.
 - I. All shop drawing and submittal requirements shall be prepared and submitted for review and approval by the OCME Representative; and at no additional cost to the OCME.

5. Quality Assurance:
 - A. Installer Qualifications: A qualified firm that is approved, authorized or licensed by roofing system manufacturer to install manufacturer's product and that is eligible to receive manufacturer's warranty.
 - B. Manufacturer's Qualifications: A qualified manufacturer that has UL listing for membrane roofing system identical to that used for this project, existing condition and/or an approved equal by the OCME.
 - C. Testing Agency Qualifications: An independent testing agency with the experience and capability to conduct the testing indicated, as documented according to ASTM E 548 (or most recent update).
 - D. Source Limitations: Obtain components for membrane roofing system approved by roofing system and roof membrane manufacturer.
 - E. Fire-Test-Response Characteristics: Example: Exterior Fire-Test Exposure: Class A; ASTM E 108, for application and roof slopes as indicated (or existing condition).

6. Pre-Installation Conference:
 - A. Meeting with OCME Representative: Conduct conference at a mutually agreed upon date/time at project site.
 - B. Review methods and procedures related to roofing installation, including manufacturer's written instructions.
 - C. Review and finalize construction schedule and verify availability of materials, installer's personnel, equipment and coordination with OCME Representative needed to make progress and avoid delays.
 - D. Examine deck substrate conditions and finishes for compliance with requirements, including flatness and fastening.
 - E. Review structural loading limitations of roof deck during and after roofing repairs.
 - F. Review base flashings, special roof details, roof drainage, roof penetrations, equipment curbs, and condition of other construction that will affect the roofing system repair and/or installation.
 - G. Review governing regulations and requirements for insurance and certificates as applicable.
 - H. Review temporary protection requirements for roofing repairs during and after installation.
 - I. Review roofing observation and repair and/or punch list procedures after roofing repair and/or installation.
 - J. Pre-installation conference and any follow-up meetings shall be attended by the Vendor at no additional cost to the OCME.

7. Delivery, Storage and Handling (Coordinate with OCME Representative):
 - A. Deliver all roofing materials to Project site in original containers with seals unbroken and labeled with manufacturer's name, product brand name and type date of manufacture, and directions for storing and mixing with other components.
 - B. Store liquid materials in their original undamaged containers in a clean, dry, protected location and within temperature range required by roofing system manufacturer. Protect stored liquid material from direct sunlight. Discard and legally dispose of liquid material that cannot be applied within its stated shelf life.
 - C. Protect roofing materials from physical damage and from deterioration by sunlight, moisture, soiling and other sources. Store in dry location. Comply with manufacturer's written instructions for delivery, storage, handling and protecting during installation.
 - D. Handle and store roofing materials and place equipment in a manner to avoid permanent deflection of deck, blocking egress or obstruction to adjacent equipment.

8. Project Conditions: Weather Limitations: Proceed with work and/or installation only when existing and forecasted weather conditions permit roofing repairs and according to manufacturer's written instructions and warranty requirements.

9. Removals and Carting: The Vendor shall be responsible for procuring and permits for street curbside placement of steel containers of appropriate size for waste, trash and debris removals and carting. Waste manifests (as applicable) shall accompany Vendor invoicing and approval for payment. Container rental and carting costs may be reimbursable. This reimbursable cost shall be funded via the "Materials" allocation of this Agreement.

10. Protection and Cleaning: Protect work from damage and wear during entire construction period. Inspect and report as recommended by manufacturer. Correct deficiencies, repair and re-install work as directed by the

OCME Representative and/or according to warranty requirements; and at no additional cost to the OCME. Clean any overspray and spillage from adjacent construction and/or surfaces using cleaning agents and procedures recommended by the manufacturer. Work areas shall be "broom cleaned" daily; and end of day supplies and materials safely stored away.

SPECIFIC REQUIREMENTS

1. PRODUCTS: EPDM ROOFING MEMBRANE or BUILT-UP ROOFING (BUR)

The OCME has identified primarily two (2) types of roofing systems installed at its facilities - i.e. EPDM and BUR (bituminous or modified bitumen) - the Vendor shall only use the preapproved manufacturers and their products as approved by the OCME Representative.

- A. EPDM ROOFING: Manufacturers: Subject to compliance with requirements, provide products by one of the following:
 - 1) Carlisle Syntec Systems; Carlisle Corp.
 - 2) Firestone Building Products Company
 - 3) GenFlex Roofing Systems
 - 4) Or an approved equal.

