Snohomish Health District

Interpreters and Translations Services
RFB 2019-04

Snohomish Health District Administration 3020 Rucker Ave., Ste. 306 Everett, WA 98201

WWW.SNOHD.ORG
REQUEST FOR BIDS
FOR INTERPRETER AND TRANSLATION SERVICES
RFB 2019-04

In this RFB, the Snohomish Health District shall be referred to as “the District” and the terms offeror, respondent, vendor and proposer are synonymous.

Purpose/Objective
The Snohomish Health District is requesting proposals for interpreter and translation services. Interpreters may be requested to assist with regulatory/compliance work with clients/public, or for medical appointments with clients being served by one of our programs. Translation may be requested for brochures, correspondence with clients/customers, or technical documents.

It is the District's goal to award this contract to a single vendor. It is possible however, that the District may instead choose to Award the quote to two contractors, depending on the best business approach or that which best serves the District.

Schedule

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>TARGET DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFB issued</td>
<td>October 24, 2019</td>
</tr>
<tr>
<td>Respondent’s technical questions due via email</td>
<td>October 30, 2019</td>
</tr>
<tr>
<td>Addendum to RFB issued, if required</td>
<td>November 4, 2019</td>
</tr>
<tr>
<td>Packets due to the District</td>
<td>November 12, 2019</td>
</tr>
<tr>
<td>Begin respondent discussions/negotiations</td>
<td>November 15, 2019</td>
</tr>
<tr>
<td>Contract award</td>
<td>December 10, 2019</td>
</tr>
</tbody>
</table>

The target dates provided are estimates and may be subject to change during the process.

Bid Documents
Bid documents are available online at [www.snohd.org/bids](http://www.snohd.org/bids), or at the Snohomish Health District, 3020 Rucker Ave. Ste 306, Everett, WA 98201. Submittals will be accepted via email to [rfb@snohd.org](mailto:rfb@snohd.org) or by delivery to the District's headquarters in Everett until 3:00 p.m. PST (our clock) on Monday, November 12, 2019. Materials shall be addressed to:

Pam Spence, Purchasing Administrator  
Snohomish Health District  
3020 Rucker Ave., Suite 306  
Everett, WA 98201-3900

Pre-Bid Meeting
No pre-Bid meeting is scheduled for this project.

Receipt and Handling of Request for Qualifications
- The respondent assumes full responsibility for the timely delivery of the RFB to the designated location. Bids delivered to any other office or location will not be considered.
- RFBs or modifications of RFBs received at the above address after the exact hour and date specified for receipt will not be accepted.
Should the respondent subsequently become the successful respondent, the submitted Bid and any attachments will become part of the contract and the property of Snohomish Health District.

The District reserves the right to reject any or all Bids and to waive any informality in bidding.

**Respondent Registration**

Respondents should register by emailing rfb@snohd.org. The prospective respondent will be placed on the District's notification list for any forthcoming addendum or other official communications. Failure to register as a prospective may cause a respondent's Submittal Package to be rejected as non-responsive if the respondent has submitted a Submittal Package without acknowledgment of issued addenda or if the respondent fails to submit revised required documents.

**Addenda**

If at any time, the District changes, revises, deletes, clarifies, increases, or otherwise modifies the RFB, the District will issue a Question & Answers (Q&A) sheet or a written Addendum to the RFB. Respondents must register for this RFB to be notified of addenda and new documents on this RFB. It is the Respondent's responsibility to check for addenda and other new documents online.

**Communications, Questions and Interpretation of the RFB**

No oral interpretations of the RFB will be made to any respondent. All questions and any explanations must be requested in writing and directed to the Purchasing Administrator no later than the date specified in the schedule or as extended per addendum. Oral explanations or instructions are not binding. Any information modifying a solicitation will be furnished to all respondents by addendum.

