



**Notice of Addendum No.4**

**Date of Addendum No.4: March 28, 2023**

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Arlington Public Schools  
Procurement Office

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**Invitation to Bid 95FY23**

**Invitation to Bid Title:** Barcroft Elementary School HVAC Replacement Project

**Invitation to Bid Number:** 95FY23

**Invitation to Bid Issue Date:** February 28, 2023

**Pre-Bid Conference:** March 8, 2023, at 11:00 A.M

**Bid Closing Date/Time:** March ~~28~~ **30**, 2023, No Later Than 11:59 P.M. (Local Prevailing Time)

**Bid Opening Date/Time:** March ~~29~~ **31**, 2023, at 10:00 A.M. (Local Prevailing Time)

**Procurement Office Representative:** Brandon Christian, VCA  
Senior Procurement Specialist  
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A) **Modifications to the ITB:**

- The Bid Closing Date/Time has been modified from March 28, 2023, No Later Than 11:59 P.M. (EDT), to March 30, 2023, No Later Than 11:59 P.M. (EDT). The Bid Opening Date/Time has been modified from March 29, 2023, at 10:00 A.M. (EDT), to March 31, 2023, at 10:00 A.M. (EDT)**
- Update to the Builder's Risk liability amount:** Addendum No.4 to ITB 95FY23 updates the Builder's Risk liability in the General Conditions and Appendix 2 – Insurance Coverage Checklist. Edits to the Appendix 2 – Insurance Coverage Checklist are adopted through highlights in **Red** for additions and **Black**-strikeout for deletions. A revised version of this section is provided in Addendum No.4.

Type of Insurance	Limit Per Occurrence	Aggregate Limit
Builder's Risk	\$1,000,000 <b>\$8,000,000</b>	\$2,000,000 <b>\$10,000,000</b>

**B) Clarifications:** Updates to the Specifications and Drawings are provided to help Bidders submit a Bid in response to ITB 95FY23. Any updates to Specifications and Drawings for this Project will be available electronically as PDF file format by the Owner’s Representative (Architect), CMTA. To access updated Drawings and Specifications, please contact Owner’s Representative (Architect), Brice Watson via email at [BWatson@cmta.com](mailto:BWatson@cmta.com).

No.	Contract Document Reference	Revised Drawing or Specification Attachment Issued Yes/No	Revisions Narrative
1	M700	YES	Registers, Grilles, and Diffusers GENERAL NOTES F. <b>DELETE:</b> OWNER SHALL PROVIDE QUANTITY OF GRD’S SHOWN ABOVE, ANY GRD PAST THIS COUNT NEEDED FOR THE COMPLETION OF THE PROJECT SHALL BE PROVIDED BY THE CONTRACTOR. <b>REPLACE:</b> ALL GRDS TO BE CONTRACTOR FURNISHED CONTRACTOR INSTALLED, CFCI. QUANTITIES IN SCHEDULE FOR REFERENCE ONLY.
2	E500	YES	Stand Alone Wireless Occupancy Sensor Detail GENERAL NOTES C. <b>DELETE:</b> ACCEPTABLE MANUFACTURERS SHALL BE COOPER CONTROLS, NLIGHT AIR, OR PRE-APPROVED EQUAL. <u>ANY PROPOSED SYSTEM SHALL BE FULLY STAND ALONE. NETWORKED CONTROL SYSTEMS ARE NOT ACCEPTABLE.</u> <b>REPLACE:</b> ACCEPTABLE MANUFACTURER SHALL BE NLIGHT AIR. <u>SYSTEM SHALL BE FULLY STAND ALONE. NETWORKED CONTROL SYSTEMS ARE NOT ACCEPTABLE</u>
3	E500	YES	Elec- Luminaire Schedule <b>ADD:</b> BASE BID FIXTURES TO BE OWNER FURNISHED, CONTRACTOR INSTALLED. OWNER TO PURCHEASE B.O.D. FIXTURES WITH NLIGHT AIR CONTROLS. ADD ALT FIXTURES TO BE CONTRACTOR FURNISHED, CONTRACTOR INSTALLED. MATCH BASE BID FIXTURES AND LIGHTING CONTROLS FURNISHED BY OWNER. COORDINATE EXACT REQUIREMENTS WITH OWNER/ENGINEER.