- B. BUR ROOFING: Manufacturers: Subject to compliance with requirements, provide products by one of the following:
 - 1) GAF Materials Corporation
 - 2) Johns Mansville
 - 3) Tremco
 - 4) Or an approved equal.

2. EXECUTION OF WORK:

The examination, preparation and installation of all roofing repair and/or replacement work shall be in compliance of manufacturer's most recent edition and/or updated recommendations and written instructions.

- A. Regarding EPDM roofing, attention shall be given to, but not limited to the following parts, materials or procedures (as applicable): substrate board; insulation; adhered sheet; perimeter, joints, fastening and attachments; base flashing; walkways; parapets; special equipment; etc.

- B. Regarding BUR, attention shall be given to, but not limited to the following parts, materials or procedures (as applicable): built-up asphalt; glass-fiber base-ply sheet; base sheet; cap sheet; sheathing paper; substrate board; hot or cold liquid applied adhesives; flashing materials (backer, flashing); roofing asphalt; asphalt primer; asphalt roofing cement; mastic sealant; roofing granules, expansion joints; coping system; fascia system; metal flashing sheet; walkways; re-roof or recover preparations; flashing and stripping; miscellaneous accessories; spacing; vapor retarder/barrier; lap splice, roof edge, base tie-in, corner, penetration, drain and scupper; parapets; equipment (pneumatic or hydraulic pumps, heat exchange units, connections, spray wands, valves, spray tips, squeegee application, air compressor, hoses); etc.

3. INFRARED (THERMOGRAPHY) INSPECTION OF ROOFS:

When directed in writing by the OCME Representative, the Vendor shall inspect the roof using infrared diagnostic equipment (non-destructive method) to establish thermal imaging and patterns within the roof and its insulation. The estimated hours for this service shall be at a fully-burdened hourly rate to inspect and prepare a comprehensive technical report as follows:

- A. Time of Inspection and Existing Conditions:
1. Inspection shall include both times of day - i.e. morning (solar heating) and evening (cooling) to establish temperature "differential." Testing and reporting shall comply with ASTM C-1153 "Location of Wet Insulation in Roofing Systems Using Infrared Imaging".
 2. Inspection shall include findings of existing conditions and impact on reporting in reference to the following variables and adverse results: R-Values of various insulation; different internal building temperatures, extra gravel or bituminous materials; warm or cold air exhausting onto roof; re-radiation of heat from south or west facing walls; wind conditions at time of inspection; internal sources of heat or cold (e.g. lights, heaters, steam pipes); dirt, vegetation and/or debris; walkway pads and buried steel plates; blisters; water ponding, steam plumes and water spray; mechanical equipment; etc.
- B. Technical Reporting:
1. Executive Summary: An executive summary shall be included in the report. Include infrared thermography equipment used (make/model), calibration and the use of a non-penetrating moisture meter.
 2. Professional Engineer (PE): A licensed NYS PE (familiar with roofing design and thermal imaging analysis) shall supervise the inspection /investigation by certified thermography technicians, assist in the preparation of technical report - e.g. thermographic images analyzed to determine if there are areas which are anomalies. Report shall be stamped/sealed and signed by PE.
 3. Data/Photographs: Present inspection data and color thermographic images in sufficient and appropriate quantities to support findings and recommendations.
 4. Findings and Recommendations: Include map and/or plan drawing to graphically communicate all findings and recommendations for future repair, maintenance and/or replacement of roofing system and addressing/resolving all roof leaks or trapped moisture conditions in the prevention of further interior damage to the roofing structure.
 5. Next Steps and Budget Cost Estimate: The Vendor shall provide detailed scopes of work for various roof leaks and trapped moisture conditions indicated in the report for corrective action; and associated cost estimate for budgetary purposes. Budgetary cost estimates shall be itemized and detailed to reflect labor (trade classification(s), salary rate and hours; and materials/parts (manufacturer, make, model) and Vendor's overhead and profit. In addition, the Vendor may also make recommendations for probes and alternative inspection methods (for clarification, verification of IR findings and/or confirmation) by way of written detailed proposals to the OCME Representative.
 6. Deliverables: Upon final acceptance of the report by the OCME Representative, the vendor shall provide the following: Three (3) color hardcopies with PE stamp/signature; and two (2) CD copies (or DVD as applicable). Reprographic and electronic/digital copies may be reimbursable. This reimbursable cost shall be funded via the "Materials" allocation of this Agreement.
- C. Roof Gross Square Footage (Approximate) – Verify in Field (VIF)
1. Hirsch Center: 68' x 305' = 20,740 GSF
 2. Manhattan OCME: 60' x 178' = 10,680 GSF
 3. Brooklyn OCME: 24,000 GSF (2 Levels)
 4. Queens OCME: 24,000 GSF (2 Levels)