A blackout period is established between the time a solicitation is issued by the District and the time the District awards the contract. After the issuance of any solicitation, all bidders, respondents, contractors, consultants or individuals acting on their behalf are hereby prohibited from contacting or lobbying any District employee, official or representative at any time during the blackout period. Communications concerning this RFB with other than Purchasing staff or Interim Administrator may cause the respondent to be disqualified.

**Examination of Bid and Contract Documents**

The submission of a Bid shall constitute an acknowledgement upon which the District may rely that the respondent has thoroughly examined and is familiar with all requirements and documents pursuant to the RFB, including any addenda, and has reviewed and inspected all applicable statutes, regulations, ordinances and resolutions addressing or relating to the goods or services to be provided hereunder.

The failure of a respondent to comply with the above requirement shall in no way relieve the respondent from any obligations with respect to its Bid or to any contract awarded pursuant to this RFB. No claim for additional compensation shall be allowed which is based upon a lack of knowledge or misunderstanding of this RFB.
Cost of Bids
The District is not liable for any costs incurred by a respondent in the preparation and evaluation of Bids submitted.

Modifications of Bid or Withdrawal of Bid Prior to Bid Due Date
At any time before the time and date set for submittal of Bids, a respondent may submit a modification of a Bid previously submitted to the District. All Bid modifications shall be made in writing, executed and submitted in the same form and manner as the original Bid.

Bids may be withdrawn by written notice received prior to the exact hour and date specified for receipt of Bids. A Bid also may be withdrawn in person by a respondent or authorized representative provided their identity is made known and they sign a receipt for the Bid, but only if the withdrawal is made prior to the exact hour and date set for receipt of Bids. All requests for modification or withdrawal of Bids, whether in person or written, shall not reveal the amount of the original Bid.

Bid Withdrawal after Opening
Except for claims of error granted by the District, no respondent may withdraw a Bid after the date and time established for submitting Bids, or before the award and execution of a contract pursuant to this RFB, unless the award is delayed for a period exceeding the period for Bid effectiveness.

Requests to withdraw a Bid due to error must be submitted in writing along with supporting evidence for such claim for review by the District. Evidence must be delivered to the District within two (2) days after the request to withdraw. The District reserves the right to require additional records or information to evaluate the request. Any review by the District of a Bid and/or any review of such a claim of error, including supporting evidence, create no duty or liability on the District to discover any other Bid error or mistake, and the sole liability for any Bid error or mistake rests with the respondent.

Error and Administrative Corrections
The District shall not be responsible for any errors in Bids. Respondents shall only be allowed to alter Bids after the submittal deadline in response to requests for clarifications by the District.

The District reserves the rights to allow corrections or amendments to be made that are due to minor administrative errors or irregularities, such as errors in typing, transposition or similar administrative errors.

Compliance with RFB Terms, Attachments and Addenda
A. The District intends to award a Contract based on the terms, conditions, attachments and addenda contained in this RFB, as well as a subsequent presentation for selected respondents. Respondents shall submit Bids, which respond to the requirements of the RFB.

B. Respondents are strongly advised to not take exceptions to the terms, conditions, attachments and addenda; exceptions may result in rejection of the Bid. An exception is not a response to a Bid requirement. If an exception is taken, a ‘Notice of Exception’ must be submitted with the Bid. The ‘Notice of Exception’ must identify the specific point or points of exception and provide alternatives.

C. The District reserves the right to reject any Bid for any reason including, but not limited to, the following;
   - Any Bid which is incomplete, obscure, irregular or lacking necessary detail and specificity;
   - Any Bid that has any qualification, limitation, exception or provision attached to the Bid;
   - Any Bid from respondents who (in the sole judgment of the District) lack the qualifications or responsibility necessary to perform the work;
   - Any Bid submitted by a respondent which is not registered or licensed as may be required by the laws of the state of Washington or local government agencies;
• Any Bid from respondents who are not approved as being compliant with the requirements for equal employment opportunity; and
• Any Bid for which a respondent fails or neglects to complete and submit any qualifications information within the time specified by the District.

