



REQUEST FOR PROPOSAL

HOUSING DEPARTMENT

For

ROOFING

FY 2018

(July 1, 2017 – June 30, 2020)

RETURN TO:

Dorian Harris
Housing Services Manager
PCA-Housing Department
642 North Broad Street
Philadelphia, PA 19130-3409
Tele: (215) 282-6585
Fax: (215) 282-6616
dharris@pcaphl.org

Proposals are due by 12:00 PM (noon) on Friday, June 2, 2017 and must be submitted in two (2) legible copies. Any proposals arriving after 12:00 PM (noon) or in less than two complete copies will be rejected without consideration. Faxed proposals are not accepted.

PHILADELPHIA CORPORATION FOR AGING
REQUEST FOR PROPOSALS FOR
ROOFING

This Request for Proposals (RFP) provides potential applicants with the information to prepare and submit proposals for consideration by the Philadelphia Corporation for Aging's Housing Department (PCA) to satisfy the need for roofing to be provided in for the homes of older and/or physically disabled residents of Philadelphia.

Response Date

In order to be considered, quotations must be received by Dorian Harris, Philadelphia Corporation for Aging, 642 North Broad Street, 5th floor, Philadelphia, PA 19130-3409, on or before **12:00 Noon on Friday, June 2, 2017**. **Any proposals arriving later than 12:00 noon on the above date will be rejected. No responsibility will be taken by PCA for failure of a delivery service to deliver proposals on time, regardless of the reason.**

Pre-Response Question & Answer Session

A **mandatory** question and answer session, to allow for clarification of the specifications will be held on **Friday, May 19, 2017 at 10:00 A.M. in the 2nd Fl. Classroom** at the address listed above. Applicants are requested to submit questions by mail, fax 215-282-6616, or email dharris@pcaphl.org to PCA by noon on **May 15, 2017** to ensure a complete response. Five (5) points will be deducted from any applicant submitting a proposal who did not attend the mandatory Q & A session.

Proposals

Two complete copies of the proposal, including the following forms, must be submitted:

1. Cover Sheet/Applicant Profile
2. Assurances
3. References
4. Insurance Checklist
5. Roofing Specification Price List
6. Required documents listed on the Coversheet (pg. 10)
7. Current Certificate of Insurance (COI)
8. Housing Subcontractor's Agreement (**if applicable**)

For your convenience, the pages to be returned are numbered 10-17. These pages can be edited, printed and returned to PCA. Responses with missing pages will be rejected as incomplete. Applicants should not vellum or spiral bind proposals. The proposals submitted become the property of PCA.

PCA reserves the right to verify any item that appears inconsistent, unclear, or erroneous. Any applicant willingly providing false information, as verified by PCA, will be immediately disqualified from consideration. Applicants must enter a unit price for every specification in the price list.

An official authorized to bind the applicant to its provisions must sign the proposal. PCA does not accept any responsibility for accuracy in pricing. Since subcontractor selection is on the Score (price), no changes in pricing can be accepted after the proposal is submitted to PCA.

Rejection of Proposals

The Philadelphia Corporation for Aging reserves the right to reject any and all proposals received, as a result of this RFP, or to negotiate separately with some or all competing applicants for all or any part of the services described herein.

Conditional proposals will not be accepted. However, PCA reserves the right to waive minor errors or irregularities in the proposals that are submitted.

Type and Quantity of Roofing Repairs

PCA orders Roofing to meet the needs of individual consumers. Roofing will be selected from one primary and one secondary applicant. Applicants are urged to read the specifications price list carefully, noting any special requirements. Occasionally, work items, other than those listed, will be ordered by PCA at prices agreed upon at the future time.

PCA does not guarantee any minimum or maximum volume of service to be provided during the contract period.

Selection of Providers

PCA will select providers, as delineated below, from among qualified applicants by determining a Score (price) based on the prices for a certain number of specifications to be determined in advance by PCA. It is the contractor's sole responsibility to research and comply with all applicable city building codes. Providers must also meet a threshold criteria score of 75 points. Criteria for threshold criteria are delineated below.

- References – up to 25 points each
Note: Any applicant that has contracted with PCA at any time must list PCA as one of its references. References will address timeliness of estimates and job completions, quality of work, communication, cleanliness and the manner in which consumers were treated. Any unfavorable reference from PCA will automatically disqualify applicants from further consideration.
- Years in business – up to 15 points
- Prior year's sales volume – up to 10 points

PCA reserves the right to select additional providers from qualified applicants as workload warrants throughout the year.