End of Specifications

The Purchase Order (PO) will be awarded as a Service Agreement purchase order not to exceed One Hundred Thousand Dollars (\$100,000.00) for hourly rates and cost for materials/parts to provide On-Call On-Site Roofing Repair Services as a time and Materials agreement.

The awarded bidder's hourly labor rate and percentage (%) mark-up from the Manufacturer's List Price for parts and materials, must remain firm and in effect for the life of this agreement.

The anticipated Period of Performance for this agreement is September 1, 2016 to June 30, 2017

The OCME reserves the right to increase or decrease the estimated hours according to agency needs, however the purchase order hourly rate and percentage (%) mark-up percentage from the Manufacturer's List Price for parts and materials must remain firm and in effect for the period of performance of the purchase order.

Title Classification	Estimated Hours	Hourly Rate	Extension Amount
ROOFER	160	\$ _____	\$ _____
CARPENTER	160	\$ _____	\$ _____
LABORER (COMMON)	160	\$ _____	\$ _____
POINTER - WATERPROOFER, CAULKER MECHANIC	80	\$ _____	\$ _____
PLUMBER	80	\$ _____	\$ _____
INFRARED INSPECTION TECHNICIAN and REPORT	32	\$ _____	\$ _____
	A Estimated price for parts and/or materials	B Percentage (%) Mark-Up of Manufacturer's List Price for ALL Parts and ALL Materials	C Total price A + (A X B) = C
	\$15,000.	_____ %	\$ _____
Estimated Delivery Cost for Parts and Materials:			\$ _____
<p>In order to be considered valid, all bids must be submitted on this form be legible and include freight with inside delivery charges. Any alterations and exceptions to the information provided in this bid document may render the bid non-responsive. Price quotes will remain firm for 90 days after bid submission, unless otherwise noted.</p> <p>The Office of Chief Medical Examiner will not pay for charges not contained in this request for quote.</p>		Total Quote:	
<p>If not submitting a vendor's rates place an "X": () Do not provide these services () No response at this time</p>			
Authorized Vendor's Representative:			
Name:		Phone:	
Title:		Fax:	
Signature:		Email:	
Submit electronically, the vendor will be required to submit a signed copy by fax or mail.			
This is not an order, nor is the Agency obligated to issue a purchase order as a result of this solicitation.			

Deliver Terms for Parts and Materials: within seven (7) business Days after receipt of request.

Shipping Term: Prepay and add to invoice.

INVOICE: Must include the current Purchase Order Number(s) issued for this solicitation. As consideration for the Vendor's services, payment shall be made in accordance with the purchase order unit prices.

The vendor must submit invoice to:

NYC OCME C/O NYC DOHMH
Bureau of Controller (OFM)
P.O. Box 8400, CN 42, LIC
Queens, NY 11101-8400

Or via e-mail to: OCMEINVOICEINTAKE@HEALTH.NYC.GOV

All invoices submitted by the Vendor must contain the following, but not limited to:

- Invoice Date
- Address of Service Location
- Date(s) of Service
- Description of services provided
- Invoice number
- Purchase Order Number
- Vendor's Employer Identification Number (EIN)
- Copy of E-mail requesting services with service ticket signed by OCME Representative and the Vendor's Representative.

All invoices shall be submitted within fifteen (30) calendar days subsequent to the month in which services were performed and completed. Invoices submitted Three Hundred Sixty-Five (365) calendar days after the Final Acceptance of Services date will be at NO COST to the OCME.