D. The District may, at its sole discretion, determine that a Bid with a ‘Notice of Exception’ merits evaluation. A Bid with a ‘Notice of Exception’ not immediately rejected may be evaluated, but its competitive scoring shall be reduced to reflect the importance of the exception. Evaluation and negotiation shall only continue with the respondent if the District determines that the Bid continues to be advantageous to the District.

E. In consideration of the District's review and evaluation of its Bid, the respondent waives and releases any claims against the District arising from any rejection of any or all Bids, including any claim for costs incurred by respondents in the preparation and presentation of Bids submitted in response to this RFB.

F. Bids shall address all requirements identified in this RFB. In addition, the District may consider Bid alternatives submitted by respondents that provide cost savings or enhancements beyond the RFB requirements. Bid alternatives may be considered if deemed to be in the District's best interests. Bid alternatives shall be clearly identified.

Collusion
If the District determines that collusion has occurred among respondents, none of the Bids from the participants in such collusion shall be considered. The District’s determination shall be final.

Bid Price and Effective Date
The Bid shall remain in effect for six (6) months after the Bid due date, unless extended by agreement.

Award of Contract
The Snohomish Health District Board of Health will make the final award of the contract, tentatively scheduled for Tuesday, December 10, 2019.

Term of Contract
The term of the contract awarded from this RFB shall be for a period of one (1) year. If the District determines it to be advantageous, it may extend the term of the contract for up to two (2) one-year periods.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION I.</th>
<th>Introduction/Overview</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose/Objective</td>
<td>.................................................................</td>
<td>6</td>
</tr>
<tr>
<td>Background</td>
<td>.................................................................</td>
<td>6</td>
</tr>
<tr>
<td>Statement of Work</td>
<td>.................................................................</td>
<td>6</td>
</tr>
<tr>
<td>Respondent Minimum Qualifications</td>
<td>.................................................................</td>
<td>6</td>
</tr>
<tr>
<td>Projected Schedule</td>
<td>.................................................................</td>
<td>8</td>
</tr>
<tr>
<td>Procurement Contact</td>
<td>.................................................................</td>
<td>8</td>
</tr>
<tr>
<td>Contract Administrator</td>
<td>.................................................................</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION II.</th>
<th>Request for Qualifications: Submission</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedures</td>
<td>.................................................................</td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION III.</th>
<th>Request for Qualifications: Method of Award/Evaluation Criteria</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation Process</td>
<td>.................................................................</td>
<td>11</td>
</tr>
<tr>
<td>Evaluation Criteria</td>
<td>.................................................................</td>
<td>11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION IV.</th>
<th>Request for Qualifications: ATTACHMENTS</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment A-Bid Acknowledgment</td>
<td>.................................................................</td>
<td>14</td>
</tr>
<tr>
<td>Attachment B-Affidavit Form</td>
<td>.................................................................</td>
<td>15</td>
</tr>
<tr>
<td>Attachment C-Insurance Requirements</td>
<td>.................................................................</td>
<td>16</td>
</tr>
</tbody>
</table>
SECTION I: Introduction/Overview

Purpose/Objective
The Snohomish Health District is requesting proposals for interpreter and translation services. Interpreters may be requested to assist with regulatory/compliance work with clients/public, or for medical appointments with clients being served by one of our programs. Services may be provided either in-person or via phone. Translation may be requested for brochures, correspondence with clients/customers, or technical documents.

Background
Upon request the District provides a qualified contracted interpreter in the requested language to facilitate the following types of visits/work:

- Medical visit or phone services to clients with the Tuberculosis program, Sexually Transmitted Disease program, Maternal and Child Health program, or Communicable Disease Surveillance and Response Program.
- Regulatory/compliance work through Environmental Health Division (example: restaurant inspection)
- Assist general public in requesting birth/death certificate
- Translation of documents for educational materials, technical materials and correspondence translated to meet the needs our clients/customers.

