



Erie County Medical Center Corporation  
RFP # 21614  
Addendum Number 1

## **Erie County Medical Center Corporation**

Addendum Number 1 to RFP # 21614

### **CONSULTING SERVICES REGARDING CONSTRUCTION MANAGEMENT FOR: EMERGENCY DEPARTMENT MODERNIZATION AND EXPANSION PROJECT**

The deadline for submission still remains:

**TUESDAY, NOVEMBER 22, 2016 AT 11 A.M.**

The following questions were submitted to the Designated Contact:

- 1. Who will be responsible for the Special Inspections and Testing. Will these services be incorporated into the CM's duties, or will ECMC be engaging the Inspection Firm directly.**  
Special Inspections and Testing will be incorporated into the CM's duties.
- 2. An Affirmative Action statement is due with bid per requirement to submit Section 5.2.6 Diversity Practices Questionnaire. The Diversity Practices Questionnaire (Exhibit F) Subsection II. 5 requires that an equal employment and affirmative action policy be attached to the Questionnaire. Exhibit A. III. A. 1. Imposes a 48-hour requirement (see below). The Contractor shall submit an EEO Policy Statement to ECMCCC within forty-eight (48 hours) after the date of the notice by ECMC to award the Contract to the Contractor. Please clarify, if we should submit with the proposal or at 48-hour requirement.**  
If your company has an EEO & Affirmative Action Policy Statements you should submit them with your proposal.
- 3. Exhibit A Subsection III. C requires that the Contractor adhere to reporting requirements per specific staffing plan form. We did not see a Staffing Plan included with the RFP. If you could, please provide the "Staffing Plan" form to be filled out with the submission of the RFP.**  
Please see the attached Staffing Plan (MWBE Form 108).



- 4. Exhibit A Subsection III. D requires that the Contractor adhere to reporting requirements per specific form. Is it possible to get a copy of the Workforce Employment Utilization Report (“Workforce Report”) prior to submission for review?**  
Please see attached.
- 5. Exhibit A Subsection V. refers to a waiver process with a specific Request for Waiver form. Is it possible to get a copy of the Request for Waiver form prior to submission for review?**  
No. ECMCC does not offer the option of a Waiver without proof of an exhaustive Good Faith Effort. Please see attached for the required efforts.
- 6. Exhibit A Subsection VI. refers to a Quarterly MWBE Contractor Compliance Report. Is it possible to get a copy of the Quarterly MWBE Contractor Compliance Report prior to submission for review?**  
Yes. Please see attached MWBE Form - OCSD-3.
- 7. Exhibit F Diversity Practices Questionnaire specifically asks for diversity activity for both MWBE and EEO. As this is a Construction Management RFP, would ECMCC accept project data with regard to MWBEs practices?**  
Yes, previous experience and data related to that experience are acceptable.
- 8. We have noted multiple questions regarding internal corporate practices, but none on project related data. Due to the fact that goal setting for construction projects is typically dictated by the Owner; this is where our diversity requirements are fulfilled – on a per project basis. Please confirm if this information is acceptable to meet this sections requirement.**  
Yes, previous experiences on specific projects performed by your firm as they relate to MWBE practices are acceptable.
- 9. On page 3 & 4, under section #4.b, there is language that indicates the CM/Owner Agreement include supplemental services to include (1) Environmental 3rd party inspections / air monitoring & sampling; (2) Signage and Wayfinding; (3) FFE. The RFP then goes on to indicate the CM shall be responsible for the management of the bid and construction phase of each of these above disciplines. Please confirm if the intent is for the CM to contract with these (3) units of work or just be responsible to coordinate the bidding and implementation of these units of work with the overall construction (i.e. someone else holds the contract with them).**  
Yes.
- 10. On page 4 of the RFP, section 4.c refers to “DPE” – “Direct Personal Expense.” Please define that term. Note that AIA A133 Section 4.1.4 refers to “Direct Personnel Expense” as it relates to preconstruction services, but does not use that terminology relating to Construction Phase Services. For Construction Phase Services using A133, rates for CM Staff are often quoted as Billing Rates.**  
DPE is the billing rate. Please include a schedule of billing rates.
- 11. Please confirm if the intent is to award to the lowest cost Construction Manager or if there is some other “score card” with weighted criteria for cost, previous project experience,**



**experience of personnel assigned to the project, MWBE past performance, etc. that could be provided to the CM firms at this time.**

While lowest cost will be a consideration, there are other criterion that will be part of the decision process. That scorecard criterion is currently under development, but cannot be shared at this time.