**Department of Health & Mental Hygiene
OFFICE OF CHIEF MEDICAL EXAMINER
PURCHASING UNIT
421 EAST 26TH STREET, 10TH FLOOR
NEW YORK, NY 10016**

**NO BID RESPONSE
FOR**

PROCUREMENT IDENTIFICATION NUMBER (PIN): 17R0068MJ

DATE: _____

PREPARED BY: _____

VENDORS NAME: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

Tax ID:	_____
VENDOR ID:	_____

SELECT ONE:

NO BID AT THIS TIME { }

CAN NOT PROVIDE ITEM(S) { }

DO NOT PERFORM SERVICE(S) { }

BIDDERS ADDITIONAL COMMENTS: _____

TAX AFFIRMATION

The undersigned proposer or bidder affirms and declares that said proposer or bidder is not in arrears to the City of New York upon dept, contract or taxes and is not a defaulter, as surety or otherwise, upon obligation to the City of New York, and has not be declared not responsible, or disqualified, by any agency of the City of New York, nor is there any proceeding pending, relating to the responsibility or qualification of the proposer or bidder to receive public contracts except _____.

Full name of Proposer or Bidder: _____

Address: _____

City: _____ State: _____ Zip Code: _____

CHECK ONE BOX AND INCLUDE APPROPRIATE NUMBER

A: Individual or Sole Proprietorship
SOCIAL SECURITY NUMBER:

--	--	--	--	--	--	--	--	--	--

B: Partnership, Joint Venture or other incorporated organization
EMPLOYER IDENTIFICATION NUMBER:

--	--	--	--	--	--	--	--	--	--

C: Corporation
EMPLOYER IDENTIFICATION NUMBER

--	--	--	--	--	--	--	--	--	--

CERTIFIED
WOMEN BASED ENTERPRISE

CERTIFIED
MINORITY VENDOR

CERTIFIED
NON-PROFIT ENTERPRISE

CERTIFIED
LOCALLY BASE ENTERPRISE

BY: _____
SIGNATURE

TITLE

Must be signed by an officer or duly authorized representative

***Under the Federal Privacy Act the furnishing of Social Security Numbers by bidders on city contracts is voluntary. Failure to provide a Social Security Number will not result in a bidder’s disqualification. Social Security Number will be used to identify bidders, proposers or vendors to ensure their compliance with laws, to assist the City in enforcement of laws as well as to provide the City a means of identifying the business which seek City Contracts.**

ATTACHMENT A

**SCHEDULE OF INSURANCE COVERAGE REQUIREMENTS
OFFICE OF THE CHIEF MEDICAL EXAMINER**

<u>TYPE</u>	<u>COVERAGE</u>	<u>APPLICABLE</u>
GENERAL LIABILITY	\$1,000,000 COMBINED LIMIT AT A MINIMUM	(√) YES () NO
WORKER'S COMPENSATION	STATUTORY	(√) YES () NO
DISABILITY BENEFITS	STATUTORY	(√) YES () NO
UNEMPLOYMENT	STATUTORY	(√) YES () NO
AUTOMOBILE LIABILITY	\$1,000,000 Per incident	(√) YES () NO

BIDDER MUST SUPPLY DOCUMENTARY PROOF, IN THE FORM OF A CERTIFICATE, BINDER OR POLICY FOR ALL THE SCHEDULED COVERAGES WITHIN TEN (10) CONSECUTIVE BUSINESS DAYS FROM NOTIFICATION. FAILURE TO DO SO CONSTITUTES GROUNDS FOR REJECTION AND SUBJECTS BIDDER TO LIABILITY FOR THE DIFFERENCE BETWEEN ITS BID PRICE AND THE PRICE OF THE CONTRACT, AS ULTIMATELY LET.

THE INSURANCE DOCUMENT(S) MUST SHOW AT MINIMUM, POLICY NUMBER, EXPIRATION DATE, AMOUNT OF COVERAGE AND **THE CITY OF NEW YORK, INCLUDING ITS OFFICIALS AND EMPLOYEES AS THE ADDITIONAL INSURED PARTY, AS WELL AS CERTIFICATE HOLDER, WHEN APPLICABLE.**

IN ADDITION BIDDER'S ARE RESPONSIBLE TO HAVE THE **CERTIFICATION BY BROKER FORM** COMPLETED BY THE BROKER AND NOTARIZED TO AFFIRM THE INFORMATION BEING REPRESENTED ON THE ACCORD FORM IS TRUE.