The District strives to meet the needs of all of our customers and clients. The following languages are most often used by District staff, however additional language requests may come up:

- Amharic
- Arabic
- Chinese/Mandarin/Cantonese
- Farsi/Persian/Dari
- French
- Japanese
- Korean
- Marshallese
- Pashto
- Russian
- Spanish
- Swahili
- Tagalog
- Thai
- Tigrinya
- Ukrainian
- Vietnamese

Interpretation services may be requested for visits to the District locations in Everett and Lynnwood, to client’s homes, to local businesses, or to food service establishments. There is the possibility that services may be requested in remote areas of the county. All work conducted would be within Snohomish County.

General District hours of operation are 8:00 am to 5:00 pm, Monday through Friday. There is the possibility that services may be requested outside of those times to meet client/customer needs.
Scope of Work
Vendor will be able to provide at least one or more of the required services to the District:

- Provide an in-person certified/registered interpreter
  - Preferred skilled in medical terminology
  - Preferred the ability to request specific gender for interpreter to meet client needs
- Provide access via telephone to a certified/registered interpreter
  - Preferred skilled in medical terminology
  - Preferred the ability to request specific gender for interpreter to meet client needs
- Provide material translation

Respondent Minimum Qualifications
Respondents must meet the following criteria to be considered for selection:

1. Ability to provide certified or registered interpreters
2. Ability to provide services during regular business hours
3. Ability to provide interpreter proficient in medical terminology
Schedule

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>TARGET DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFB issued</td>
<td>October 24, 2019</td>
</tr>
<tr>
<td>Respondent’s technical questions due via email</td>
<td>October 30, 2019</td>
</tr>
<tr>
<td>Addendum to RFB issued, if required</td>
<td>November 4, 2019</td>
</tr>
<tr>
<td>Bids due to the District</td>
<td>November 12, 2019</td>
</tr>
<tr>
<td>Begin respondent discussions/negotiations</td>
<td>November 15, 2019</td>
</tr>
<tr>
<td>Contract award</td>
<td>December 10, 2019</td>
</tr>
</tbody>
</table>

The target dates provided are estimates and may be subject to change during the process.

Procurement Contact
The point of contact at the District for purposes of this RFB, prior to the award of any contract, is:

Pam Spence, Purchasing Administrator
Snohomish Health District
3020 Rucker Ave., Ste. 308
Everett, WA 98201
Telephone: (425) 339-5214
Email: pspence@snohd.org

Contract Administrator
The designated contract administrator will be:

Shawn Frederick, Interim Administrator
Snohomish Health District
3020 Rucker Ave., Ste. 306
Everett, WA 98201
Telephone: (425) 339-8687
Email: sfrederick@snohd.org
SECTION II: Request for BIDS: Submission

Procedures
One (1) electronic and/or two (2) printed copies of the sealed Bid marked “RFB #2019-04, Interpreter Services” must be submitted to:

Pam Spence, Purchasing Administrator
Snohomish Health District
3020 Rucker Ave., Ste. 308
Everett, WA 98201

OR

Emailed to rfb@snohd.org

To provide each respondent an equal opportunity for consideration, adherence to a standardized Bid format is required. Individual, separate and complete Bids must be submitted and must contain the following elements organized into separate tabs or sections, as deemed appropriate. Failure to adhere to this format may result in the disqualification of your Bid(s).

Each Bid shall adhere to the order presented below. Each section within the Bid submittal, following the transmittal letter and table of contents, shall be separated by tabs or sections and include, at a minimum:

1. **Transmittal Letter:** The letter should include the address of the office which would provide the services requested, telephone number, fax, e-mail address and website, if applicable. The letter should be signed by an individual who is authorized to commit the respondent to the services, pricing and requirements as stated in this RFB. This letter shall also indicate why you/your firm is best qualified to provide the District with Interpretation and Translation services.

2. **Table of Contents:** A table of contents shall outline all contents contained within the Bid submittal.

3. **Tab 1 – Bid Acknowledgment/Amendments:** This section shall include the completed Bid acknowledgement form and any amendments (addenda) to the solicitation provided as ATTACHMENT A.