Contract Due Date

Successful applicants must have signed contracts and proof of insurance meeting PCA requirements delivered to PCA before any work can be awarded.

Ordering

PCA Housing staff will request measurements and estimates for individual consumers by fax or email. Applicant must have the capacity to complete estimates and report them to PCA **within ten (10) business days** of the date of order.

PCA will issue purchase orders for all authorized work. PCA may request that the applicant schedule an initial inspection with PCA's Construction Manager prior to any work. No changes in the work order shall be made without prior approval by PCA.

Invoicing

Original invoices for work ordered by PCA are to be submitted **within three (3) business days** of completion of work and are to include the Program (SHARP, OPTIONS, and WAIVER), PCA job number, purchase order number, completion date, and **consumer's signature** as proof of delivery. Invoices may be submitted by U.S. mail, hand delivered, e-mailed or faxed.

Each invoice must have a unique "invoice number".

Inspection and Payment

PCA or an authorized agent of PCA reserves the right to withhold payment for individual consumers until a post inspection by PCA staff is completed. No payment will be made for work until any required inspection and resulting punch list is completed.

Pennsylvania Contractor Registration; U.S. EPA's Lead Repair, Renovation and Painting Rule

Applicants will have the training, certifications and licenses required to perform the services described in this RFP and will provide proof of same to PCA with the Response to this RFP. Without limiting the requirement in PCA's contract that mandates that all contractors comply with all applicable law, and without limiting PCA's right to determine for any reason that a potential contractor is not qualified or otherwise permitted to be a contractor for PCA, the following is required:

1. All applicants will be registered with the Bureau of Consumer Protection in the Office of Attorney General of Pennsylvania under the Pennsylvania Home Improvement Consumer Protection Act ("Act") before performing any home improvement work in Pennsylvania and will maintain the registration throughout the term of an agreement with PCA, if awarded, and otherwise remain in compliance with the Act and any regulations promulgated under the Act. Applicant is required to immediately report to PCA in writing if (a) its certificate issued under the Act is suspended or revoked,

(b) any disciplinary action is taken against it under the Act, or (c) any disciplinary action is taken against it under a similar law in another state, which is required to be reported under the Act.

2. All applicants that perform services regulated under 40 CFR 745, commonly known as the Lead Repair, Renovation and Painting Rule (the “Rule”), and any of applicants’ subcontractors, shall be EPA certified per the Rule, and will maintain any such certification throughout the term of an agreement with PCA, if awarded, and otherwise remain in compliance with the Rule. Applicant is required to immediately report to PCA in writing if its certificate issued under the Rule is suspended or revoked or if any disciplinary action is taken against it under the Rule. To the extent applicable, applicants must also maintain any other certifications required by the U.S. Department of Housing and Urban Development, the Commonwealth of Pennsylvania and local laws such as those issued by the City of Philadelphia related to lead-based paint, or under any similar law in any other jurisdiction, and will immediately report to PCA in writing if its certificate issued under any of those laws is suspended or revoked or if any disciplinary action is taken against it under any of those laws.

Warranty

For roofs and roof repairs, including all other work set forth in the Roofing Specification Price List submitted by applicant, applicant shall warrant that all materials, work, services and modifications, including, but not limited to, labor and installation, and all products installed by applicant, shall be free from defects in material and workmanship for a period of five (5) years from the date of completion.

The work is to be done in and to premises that are not owned by PCA, but by an owner, and there may be a tenant in the premises. Therefore, all obligations under an agreement with PCA, including but not limited to warranty obligations, shall also run in favor of the owner and, if any, the tenant, (who are agreed to be third-party beneficiaries of the agreement), and may be enforced by PCA, the owner, or the tenant. All violations hereof shall be repaired without cost to PCA, the owner or tenant, and if the violation cannot be repaired to the reasonable satisfaction of PCA, the owner and tenant, then the work, material or equipment shall be replaced to the reasonable satisfaction of PCA, the owner and tenant.

Insurance

1. PCA’s insurance requirements for fiscal year 2017-2018 will be substantially as stated below. (A Sample Certificate of Insurance (“COI”) is included in this RFP.)

2. Before submitting a response to this RFP, an applicant should verify through its insurance carriers that it would be able to obtain the necessary insurance coverage.

3. A successful applicant must provide PCA with a current COI evidencing compliance with PCA’s insurance requirements within fourteen (14) days of receipt of the award letter from PCA or its award status will be in jeopardy.