- 12. On page 8, under section #7.8, the RFP indicates Certificates of Insurance shall be furnished by the successful respondent in conformity with the ECMCC Standard Insurance Certificate. Can you please forward the ECMCC certificate requirements / forms.**

Please see attached.

- 13. Per the schedule dates provided in Addendum #1, it appears Schematic Design should be complete and Design Development documents should be nearing completion this month. Given this progression, can the current set of design documents be issued for information only to help assist respondents with providing the most informed proposal?**

The information is not available at this time.

- 14. We understand that our CM services shall be as per AIA A133. Are you able to provide more detail with regard to number of deliverables expected ( estimates at 100% DD, 75% CD, GMP @ 100% CD???) in order to help the construction managers estimate the preconstruction effort and our associated MWBE participation?**

The information is not available at this time.

- 15. 4a defines “Contracted Value” and includes A/E costs as well as design fees. Should that read CM costs and CM fees?**

No.

- 16. 4d1 says we should include the fee percentages for the additional services defined in 4b and that we indicate those in appendix A fee matrix. Those items are not included there.**

Please include fee percentages for additional services; add them to the matrix sheet.

- 17. The Diversity Plan in Exhibit A sets the goals for M/WBE contracts but does not establish goals for EEO?**

Please include your plans with your proposal. The EEO goals are 10% Minority and 2% Woman owned businesses.

- 18. Can floor plans be provided for existing buildings where the new ED addition is tying into?**

Plans will be provided to the awardee(s).

- 19. Is there an attendee list we can get from the pre-bid conference? L & R would like to reach out to the potential CM firms to offer our services as a NYS certified MBE.**

A vendor list of all vendors that submitted a letter of intent is attached.



**ECMCC COMMODITY & SERVICE CONTRACTS**

**CONTRACTOR'S MONTHLY PAYMENT REPORT (DUE ON THE 10<sup>TH</sup> DAY OF EACH MONTH FOR THE PRECEDING MONTH'S ACTIVITY AS EVIDENCE TOWARDS ACHIEVEMENT OF THE MWBE GOALS ON THE CONTRACT). TO VERIFY PAYMENTS TO MWBE'S, PLEASE ATTACH CANCELLED CHECKS AND INVOICES.**

Contract No.: \_\_\_\_\_

Contractor/Vendor Name, Address and Phone No.:	Contractor/Vendor Federal ID No.:		<b>MWBE Goals</b>		<b>Reporting Period</b>	
	Description of Project:		MBE%	WBE%	Month	Year
Contract Amount: _____						
Firm Name, Address and Phone Number (List All Firms)	Description of Work or Supplies Provided	Designation		Payment This Month	Contract Amount	
Federal ID No.:		<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> No Payment This Month		
		<input type="checkbox"/> Sub	<input type="checkbox"/> Supplier			
		<input type="checkbox"/> Broker	<input type="checkbox"/> Team			
		<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other			
		<input type="checkbox"/> Written Contract	<input type="checkbox"/> No Written Contract			
Federal ID No.:		<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> No Payment This Month		
		<input type="checkbox"/> Sub	<input type="checkbox"/> Supplier			
		<input type="checkbox"/> Broker	<input type="checkbox"/> Team			
		<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other			
		<input type="checkbox"/> Written Contract	<input type="checkbox"/> No Written Contract			
Federal ID No.:		<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> No Payment This Month		
		<input type="checkbox"/> Sub	<input type="checkbox"/> Supplier			
		<input type="checkbox"/> Broker	<input type="checkbox"/> Team			
		<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other			
		<input type="checkbox"/> Written Contract	<input type="checkbox"/> No Written Contract			
Federal ID No.:		<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> No Payment This Month		
		<input type="checkbox"/> Sub	<input type="checkbox"/> Supplier			
		<input type="checkbox"/> Broker	<input type="checkbox"/> Team			
		<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other			
		<input type="checkbox"/> Written Contract	<input type="checkbox"/> No Written Contract			
_____ Signature		_____ Print Name and Title		_____ Date		
Submission of this form constitutes the contractor's acknowledgement as to the accuracy of the information contained herein. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, suspension and/or termination of the contract.				For [AGENCY] Use Only		
				Reviewed By:	Date:	

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## Instructions for Completing the Commodity and Service Contracts Monthly Payment Report (Form MWBE102)

The Contractor's Monthly Payment Report (Form MWBE 102) is to be completed by the Contractor/Vendor, and submitted by the **10<sup>th</sup> of each month** for the duration of the contract. This form should include **all** (e.g. MBE, WBE and non M/WBE) Subcontractors and/or Suppliers assigned by the Contractor/Vendor to perform work or supplies during the contract. This reporting should also include verified payments made to your MWBE Subcontractors and/or Suppliers. Please attach cancelled checks and invoices as payment verification to the MWBE firms.