4. **Tab 2 - Identifications of Confidential, Proprietary Commercial Information or Trade Secrets:** If applicable, information the respondent claims to be confidential, proprietary commercial information or trade secrets shall be identified in this section. This information, along with any claim of confidential financial information, should also be disclosed. The respondent must include an explanation for each individual claim of confidentiality.

5. **Tab 3 – Personnel and Technical Qualifications:** Submit technical qualifications of the respondent and staff involved in this project.
   a. Brief history of the respondent and its structure (include organizational charts);
   b. Describe the interpreters that are currently employed by the organization. Description should include: languages spoken, if available for phone or in-person interpretation services, if proficient in medical terminology.
   c. Describe any current litigation resulting from professional services provided by the respondent; and
d. List of client relationships, to include public sector clients, that have been terminated in the last 12 months and the reasons each was terminated. (For respondents with multiple locations, please provide the list based on the local office to be utilized for services).

6. **Tab 4 – Price Structure:** This section should detail the cost of services. Respondents must include a cost proposal sheet specifying a fixed rate that will be billed to the District for each of the translation services rendered and explanation of terms;

   a. **Translation:** Indicate what your organization will charge per word and whether you provide expedited translation requests and the additional cost associated:
   b. **On-Site Interpretation:** What will be the time measurement for pay rates — per hour, per half hour? Is there a charge for interpreters' travel time? If yes, please include rate. Note any pay rates differences based on time of day, day of week and holidays:
   c. **Telephonic Interpretation:** What will be the time measurement for pay rates — per minute, per 30 seconds? Note any pay rates differences based on time of day, day of week and holidays:
   d. Additional information should be included as necessary to explain in detail the cost/price of services.

7. **Tab 5 – References:** A minimum of five (5) current references with physical addresses, phone numbers, and email addresses (if available) should be provided. They should represent the most significant projects performed in the last five years that are similar to the project described in this RFB. The references may be in the private and/or public sector, with at least two in the public sector.

8. **Tab 6 – Subcontracting:** This section should identify any of the required services that the respondent intends to subcontract, if any, providing the following information:

   a. Reason for subcontracting;
   b. Proposed subcontractor responsibilities; and
   c. Identity and descriptive information of proposed subcontractors, including location, relevant personnel and experience, previous use as a subcontractor, and any other relevant supporting information.

8. **Tab 7: Required Forms/Additional Information:**

   a. Submit a completed Affidavit form (ATTACHMENT B).
   b. Provide a statement that respondent, if awarded the contract, will provide a certificate of insurance in accordance the Snohomish Health District insurance requirements (ATTACHMENT C).
   c. Additional Information. Provide any additional information you wish to bring to the District's attention with respect to the respondent's qualifications.
SECTION III: Request for BIDS: Method of Award/Evaluation Criteria

Evaluation Process
Award will be made to the qualified respondent obtaining the highest weighed score combining price and qualifications.

Accordingly, the District may hold discussions with all respondents judged reasonably susceptible of being selected for award, or potentially so. However, the District also reserves the right to make an award without holding discussions. In either case, the District may determine a respondent to be not responsible and/or a respondent’s Bid to be not reasonably susceptible of being selected for award, at any time after the initial closing date for receipt of Bids and the review of those Bids.

It is the Districts goal to award this contract to a single vendor. It is possible however, that the District may instead choose to Award the quote to two contractors, depending on the best business approach or that which best serves the District.