Type of Insurance	Limit Per Occurrence	Aggregate Limit
Commercial Automobile Liability	\$1,000,000	\$1,000,000

**Property Insurance:**

**1. Builder’s Risk:**

The Contractor shall purchase Builder’s Risk insurance upon the entire Work at the Project Site to the full value of the Contract Sum of the new improvements thereof. This insurance shall include the interests of APS, Subcontractors and Sub-Subcontractors in the Work, and shall insure against all risks of loss, except for exclusions included in the Certificate of Insurance and approved by Owner. This insurance shall include coverage for the following:

- a) Loss by explosion of boilers during testing (any exclusion applicable to such loss shall be waived).
- b) Partial or complete occupancy by the Owner (any exclusion applicable to occupancy shall be removed).
- c) Loss without coinsurance penalty (coinsurance or similar "insurance to value" requirements shall be eliminated).
- d) Coverage of property in transit and unscheduled locations sufficient in limits to adequately cover maximum anticipated values at risk.
- e) Coverage of Contractor's labor, overhead and profit.
- f) Coverage of materials stored or installed on the Project Site, until said materials are accepted by the Owner per Substantial Completion and Acceptance requirements. Payment by Owner for materials stored or installed on the Project Site does not eliminate Contractor's responsibility or liability with regards to theft and vandalism or other damage.

**Please Note:** At APS’s sole discretion, Builder’s Risk insurance may be purchased by the Owner as specified above. In this event, cost for such coverage shall be deducted from the Contract Sum.

Type of Insurance	Limit Per Occurrence		Aggregate Limit	
Builder’s Risk	<del>\$1,000,000</del>	<b>\$8,000,000</b>	<del>\$2,000,000</del>	<b>\$10,000,000</b>

All risk insurance covering damage, loss or injury to the Work, excluding earthquake damage. The policy shall be payable to the Owner, and the proceeds thereof, when paid, shall be retained by APS as security for the performance by the Contractor of its obligations under this Contract and, upon such performance, shall be released to the Contractor. Such policy shall be in an amount equal to the Contract Sum.

**E. Receipt of Certificates of Insurance:**

Proof of satisfaction, of insurance for each type of coverage listed herein shall be provided to APS **within ten (10) days** of the Contractor’s receipt of the Notice to Proceed and no work, shall proceed unless all such insurance is in effect. The Contractor shall not allow any Subcontractor to commence work on its subcontract until all insurance required of the Subcontractor has been obtained and approved by the Contractor and found to be in accordance with the requirements set forth herein.

**Appendix 2****Insurance Coverage Checklist**

Coverages Required			Limits (Figures Denote Minimums)		
Bidder Use Coverage Present (Place an X in the Box if coverage is present)	APS Use Coverage Present (Place an X in the Box if coverage is present)	Number	Coverage Type	Coverage Limit Per Occurrence	Coverage Aggregate Limit
<b>Commercial General Liability Insurance</b>					
		1	Premises / Operations	\$2,000,000	\$4,000,000
		2	Completed Products / Operations		
<b>Subcontractors Commercial General Liability Insurance</b>					
		3	Subcontractors General Liability	\$2,000,000	\$4,000,000
<b>Worker's Compensation &amp; Employer's Liability Insurance</b>					
		4	Worker's Compensation	Statutory Limit	Statutory Limit
		5	Employer's Liability	\$100,000	\$100,000
<b>Commercial Automobile Liability Insurance</b>					
		6	Owned	\$1,000,000	\$1,000,000
		7	Non-Owned / Hired		
<b>Property Insurance</b>					
		8	Builder's Risk	\$8,000,000	\$10,000,000
<b>Umbrella / Excess Insurance</b>					
		9	Umbrella Liability	TBD	TBD
		10	Excess Liability		
<b>All other Risk Management Items of Note</b>					
		11	All insurance carrier AM Best Ratings are an A- or better or its equivalent		
		12	All deductibles and or self-insurance component have been submitted to Arlington Public Schools for review.		
		13	Notice of Cancellation, nonrenewal or material change in coverage shall be provided to APS at least forty-five (45) days prior to action		
		14	APS has been added as an Additional Insured (via endorsement of the insurance policy) on all policies except Workers Compensation & Professional Liability.		
		15	All of the Certificates of Insurance show the Contract Number and Title		
		16	If Claims Made Coverage is Approved, does it meet stipulations in Section 13. H of the General Conditions		
		17	Indemnification (Refer to Section 5.11 of the General Conditions)		

**Insurance Agent's Statement:**

I have reviewed the above requirements with the Bidder named below and have advised the Bidder of required coverages not provided through this agency.

Agency Name	
Auth. Signature	
Date	

**Bidder's Statement:**

If awarded the Contract, I will comply with Contract insurance requirements.

Bidder Name	
Auth. Signature	
Date	

**\*Addendum No.4 must be signed, dated, and submitted via the secure cloud-based file sharing platform specified in the ITB prior to the Bid Closing Date/Time stated above OR acknowledgment of receipt of this Addendum may be noted on the Bid Form.**

**Name of Bidder:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Issued By:

Brandon Christian

Senior Procurement Specialist

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