Complete the form as specified below:

Contract No.	Indicate the ECMCC Contract No.
Contractor/Vendor Name and Address	Provide your firm's name and address.
Contract Amount	Provide your contract amount. If your contract increases monthly, provide the current amount for the reporting period.
Federal ID No.	Enter your firm's Federal ID No.
Goals	Indicate MBE and WBE participation goals.
Reporting Period	Fill in the month and year of reporting period. One copy must be submitted with final payment application.
Description of Project	Briefly describe the work you are providing under the terms of this contract.
Firm Name and Address	Provide the name, address and phone number of <b>all</b> Subcontractors/Suppliers assigned by the Contractor/Vendor on this contract or purchase agreement(s).
Federal ID No.	Enter the Subcontractor's/Supplier's Federal ID No. If no Federal ID No. has been assigned, provide only the owner's last four (4) digits of his or her Social Security No.
Payment This Month	Indicate the amount paid <i>this month</i> to each Subcontractor/Supplier. If there was no income activity for a Subcontractor/Supplier, please check the box indicating "No Payment This Month."
Contract Amount	Enter the total contract amount or purchase agreement(s) for each Subcontractor/Supplier.
Description of Work/Supplies	Briefly describe the work performed or supplies provided by each Subcontractor/Supplier.
Submit your commodity form via Email to:	<a href="mailto:mwbeoffice@ecmc.edu">mwbeoffice@ecmc.edu</a>

Erie County Medical Center  
Finance Office –M/WBE

**OCS-3**

Reporting Period - Select One																									
<input type="checkbox"/> Contractor <span style="margin-left: 150px;"><input type="checkbox"/> Subcontractor</span>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><input type="checkbox"/> January 1 - March 31</td> <td colspan="2"><input type="checkbox"/> April 1 - June 30</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> July 1 - September 30</td> <td colspan="2"><input type="checkbox"/> October 1 - December 31</td> </tr> <tr> <td><input type="checkbox"/> January</td> <td><input type="checkbox"/> February</td> <td colspan="2"><input type="checkbox"/> March</td> </tr> <tr> <td><input type="checkbox"/> April</td> <td><input type="checkbox"/> May</td> <td colspan="2"><input type="checkbox"/> June</td> </tr> <tr> <td><input type="checkbox"/> July</td> <td><input type="checkbox"/> August</td> <td colspan="2"><input type="checkbox"/> September</td> </tr> <tr> <td><input type="checkbox"/> October</td> <td><input type="checkbox"/> November</td> <td colspan="2"><input type="checkbox"/> December</td> </tr> </table>	<input type="checkbox"/> January 1 - March 31		<input type="checkbox"/> April 1 - June 30		<input type="checkbox"/> July 1 - September 30		<input type="checkbox"/> October 1 - December 31		<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March		<input type="checkbox"/> April	<input type="checkbox"/> May	<input type="checkbox"/> June		<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September		<input type="checkbox"/> October	<input type="checkbox"/> November	<input type="checkbox"/> December	
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Contractor Address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>																								
Contract Number	<input style="width: 100%;" type="text"/>																								
Workforce Identified in Report																									
<input type="checkbox"/> Workforce Utilized in Performance of Contract  <input type="checkbox"/> Contractor/Subcontractor's Total Workforce																									

EEO 1 Job Categories	SOC Job Title	SOC Job Code	Hours worked by Race/Ethnic Identification During Reporting Period										
			White		Black/African American		Hispanic/Latino		Asian/Native Hawaiian or Other Pacific Islander		Native American/Alaskan Native		
			Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
First/Mid Officials	Advertising and Promotions Managers	(11-2011)											
Professionals	Web Developers	(15-1134)											
Professionals	Graphic Designers	(27-1024)											
Professionals	Public Relations Specialist	(27-3031)											
Administrative Support Workers	Secretaries and Administrative Assistants	(43-6010)											
	Other -												
	Other -												
	Other -												
<b>TOTAL HOURS WORKED</b>													