4. An applicant selected to be a provider will be required to provide a current COI evidencing compliance with PCA’s insurance requirements at the time the contract is signed.

5. Insurance Requirements:

Contractor shall, at its sole cost and expense, procure and maintain in full force and effect, throughout the term of the Agreement, the following insurance from companies licensed or approved to do business in the Commonwealth of Pennsylvania, or through a qualified self-insurance program approved or registered by or with the Commonwealth and acceptable to PCA, in the forms and on the terms and conditions specified herein. All insurance companies must maintain a Best's Insurance Guide rating of at least "A-" and a financial size of at least Class VII for companies licensed in the Commonwealth or Class X for companies approved but unlicensed in the Commonwealth. Except as specifically provided herein, all such insurance shall be written on an occurrence basis.

A. General liability insurance with no self-insured retention, and with no endorsements excluding or limiting coverage, including, but not limited to, contractual liability coverage, naming PCA and the Commonwealth of Pennsylvania and their directors, officers, employees and agents as additional insureds, with an endorsement stating that the coverage afforded the additional insureds shall be primary and non-contributory to any other coverage available. Such coverage shall have limits of coverage, on a stand-alone basis or in combination with excess or umbrella coverage, of not less than \$1,000,000 combined bodily injury and property damage per occurrence and \$2,000,000 per annual aggregate. All such policies shall expressly include coverage for products-completed operations hazard with limits of at least \$1,000,000 per occurrence and \$2,000,000 in the aggregate. The coverage for products-completed operations hazard shall remain in effect for four (4) years following completion of all work contemplated in the Agreement or the period of the warranty for the work, whichever is longer. Applicants shall evidence coverage for contractor's pollution and/ or lead paint based risk consistent with the scope of work contemplated, in such amounts as PCA may reasonably require, whether by endorsement to the required general liability policy or other means acceptable to PCA.

B. Automobile liability insurance written on the current Insurance Services Office's commercial auto form or its equivalent, with no self-insured retention, naming PCA and the Commonwealth of Pennsylvania and their directors, officers, employees and agents as additional insureds, with an endorsement stating that the coverage afforded the additional insureds shall be primary and non-contributory to any other coverage available, and with limits of coverage, on a stand-alone basis or in combination with excess or umbrella coverage, of not less than \$1,000,000 per occurrence combined single limit for bodily injury and property damage, covering owned, non-owned and hired vehicles;

C. Workers compensation insurance (with statutory limits of coverage and no deductible) and employers liability insurance (with limits of coverage of not less than \$100,000 per accident, \$100,000 per employee by disease and \$500,000 policy limit by disease and no deductible) endorsed for all states in which work is to be performed under the Agreement (including, without limitation, Pennsylvania);

D. Professional liability insurance naming PCA and the Commonwealth of Pennsylvania and their directors, officers, employees and agents as additional insureds (except with respect to Health Care Providers under the Medical Care Availability and Reduction of Error (MCARE) Act), with an endorsement stating that the coverage afforded the additional insureds shall be primary and non-

contributory to any other coverage available, and with no endorsements excluding or limiting coverage, as follows:

(1) "Participating Health Care Providers" under the MCARE Act must have statutory limits and must participate in the MCARE Fund;

(2) "Non-participating Health Care Providers" under the MCARE Act and other providers of professional services (including, but not limited to, social and legal services providers and those health care providers who are not "Health Care Providers" under the MCARE Act) must have limits of coverage of not less than \$1,000,000 per occurrence and \$2,000,000 per annual aggregate and no-self insured retention.

(3) Professional liability insurance may be written on a claims-made basis, provided, however, that the policy permits Contractor to purchase extended reporting period coverage ("Tail Coverage") upon termination of the policy.

(a) In the event that insurance is written on a claims-made basis, Contractor hereby agrees to maintain, following termination of such coverage or of the Agreement (whichever is earlier), professional liability insurance, covering claims arising out of occurrences during the term of the Agreement, whether by (i) purchasing additional policies of insurance with no exclusion for prior occurrences and the option of purchasing appropriate Tail Coverage, or (ii) purchasing the appropriate Tail Coverage. Tail Coverage for medical professional liability coverage shall be of unlimited duration. All other Tail Coverage shall be maintained for a period of not less than the greater of six (6) years or as required by law, following termination of the Agreement or of such claims-made coverage (whichever is earlier). In no event shall any such Tail Coverage provide limits of coverage lower than the limits of coverage required herein for professional liability.