**INSURANCE REQUIREMENTS FOR PURCHASE OF CONSTRUCTION, REPAIRS, AND
EQUIPMENT INSTALLATION UNDER \$100,000**

1. Commercial General Liability Insurance

- A. The Contractor shall provide a Commercial General Liability Insurance policy covering the Contractor as Named Insured and the City as an Additional Insured in the amount of at least One Million Dollars (\$1,000,000). This policy shall protect the City and the Contractor from claims for property damage and/or bodily injury, including death, which may arise from any of the operations under this Agreement. Coverage under this policy shall be at least as broad as that provided by Insurance Services Office (“ISO”) Form CG 0001 (12/04 ed.) and must be "occurrence" based rather than "claims-made."
- B. Such Commercial General Liability Insurance shall name the City as an Additional Insured under this policy. Coverage for the City as Additional Insured shall specifically include the City’s officials and employees, and shall be at least as broad as ISO Form CG 20 10 (07/04 ed.). Such insurance shall be primary (and non-contributing) to any insurance or self-insurance maintained by the City.

2. Workers’ Compensation and Disability Benefits

The Contractor shall provide Workers’ Compensation Insurance and Disability Benefits Insurance in accordance with the Laws of the State of New York on behalf of all employees providing services under this Agreement.

3. Employers’ Liability

The Contractor shall provide Employers Liability Insurance in the amount of not less than One Million Dollars (\$1,000,000) per accident affording compensation due to bodily injury by accident or disease sustained by any employee arising out of and in the course of his/her employment under this Agreement.

4. General Requirements for Insurance Coverage and Policies

- A. All required insurance policies shall be maintained with companies that may lawfully issue the required policy and have an A.M. Best rating of at least A-VII or a Standard and Poor’s rating of at least AA, unless prior written approval is obtained from the Mayor’s Office of Operations.
- B. The Contractor shall be solely responsible for the payment of all premiums for all required policies and all deductibles and self-insured retentions to which such policies are subject, whether or not the City is an insured under the policy.
- C. The Contractor shall be responsible for providing continuous insurance coverage in the manner, form, and limits required by this Agreement and shall be authorized to perform services only during the effective period of all required coverage.

5. Proof of Insurance

- A. The Contractor shall not commence services under this Agreement unless and until all required certificates have been submitted to and accepted by the Commissioner. Acceptance by the

Commissioner of a certificate hereunder does not excuse the Contractor from securing a policy consistent with all provisions of this Article or any liability arising from its failure to do so. The Contractor's indemnification obligations shall not be limited in any way by the Contractor's obligations to obtain and maintain insurance as provided under this Agreement.

- B. For CGL insurance, the Contractor shall file a Certificate of Insurance with the Department. This Certificate shall set forth the required limit of coverage (or more) and the City's status as additional insured pursuant to ISO Form CG 20 10.
- C. For Workers' Compensation Insurance and Disability Benefits Insurance, ACORD forms are not acceptable proof of coverage. The Contractor must submit one of the following forms to the Department, or another form acceptable to the City: C-105.2 -- Certificate of Workers' Compensation Insurance, or U-26.3 -- State Insurance Fund Certificate of Workers' Compensation Insurance.
- D. The Contractor shall be obligated to provide the City with a copy of any policy required by this Article 7 upon the demand for such policy by the Commissioner or the New York City Law Department.

CERTIFICATION BY BROKER

The undersigned insurance broker represents to the City of New York that the attached Certificate of Insurance, Dated _____ is accurate in all material respects, and that the described insurance is effective as of the date of this Certification.

Name of broker (typewritten)

Address of broker (typewritten)

Signature of authorized official or broker

Name and title of authorized official (typewritten)

Sworn to before me this _____ day of _____, 20____

NOTARY PUBLIC

ATTACHMENT "B"
BIDDERS REFERENCES

BID #17R0068MJ

NAME OF BIDDER: _____

THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH YOUR BID:

1. NAME AND ADDRESS OF COMPANY OR AGENCY:

NAME AND TITLE OF CONTACT PERSON(S):

EMAIL: _____

TEL. # () _____ FAX# () _____

SCOPE OF WORK: _____

AMOUNT OF CONTRACT \$ _____

DATES SERVICES WERE PERFORMED: _____

2. NAME AND ADDRESS OF COMPANY OR AGENCY:

NAME AND TITLE OF CONTACT PERSON(S):

EMAIL: _____

TEL. # () _____ FAX# () _____

SCOPE OF WORK: _____

AMOUNT OF CONTRACT \$ _____

DATES SERVICES WERE PERFORMED: _____

3. NAME AND ADDRESS OF COMPANY OR AGENCY:

NAME AND TITLE OF CONTACT PERSON(S):