EEO 1 Job Categories	SOC Job Title	SOC Job Code	Number of Employees by Race/Ethnic Identification During Reporting Period										
			White		Black/African American		Hispanic/Latino		Asian/Native Hawaiian or Other Pacific Islander		Native American/Alaskan Native		
			Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
First/Mid Officials	Advertising and Promotions Managers	(11-2011)											
Professionals	Web Developers	(15-1134)											
Professionals	Graphic Designers	(27-1024)											
Professionals	Public Relations Specialist	(27-3031)											
Administrative Support Workers	Secretaries and Administrative Assistants	(43-6010)											
	Other -												
	Other -												
	Other -												
<b>TOTAL EMPLOYEES</b>													

Preparer's Name: \_\_\_\_\_

Preparer's Title: \_\_\_\_\_

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

By checking this box, I certify that I personally completed this document and I adopt the name typed

## EEO STAFFING PLAN

Instructions on page 2

<b>Solicitation No.:</b>	<b>Reporting Entity:</b>	<b>Report includes Contractor's/Subcontractor's:</b> <input type="checkbox"/> Work force to be utilized on this contract <input type="checkbox"/> Total work force
<b>Offeror's Name:</b>		<input type="checkbox"/> Offerer <input type="checkbox"/> Subcontractor <b>Subcontractor's name</b> _____
<b>Offeror's Address:</b>		

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification														
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		Native American (M) (F)		Disabled (M) (F)		Veteran (M) (F)		
Officials/Administrators																		
Professionals																		
Technicians																		
Sales Workers																		
Office/Clerical																		
Craft Workers																		
Laborers																		
Service Workers																		
Temporary /Apprentices																		
Totals																		

<b>PREPARED BY (Signature):</b>	<b>TELEPHONE NO.:</b>	<b>DATE:</b>
	<b>EMAIL ADDRESS:</b>	
<b>NAME AND TITLE OF PREPARER (Print or Type):</b>		<b>Submit completed with bid or proposal</b>

**General instructions:** All Offerors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (ADM/EEO 100) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or subcontractor's total work force, the Offeror shall complete this form for the contractor's and/or subcontractor's total work force.

**Instructions for completing:**

1. Enter the Solicitation number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the M/WBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

**RACE/ETHNIC IDENTIFICATION**

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this form, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**OTHER CATEGORIES**

- **DISABLED INDIVIDUAL** any person who:
  - has a physical or mental impairment that substantially limits one or more major life activity(ies)
  - has a record of such an impairment; or
  - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER** Male or Female



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**IN CONSIDERATION OF A WAIVER FOR MWBE REQUIREMENTS**

Article 15-A of the New York State Executive Law and 5 NYCRR 140-145 require State agencies to set goals for participation by minority and women owned business enterprises (MWBEs) on many types of State contracts. Prior to the contract award, separate goals are established for MBE and WBE utilization, expressed as a percentage of anticipated payments made under the contract. A State agency shall not grant any automatic waivers of goal requirements on a State contract but may grant a partial or total waiver of goal requirements established on a State contract only upon the submission of a waiver form by a contractor, documenting good faith efforts. Failure to make good faith efforts may result in a State contract being awarded to another bidder, or, if the contract is already in progress, may result in financial penalties.

The Good Faith Efforts of a contractor **must be documented** in the following manner:

1. Provide the names of general circulation, trade association, and MWBE-oriented publications in which you solicited certified MWBEs for the purposes of complying with your participation goals.
2. Provide a list identifying the date(s) that all solicitations for certified MWBE participation were published in any of the above publications and the text of said solicitation(s).
3. Provide a list of all certified MWBEs appearing in the NYS Directory of Certified Firms that were solicited in writing for purposes of complying with the certified MWBE participation levels.
4. Provide copies of notices, dates of contact, letters and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation, if an identical solicitation was made to all certified MWBEs.
5. Provide copies of responses made by certified MWBEs to your solicitations.
6. Provide a description of any contract documents, plans or specifications made available to certified MWBEs for purposes of soliciting their bids, and the date and manner in which these documents were made available.
7. Provide documentation of any negotiations between the Offeror/Contractor, and/or MWBE(s) undertaken for purposes of complying with the certified MWBE participations goals.
8. Provide the name, title, address, telephone number, and email address of the Offeror/Contractor's representative authorized to discuss this waiver request.