(b) In the event that Contractor elects to maintain insurance written on a claims-made basis, these undertakings (and the provision of certificates or policies of insurance evidencing compliance with same, as further specified below) shall survive termination of the Agreement.

E. All-risk or special form property damage insurance, naming PCA and the Commonwealth of Pennsylvania as additional insureds and loss payees, insuring as they may appear the interests of Contractor, PCA and the Commonwealth of Pennsylvania in all personal property, fixtures and improvements to real estate funded or supplied by PCA, whether titled to Contractor or to PCA. Such coverage shall be written for the full replacement value of the property in question without penalty or deduction for coinsurance or deductible greater than \$500.00, and shall be amended as necessary to reflect changes in inventory.

If Contractor has contracted with PCA for any prior period(s) and has in force general liability or, if applicable, excess insurance, written on a claims-made basis, covering claims arising in connection with its performance under contract with PCA during such period(s), Contractor shall maintain said insurance during and for a period of not less than the greater of six (6) years or as required by law, following the term of the Agreement (whether by (i) purchasing additional policies of insurance with no exclusion for prior occurrences and the option of purchasing Tail Coverage, or (ii) purchasing the appropriate Tail Coverage); provided, however, that all other terms and conditions are otherwise met. In the event that

Contractor elects to maintain insurance written on a claims-made basis, as provided in this paragraph, this undertaking (and the provision of certificates or policies of insurance evidencing compliance with same, as further specified below) shall survive termination of the Agreement. Whenever Contractor has insurance written on a claims-made basis, Contractor shall provide PCA with a copy of the policy's declaration page indicating the retroactive date of the coverage.

Contractor shall provide PCA with certificates of insurance evidencing compliance with PCA's insurance requirements prior to performance under the Agreement. All certificates shall evidence the agreement on the part of the insurer to provide PCA with prior written notice of any non-renewal, cancellation or modification of coverage, or of any impairment greater than \$100,000 of the aggregate insurance available as a result of loss no later than the time period for a notice of cancellation as set forth in the policy. Any language on the certificate which states that the insurer will "endeavor to" mail such notice and any language stating "but failure to do so shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents or representatives, or the issuer of this certificate" shall be deleted.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/30/17

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER XYZ Company 123 Main Street Anytown, USA	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
INSURED ABC Provider, Inc. 1234 Centre Street Everytown, PA	INSURER(S) AFFORDING COVERAGE INSURER A: CBA12345 INSURER B: RST12345 INSURER C: XYZ12345 INSURER D: INSURER E: INSURER F:	
		NAIC #

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 PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS							
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		CBA12345	7/1/17	6/30/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$							
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						X	CBA12345	7/1/17	6/30/18	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$			
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$													EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under SPECIAL PROVISIONS below													
C Professional Liability A Property-All Risk/Special Form	XYZ12345 CBA12345	7/1/17 7/1/17	6/30/18 6/30/18	Per Occ \$1,000,000/Aggregate \$2,000,000 Per Occ \$1,000,000/Aggregate \$2,000,000										

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PCA and the Commonwealth of PA and their directors, officers, employees & agents are hereby added as Additional Insureds with an endorsement stating that the coverage afforded the Additional Insureds shall be primary and non-contributory to any other coverage available. Certificate evidences the agreement on the part of the insurer to provide PCA with prior written notice of any non-renewal, cancellation or modification of coverage, or of any impairment greater than \$100,000 of the aggregate insurance available as a result of loss no later than the time period for a notice of cancellation as set forth in the policy.

CERTIFICATE HOLDER

Philadelphia Corporation for Aging 642 N. Broad Street Philadelphia, PA 19130-3409 Attn:	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. AUTHORIZED REPRESENTATIVE
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CANCELLATION

ACORD 25 (2010/05)

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**PCA HOUSING DEPARTMENT
REQUEST FOR PROPOSALS
COVER SHEET/APPLICANT PROFILE**

FIRM NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ **FAX:** _____

EMAIL: _____

FEDERAL EIN / TAX ID NUMBER: _____

DATE OF INCORPORATION/INITIATION: _____

TOTAL STAFF (this business only):

Administrative / Supervisory _____; Construction _____; Clerical _____

TOTAL GROSS SALES for 2016 (from IRS documents): \$_____

Required documents: All previous awardees and new applicants must provide updated items listed with the proposal or they will not be considered as a potential candidate.