EMAIL: _____

TEL. # () _____ FAX# () _____

SCOPE OF WORK: _____

AMOUNT OF CONTRACT \$ _____

DATES SERVICES WERE PERFORMED: _____

DOING BUSINESS ACCOUNTABILITY PROJECT

NOTICE TO VENDORS

Pursuant to Local Law 34 of 2007, amending the City's Campaign Finance law, the City is required to establish a computerized database containing the names of any "person" that has "business dealings with the city" as such terms are defined in the Local Law. In order for the City to obtain necessary information to establish the required database, vendors responding to this solicitation are required to complete the attached Doing Business Data Form and return it with this bid and should do so in a separate envelope. (If the responding vendor is a joint venture, the entities that comprise the proposed joint venture must each complete a Data Form). If the City determines that a vendor has failed to submit a Data Form or has submitted a Data Form that is not complete, the vendor will be notified by the agency and will be given four (4) calendar days from receipt of notification to cure the specified deficiencies and return a complete Data Form to the agency. Failure to do so will result in a determination that the bid is non-responsive. Receipt of notification is defined as the day notice is e-mailed or faxed (if the vendor has provided an e-mail address or fax number), or no later than five (5) days from the date of mailing or upon delivery, if delivered.



Doing Business Data Form

To be completed by the City Agency prior to distribution			
Agency: _____		Transaction ID: _____	
Check One:	Transaction Type (check one):		
<input type="checkbox"/> Proposal	<input type="checkbox"/> Concession	<input type="checkbox"/> Contract	<input type="checkbox"/> Economic Development Agreement
<input type="checkbox"/> Award	<input type="checkbox"/> Franchise	<input type="checkbox"/> Grant	<input type="checkbox"/> Pension Investment Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

Please return the completed Data Form to the City Agency that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@cityhall.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Section 1: Entity Information

Entity Name: _____

Entity EIN/TIN: _____

Entity Filing Status (select one):

- Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Entity is a Non-Profit: Yes No

Entity Type: Corporation (any type) Joint Venture LLC Partnership (any type)
 Sole Proprietor Other (specify): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Fax : _____

E-mail: _____

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

This person replaced former CEO: _____ on date: _____

Chief Financial Officer (CFO) or equivalent officer This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

This person replaced former CFO: _____ on date: _____

Chief Operating Officer (COO) or equivalent officer This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

This person replaced former COO: _____ on date: _____

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.

Section 3: Principal Owners

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, own or control 10% or more of the entity. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do not need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

- The entity is not-for-profit There are no individual owners No individual owner holds 10% or more shares in the entity
- Other (explain): _____

Principal Owners (who own or control 10% or more of the entity):

First Name: _____ MI: _____ Last: _____
 Office Title: _____
 Employer (if not employed by entity): _____
 Birth Date (mm/dd/yy): _____ Home Phone #: _____
 Home Address: _____

First Name: _____ MI: _____ Last: _____
 Office Title: _____
 Employer (if not employed by entity): _____
 Birth Date (mm/dd/yy): _____ Home Phone #: _____
 Home Address: _____

First Name: _____ MI: _____ Last: _____
 Office Title: _____
 Employer (if not employed by entity): _____
 Birth Date (mm/dd/yy): _____ Home Phone #: _____
 Home Address: _____

Remove the following previously-reported Principal Owners:

Name: _____ Removal Date: _____
 Name: _____ Removal Date: _____
 Name: _____ Removal Date: _____

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.

Section 4: Senior Managers

Please fill in the required identification information for all senior managers who oversee any of the entity's relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant, etc.). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. **At least one senior manager must be listed, or the Data Form will be considered incomplete.** If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

Senior Managers:

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Remove the following previously-reported Senior Managers:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Certification

I certify that the information submitted on these four pages and _____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name: _____

Signature: _____ Date: _____

Entity Name: _____

Title: _____ Work Phone #: _____

Return the completed Data Form to the agency that supplied it.

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.