Evaluation Criteria
The Evaluation Committee will evaluate the written Bid based on the following criteria.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of Services</td>
<td>50</td>
</tr>
<tr>
<td>List types of services and the</td>
<td></td>
</tr>
<tr>
<td>costs associated with each.</td>
<td></td>
</tr>
<tr>
<td>Include travel, time units</td>
<td></td>
</tr>
<tr>
<td>billed, after hour charges, etc.</td>
<td></td>
</tr>
<tr>
<td>Experience:</td>
<td>10</td>
</tr>
<tr>
<td>Respondents will be evaluated</td>
<td></td>
</tr>
<tr>
<td>per their current and past</td>
<td></td>
</tr>
<tr>
<td>experience with comparable</td>
<td></td>
</tr>
<tr>
<td>efforts.</td>
<td></td>
</tr>
<tr>
<td>Qualifications of Team:</td>
<td>20</td>
</tr>
<tr>
<td>The professional qualifications</td>
<td></td>
</tr>
<tr>
<td>and accessibility of the</td>
<td></td>
</tr>
<tr>
<td>respondent’s personnel.</td>
<td></td>
</tr>
<tr>
<td>Organization has depth to meet</td>
<td></td>
</tr>
<tr>
<td>the language needs of the</td>
<td></td>
</tr>
<tr>
<td>District.</td>
<td></td>
</tr>
<tr>
<td>Project Approach:</td>
<td>5</td>
</tr>
<tr>
<td>The Bid will be evaluated based</td>
<td></td>
</tr>
<tr>
<td>on compliance and understanding</td>
<td></td>
</tr>
<tr>
<td>of project.</td>
<td></td>
</tr>
<tr>
<td>Client Focused:</td>
<td>15</td>
</tr>
<tr>
<td>Demonstrates a clear understanding of the Snohomish Health District’s needs and communicates how respondent is best suited to meet these unique needs.</td>
<td></td>
</tr>
</tbody>
</table>
Clarification of Offers
An evaluation committee will evaluate the Bids from information on hand and may also ask questions to clarify information from respondents as required. A composite rating will be developed which indicates the respondent’s collective ranking of the highest rated Bids in a descending order.

In order to determine if a Bid is reasonably susceptible for award, communications by the procurement contact are permitted with a respondent to clarify uncertainties or eliminate confusion concerning the contents of a Bid. Clarifications may not result in a material or substantive change to the Bid. The evaluation by the Bid evaluation committee may be adjusted as a result of a clarification under this section.

Interviews/Discussions
The Evaluation Committee may afford one (1) or more respondents an opportunity to make oral presentations to clarify their Bids. If requested, oral presentations shall be made at no cost to the District. Key personnel listed in the Bid are required to attend the interview.

The Snohomish Health District reserves the right to reject any and all Bids and to accept the Bid the District considers most advantageous. All Bids will become the property of the District.
SECTION IV. Request for Qualifications: ATTACHMENTS
ATTACHMENT A:

BID ACKNOWLEDGMENT

The undersigned agrees that all the terms and conditions of this solicitation and offer may, at the District’s option, be made applicable in any contract issued as a result of this solicitation.

Business Firm’s Typed Name: ________________________________________________

Name and Title of Person
Authorized to Sign Bid: ______________________________________________________

Signature: ___________________________ Date: ___________________________

Corporate Attestation or SEAL here

Signature: ___________________________ Date: ___________________________
   (Corporate officer other than above)

Name and Title of Person
Attesting to Authorized Signature: ____________________________________________

NAME AND SIGNATURE REQUIREMENTS FOR BIDS AND CONTRACTS

The correct legal business name of the respondent must be used in all contracts. A trade name (i.e., a shortened or different name under which the firm does business) should not be used when the legal name is different.

Corporations must have names that comply with State Law. The respondent’s signature must conform to the following:
   • Where the respondent is a corporation, a corporate seal is required.
   • Where the respondent is a partnership, at least one general partner must sign.
   • Where the respondent is a sole proprietor, the owner of the company must sign.

ACKNOWLEDGMENT OF SOLICITATION AMENDMENTS

Please note, that it is the respondent’s responsibility to check the District’s website frequently for Addendums, which may impact pricing, this document’s requirements, terms and/or conditions. Failure to sign and return an Addendum with your response may result in disqualification of Bid.