- _____ Trade license(s) (Plumbing, Electric, Heating)
- _____ Contractor license (General or Roofers) Philadelphia
- _____ Business Privilege License – Philadelphia
- _____ MBEC certification (minority, women & disabled businesses) if applicable
- _____ Pennsylvania Home Improvement Contractor Registration
- _____ EPA Lead Repair, Renovation and Painting (RRP) Certification

ATTACH PROOF OF LIABILITY, AUTOMOBILE AND WORKERS COMPENSATION INSURANCE

Has your firm ever contracted with PCA, PHDC or OHCD? If yes, give agency and dates.

SIGNED: _____ **DATE:** _____

PRINTED NAME & TITLE:

ASSURANCES

By the initials of applicant's Authorized Representative next to each statement that follows and their signature below, applicant certifies that:

_____ Applicant is familiar with the contents of this request for proposal and will commit the resources at my disposal to assure provision of the services described in the PCA Request for Proposals for Roofing. Applicant is willing to provide, occasionally as needed, items in addition to those listed on the Roofing Specification Price List.

_____ Applicant recognizes that they must have the capacity to complete roofing at the homes of PCA consumers, citywide, by the due dates provided by the Construction Manager.

_____ Applicant understands that contracts will be awarded for a maximum dollar amount, but that the total amount of actual reimbursement will be based on the jobs awarded by PCA and completed by applicant.

_____ Applicant recognizes that invoicing is to be done according to the specifications set forth in the Request for Proposals and that different invoicing and payment schedules are used by PCA.

_____ Applicant will carry insurance of the type and in the amounts required by PCA (and otherwise comply with PCA's insurance requirements) and will provide evidence of such insurance. Applicant will carry such insurance throughout the term of the contract.

_____ Applicant agrees to comply with all the requirements of the EPA Lead Repair, Renovation, and Painting Rule [40 CFR 745] and will submit the EPA Lead RRP certification and training certificates at the time of proposal.

_____ Applicant agrees to provide all services under this RFP in a first class workmanlike manner.

_____ Applicant will warrant that all materials, work, services and modifications, including, but not limited to, labor and installation, and all products installed by applicant, shall be free from defects in material and workmanship for a period of five (5) years from the date of completion.

_____ Applicant agrees to maintain and make available, for purposes of PCA monitoring and audit, documentation to verify service provision as invoiced and reimbursed.

_____ Applicant agrees to submit an annual affirmative action plan and monthly progress reports to PCA as required.

_____ Applicant recognizes the need for sensitivity in serving the elderly and people with disabilities and is committed to providing honest, thorough, and responsive staff service in order to minimize consumer disruption and upset.

Applicant Company

Signature of Authorized Representative

REFERENCES

Please list five references for **residential** work completed within the last year in the City of Philadelphia, indicating property address, description of work, monetary value of work, contact person and telephone number for each job. PCA will contact three by telephone. Please notify each reference of the possibility of PCA calling. **Points will be deducted if reference is not notified of use as a reference. Individual properties may be listed. If applicant has provided services for PCA, PCA must be listed as the first reference.**

1. Name: _____

Address & Phone: _____

Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

2. Name: _____

Address & Phone: _____

Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

3. Name: _____

Address & Phone: _____

Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

4. Name: _____

Address & Phone: _____

Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

5. Name: _____

Address & Phone: _____

Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

INSURANCE CHECKLIST
to be completed by insurance agent or broker

		Is Able to Comply	Can Not Comply
Carrier			
	PA Licensed or approved company		
	Best's rating of at least A-		
	Financial size of at least Class VII (if licensed) or Class XI (if unlicensed)		
General Liability			
	\$1 million combined minimum bodily injury and property damage per occurrence and \$2 million annual aggregate (umbrella coverage acceptable)		
	No deductible		
	PCA and its directors, officers, employees and agents named as additional insureds		
	Endorsement stating that coverage afforded additional insureds is non-contributory and primary to any other coverage available		
Automobile			
	\$1 million per occurrence combined single limit (umbrella coverage acceptable)		
	No self-insured retention		
	No deductible		
	Coverage for owned, non-owned and hired vehicles, except for vehicles titled to PCA.		
	PCA and its directors, officers, employees and agents named as additional insureds		
	Endorsement stating that coverage afforded additional insureds is non-contributory and primary to any other coverage available		
Workers Compensation			
	Statutory limits of coverage		
	No deductible		
	Employers liability coverage with limits of not less than \$100,000 per accident, \$100,000 per employee by disease and \$500,000 policy limit by disease		
	Endorsed for work to be performed in all states in which work is to be performed, including, without limit, Pennsylvania		
Professional Liability			
Certificate of Insurance			

	Insurer shall provide PCA with 30 days written notice prior to any non-renewal, cancellation or modification of coverage or of any impairment of the aggregate insurance available as a result of loss		
	No language on certificate stating that insurer will "endeavor to" mail such notice or language stating "but failure to do so shall impose no obligation of liability of any kind upon the insurer affording coverage, its agents or representatives, or the issuer of this certificate."		
General Requirements			
	Insurance written on an occurrence basis		

Please explain areas where applicant is unable to comply on reverse side.