Printed on paper containing 30% post-consumer material

Attachment EFT

ELECTRONIC FUNDS TRANSFER

- A. In accordance with Section 6-107.1 of the New York City Administrative Code, the Contractor agrees to accept payments under this Agreement from the City by electronic funds transfer. An electronic funds transfer is any transfer of funds, other than a transaction originated by check, draft or similar paper instrument, which is initiated through an electronic terminal, telephonic instrument or computer or magnetic tape so as to order, instruct or authorize a financial institution to debit or credit an account. Prior to the first payment made under this Agreement, Contractor shall designate one financial institution or other authorized payment agent and shall complete the attached “EFT Vendor Payment Enrollment Form” in order to provide the Commissioner of Finance with information necessary for Contractor to receive electronic funds transfer payments through the designated financial institution or authorized payment agent. The crediting of the amount of a payment to the appropriate account on the books of a financial institution or other authorized payment agent designated by the Contractor shall constitute full satisfaction by the City for the amount of the payment under this agreement. The account information supplied by the Contractor to facilitate the electronic funds transfer shall remain confidential to the fullest extent provided by law.**
- B. The agency head may waive the application of the requirements herein to payments on contracts entered into pursuant to §315 of the City Charter. In addition, the Commissioner of the Department of Finance and the Comptroller may jointly issue standards pursuant to which the contracting agency may waive the requirements hereunder for payments in the following circumstances: (i) for individuals or classes of individuals for whom compliance imposes a hardship; (ii) for classifications or types of checks; or (iii) in other circumstances as may be necessary in the interest of the City.**



**DIRECT DEPOSIT/ELECTRONIC FUNDS TRANSFER (EFT)
VENDOR PAYMENT ENROLLMENT FORM**

Mail to: NYC Department of Finance, Treasury Division, 66 John Street, 12th Floor, New York, NY 10038 - Attention: EFT, or
Fax to: EFT at 212-487-3027 or 212-487-3026

ENROLLMENT

MODIFICATION

INSTRUCTIONS: Please check only one of the two boxes above. Check the Enrollment box to sign up for EFT. Check the Modification box if you are currently enrolled and are making changes to the Vendor and/or Financial Institution information you have already submitted.

The person completing this form must be an individual who can authorize changes related to SECTION II - FINANCIAL INSTITUTION INFORMATION. **The Person signing this form in Section III must be the same Contact Person in Section I.**

Please complete all sections of this Enrollment Form and attach a voided check, a copy of an encoded deposit slip that includes an imprinted vendor's name, the first page of a bank statement OR a letter signed by your bank representative, confirming account name, account number, and ABA routing number for ACH payments.

Note: Your application cannot be processed without this documentation. See the reverse side for more information and instructions.

SECTION I - VENDOR INFORMATION

1. SOCIAL SECURITY NUMBER OR TAXPAYER ID NUMBER:
(AS IT APPEARS ON W-9 FORM)

[Redacted box]

2. VENDOR NAME (AS IT APPEARS ON W-9 FORM):

3. VENDOR'S ADDRESS (FOR EFT ENROLLMENT PURPOSES):

4. VENDOR'S EMAIL ADDRESS:

5. CONTACT PERSON'S NAME:

6. CONTACT TELEPHONE NUMBER:

SECTION II - FINANCIAL INSTITUTION INFORMATION

1. BANK ACCOUNT NUMBER:

2. ACCOUNT NAME:

3. BANK NAME:

4. BANK BRANCH ADDRESS:

5. BANK 9-DIGIT ROUTING NUMBER:
(LOCATED AT THE BOTTOM OF CHECK)

[Redacted box]

6. ACCOUNT TYPE - MUST BE EITHER CHECKING OR SAVINGS:
(CHECK ONE BOX ONLY)

CHECKING

SAVINGS

7. DIRECT DEPOSIT/ACH/EFT COORDINATOR'S NAME:

8. TELEPHONE NUMBER:

SECTION III - VENDOR SIGNATURE AND AUTHORIZATION

I, hereby confirm my authority, as an authorized signer of the above-referenced bank account, to issue these instructions to credit and/or debit the bank account. I authorize the City of New York to Direct Deposit all entitled payments to the account specified above and to initiate (if necessary) debit entries or adjustments for any credit (i) made in error, (ii) of an incorrect amount, (iii) that were duplicates of a correct payment. I understand that this authorization will remain in effect until a written authorization requesting cancellation is submitted to the fax number(s) above.

1. VENDOR SIGNATURE - MUST BE THE SAME CONTACT PERSON FROM SECTION I

[Redacted box]

2. DATE - MM/DD/YYYY