The respondent acknowledges receipt of the following amendment(s) to the solicitation:

Amendment Number/Date: ___________________________
Amendment Number/Date: ___________________________
Amendment Number/Date: ___________________________

NOTE: THIS FORM MUST BE COMPLETED AND INCLUDED WITH THE BID.
ATTACHMENT B:

NON-COLLUSION STATEMENT

In order for your application to be considered, it is necessary to furnish the following information:

Has your firm ever been indicted, pled guilty, pled nolo contendere (no contest), or been convicted of any offense that has resulted in your firm being barred from being or performing work for any State, Local, or Federal Government?

Yes ___ No ___

If “Yes”, attach a separate sheet(s) to this form giving the details involved, the names of the individuals, and their current employment status with your firm.

Has any officer, employee, or other member of your firm ever been indicted, pled guilty, pled nolo contendere, or been convicted of any illegal restraints of trade, including collusive bidding?

Yes ___ No ___

If “Yes”, attach a separate sheet(s) to this form giving the details involved.

Has your firm or any officer, employee, or member of your firm ever been debarred for violation of various Public Constraint Acts incorporating Labor Standards Provision?

Yes ___ No ___

If “Yes”, attach a separate sheet(s) to this form giving the details involved.

Is your firm under the protection of the bankruptcy court, has pending any petition in bankruptcy court, or have you made an assignment for the benefit of creditors?

Yes ___ No ___

___________________________________________________________________________
(Printed Name of Contractor)
___________________________________________________________________________
Address
___________________________________________________________________________
City ___________ State ___________ Zip Code
___________________________________________________________________________
Signature of Authorized Representative
___________________________________________________________________________
Title __________________________ Date __________________________

NOTE: THIS FORM MUST BE COMPLETED AND INCLUDED WITH THE BID.
ATTACHMENT C:
INSURANCE REQUIREMENTS

A. Contractor shall obtain insurance of the types described below:

1. **Automobile Liability** Automobile Liability insurance covering all owned, non-owned, hired and leased vehicles. Coverage shall be written on Insurance Services Office (ISO) form CA 00 01

2. **Commercial General Liability** Commercial General Liability insurance shall be written at least as broad on ISO occurrence form CG 00 01 and shall cover liability arising from premises, operations, independent contractors, products-completed operations, stop gap liability, personal injury and advertising injury, and liability assumed under an insured contract. The Commercial General Liability insurance shall be endorsed to provide a per project general aggregate limit using ISO form CG 25 03 05 09 or an equivalent endorsement. There shall be no exclusion for liability arising from explosion, collapse, or underground property damage. The District shall be named as an additional insured under the Consultant’s Commercial General Liability insurance policy with respect to the work performed for the District using an additional insured endorsement CG 20 10 01 and Additional Insured-Completed Operations endorsement CG 20 37 10 01 or substitute endorsements providing at least as broad coverage.

3. **Workers’ Compensation** coverage as required by the Industrial Insurance laws of the state of Washington.

4. **Professional Liability insurance** appropriate to the Contractor’s profession.

B. Minimum Amounts of Insurance

Contractor shall maintain the following insurance limits:

1. Comprehensive General Liability. Insurance shall be written with limits no less than $1,000,000 each occurrence, $2,000,000 general aggregate and $2,000,000 products-completed operations aggregate limit.

2. Automobile Liability. $1,000,000 combined single limit per accident for bodily injury and property damage.


4. Professional Liability/Consultant's Errors and Omissions Liability. $1,000,000 per claim and $1,000,000 as an annual aggregate.

C. Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions for
Automobile Liability and Commercial General Liability insurance:

1. The Contractor’s insurance coverage shall be primary insurance as respect to the District. Any Insurance, self-insurance, or insurance pool coverage maintained by the District shall be excess of the Contractor’s insurance and shall not contribute with it.

2. The Contractor’s insurance shall be endorsed to state that coverage shall not be cancelled by either party, except in accordance with RCW 48.18.290, or prior written notice by delivery or mail has been given to the District.

Name of Company: __________________________________________________________

Name of Insurance Agent: ________________________________________________

Telephone, including Area Code ________________________________

NOTE: THIS FORM MUST BE COMPLETED AND INCLUDED WITH THE BID.