Erie County Medical Center Corporation  
RFP # 21614  
Vendor List

## **Erie County Medical Center Corporation**

Vendor List for RFP # 21614

CONSULTING SERVICES REGARDING  
CONSTRUCTION MANAGEMENT

FOR:

EMERGENCY DEPARTMENT  
MODERNIZATION AND EXPANSION PROJECT

The deadline for submission still remains:

**TUESDAY, NOVEMBER 22, 2016 AT 11 A.M.**

The following firms submitted their “intent to submit”:

**Armand Corporation (MBE/WBE)**

Tel: (856) 489-8212

Email: [efinn@armandcorp.com](mailto:efinn@armandcorp.com)

**LP Ciminelli Inc.**

Tel: (716) 855-1200

Email: [MWaterman@lpciminelli.com](mailto:MWaterman@lpciminelli.com)

**Encompass Management Services LLC**

Tel: (716) 713-5099

Email: [twatters@encompgrp.com](mailto:twatters@encompgrp.com)

**The Pike Company**

Tel: (585) 241-0450

Email: [chase@pikeco.com](mailto:chase@pikeco.com)

**Landon & Rian Enterprises, Inc. (MBE)**

Tel: (518) 573-7292

Email: [bjiguere@landonrian.com](mailto:bjiguere@landonrian.com)

**Whiting-Turner Contracting Company**

Tel: (607) 253-3219

Email: [Mark.Seefeldt@Whiting-Turner.com](mailto:Mark.Seefeldt@Whiting-Turner.com)

**LeChase Construction**

Tel: (716)322-0509

Email: [Rebecca.Sprague@lechase.com](mailto:Rebecca.Sprague@lechase.com)

## **MINIMUM INSURANCE REQUIREMENTS FOR VENDORS & CONTRACTORS**

### **WORKERS' COMPENSATION**

Limits            NYS Statutory Limits  
                     \$1,000,000 Employers' Liability

### **COMMERCIAL GENERAL LIABILITY**

Coverage must be provided on an "Occurrence" Form

Limits            \$1,000,000 Bodily Injury and Property Damage Each Occurrence  
                     \$2,000,000 Products-Completed Operations Aggregate  
                     \$2,000,000 General Aggregate  
                     \$1,000,000 Personal and Advertising Injury  
                     \$50,000 Fire Damage  
                     \$5,000 Medical Payments

### **COMPREHENSIVE AUTOMOBILE LIABILITY**

Limits            \$1,000,000 Bodily Injury and Property Damage  
                     Combined Single Limit

Coverage        All Owned, Non-owned and Hired Autos

### **UMBRELLA (Follow Form)**

Limits            \$5,000,000 Each Occurrence  
                     \$5,000,000 Aggregate  
                     \$10,000 Retention

### **CYBER LIABILITY**

**Note:** Any contract awarded where PHI is being exchanged between ECMCC and the Contractor/Vendor will require cyber liability insurance as described below. Coverage may be subject to further discussion during contract negotiations. In addition to the insurance below, the Contractor/Vendor must demonstrate use of a secure server and password-protected email.

Limits            \$1,000,000 per claim  
                     In some circumstances coverage to include Internet Media Liability and/or Cyber Extortion Coverage, including Regulatory Proceeding and Breach Costs

**CONTACT LANGUAGE SHOULD CONTAIN THE FOLLOWING PROVISIONS;**

**ADDITIONAL INSURED**

*Erie County Medical Center Corporation* is named as an **Additional Insured** on a Direct, Primary and Non-Contributory Basis under the General Liability, Automobile, Workers' Compensation and Umbrella Policies. Contractor will also provide a hold harmless and waiver of subrogation in favor of *Erie County Medical Center Corporation*.

- Limits may be satisfied through underlying and excess umbrella policies.
- Cancellation: All policies must contain a provision that a thirty day written notice will be provided for cancellation, non-renewal or material change.

Before work commences, a **Certificate of Insurance** must be issued to *Erie County Medical Center Corporation* which certifies all of the coverage, limits, additional insured and cancellation provisions referred to above. When endorsements are issued to said policies, contractor will provide a copy to *Erie County Medical Center Corporation*

The following "hold harmless agreement" and a waiver of subrogation must also be completed and forwarded to *Erie County Medical Center Corporation*:

**HOLD HARMLESS AGREEMENT**

To the fullest extent permitted by law, the Vendor/Contractor will indemnify and hold harmless and provide a waiver of subrogation to *Erie County Medical Center Corporation*, their agents and employees from and against all claims, damages, losses and expenses including attorney's fees arising out of or resulting from the performance of the work, provided that such claim, damage, loss or expense (a) is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, including the loss of use resulting there from, and (b) is caused in whole or in part by any negligent or willful act or omission of the Vendor/Contractor, its Subcontractor, or anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable.

Agreed to and Accepted by:

Vendor/ Contractor \_\_\_\_\_

By: \_\_\_\_\_

Name and Title: \_\_\_\_\_

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