Please refer to the "Insurance Requirements" set forth in the RFP for the precise insurance procurement obligations. Nothing contained herein on the "Insurance Checklist" obviates or negates any insurance procurement obligation, nor relieves the contractor from any insurance procurement obligation set forth in the "Insurance Requirements".

Insurance Company:_____

Agent/Broker Signature:_____ Phone: _____

Print Name:_____ Date:_____

**PCA HOUSING DEPARTMENT
ROOFING SPECIFICATION PRICE LIST**

SPEC NO.	TITLE	DESCRIPTION	PRICE
SR 0800	REPLACE MAIN ROOF – MODIFIED WHITE GRANULATED ROOFING	Install new Firestone SBS roofing system or approved equal. Installation shall include copings and base flashing and all related items of work as required to complete the specified elements of work and provide the necessary warranties for this work. Work shall conform to manufacturer's technical specifications. CONTRACTOR SHALL PROVIDE A 5 YEAR WARRANTY ON LABOR AND MATERIALS FROM DATE OF COMPLETION.	SQ FT
SR 0801	REPLACE PORCH/SHED ROOF	Remove existing roof down to sheathing. Install new roof covering with SBS white rubber roofing as per manufacturers specifications. To include all new flashing and white aluminum capping.	SQ FT
SR 0802	ROOFING – NEW SHINGLES	Remove existing shingles. Apply new shingles.	SQ FT
SR 0803	RIP OFF EXISTING FLAT ROOF	Remove existing roofing down to existing sheathing. This price will apply to the removal of up to 3 layered roofs.	SQ FT
SR 0803B	REMOVE SLAG		EACH
SR 0805	INSTALL ½” RECOVERY BOARD		SQ FT
SR 0810	REPLACE ROOF SHEATHING ¾ IN CDX		SQ FT

SR 0815	REPLACE SKYLIGHT		EACH
SR 0817	16 INCH MUSHROOM VENT	<p>Cut hole in existing roof. Outline vent flange on roof with marker. Apply roof cement in outlined area. Round off sharp edges of flange. Set vent in roof cement. Use ring shank roofing nails to nail corners and middle of vent. Must catch at least ¼" of deck. Apply cement on top of flange and area. Set 4" asphalt-coated fabric into cement, half on vent, and half on roof. Re-apply roof cement over fabric, set 8" asphalt-coated fabric in cement. Apply last coat of roof cement. Mushroom vent is to have 16" diameter and minimum 14" height.</p>	EACH
SR 0818	VENT STACK COLLAR	<p>Install new lead collar over vent stack. Cement and cover with 2-ply felt.</p>	EACH
SR 0822	EAVES BOX	<p>Remove existing eave box and install a 4" copper eave box. Properly seal and connect to downspout. If existing box is copper, do not replace.</p>	SQ FT
SR 0825	INSTALL ALUMINUM GUTTERS		LN FT
SR 0827	REPLACE DOWNSPOUTS		LN FT
SR 0831	COVER BARGEBOARD/ALUMINUM	<p>Cap parapet and cover with modified material.</p>	LN FT
SR 0832	REPLACE BARGEBOARD		LN FT
SR 0836	REPLACE CORNICE ALUMINUM		LN FT

LS 9999	EPA LEAD REGULATIONS	Additional costs incurred, on a per area basis, to perform and comply with the requirements of the EPA Lead Safety for Renovation, Repair and Painting Final Rule [40 CFR 745] guidelines. Costs of the Certified Renovator include: posting of warning signs, maintaining containment, waste handling, setting up plastic containment barriers to avoid spread of contaminated dust to adjacent areas and post-renovation cleaning. Include all costs of sheet plastic, HEPA vacuuming, tools, plastic bags, disposable coveralls and gloves, protective eyewear, respirator and shoe covers and recordkeeping forms required to comply.	Each
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