



1/4/2021

To: All Potential Respondents
From: Construction Procurement
Subject: RFQ898500-01 Mt. Pleasant Code Upgrades

Request for Quote

The State of Iowa is conducting a Request for Quote for a contractor to provide and install new phones to existing elevators at the Mt. Pleasant Correction Facility. See Exhibit B for additional detail.

All work must be done on-site at the Mt. Pleasant Correction Facility and all personnel must pass a background check. Information required for the background check includes full name, birthdate, state driver's license # or State id#, and social security number.

The elevator code upgrades shall be completed no later than 03/31/2021.

The Project is located at the Mt. Pleasant Correction Facility, 1200 E Washington St., Mt. Pleasant, IA 52641.

Please email your quote using the Exhibit A pricing form to construction.procurement@iowa.gov prior to January 21st, 2021 at 2:00 PM (CT).

All questions regarding this solicitation must be received by email by 2:00 PM (CT) ON January 14th, 2021.

Contract Terms and Conditions

This procurement will result in a purchase order. By submitting a quote, respondent agrees to the contract terms and conditions available at:

<https://das.iowa.gov/sites/default/files/procurement/pdf/050116%20terms%20services.pdf>

Warranty

Respondent must provide a one-year warranty from the date of completion.

Performance Bond

Performance and Payment Bonds are required of the Trade Contractor that meet the requirements of Iowa Code Chapter 573. A deposit in lieu of a bond may be acceptable if it meets the requirements of Iowa Code Section 573.4. Such bonds shall be issued by a surety admitted in the State in which the Project is located and must be acceptable to the Owner. The Owner's acceptance shall not be withheld without reasonable cause. The penal sum of the Payment Bond and of the Performance Bond shall each be one hundred percent (100%) of the original Contract Price. Any increase in the Contract Price that exceeds ten percent (10%) in the aggregate shall require a rider to the Bonds increasing penal sums accordingly. Up to such ten percent (10%) amount, the penal sum of the Bond shall remain equal to one hundred percent (100%) of the Contract Price. The Trade Contractor shall endeavor to keep its surety advised of changes potentially impacting the Contract Time and Contract Price, though the Trade Contractor shall require that its surety waives any requirement to be notified of any alteration

or extension of time. The Trade Contractor's Payment Bond for the Project, if any, shall be made available by the Owner for review and copying by the Subcontractor. Iowa Code Chapter 573 shall control and take precedence over any conflicting term or condition in this Agreement.

Insurance Requirements

Prior to the start of the work, the respondent shall procure and maintain in force Workers Compensation/ Employers' Liability Insurance, Business Automobile Liability Insurance, and Commercial General Liability Insurance (CGL). The CGL policy shall include coverage for liability arising from premises, operations, independent contractors, products-completed operations, personal injury and advertising injury, contractual liability, and broad form property damage. The respondent's liability policies shall be written on an occurrence basis with at least the following limits of liability:

- Workers' Compensation – amount required by the laws of Iowa
- Employers' Liability Insurance - \$500,000 or an amount required by Iowa law, whichever is greater.
- Business Automobile Liability Insurance - \$1,000,000 Each Accident
- Commercial General Liability Insurance:
 - \$1,000,000 Each Occurrence
 - \$2,000,000 General Aggregate
 - \$1,000,000 Products/Completed Operations Aggregate
 - \$1,000,000 Personal and Advertising Injury Limit

The respondent must also carry and maintain Excess or Umbrella Liability coverage for the policies above in the amount of \$2,000,000.

The respondent shall be required to purchase and maintain liability coverage, primary to the Owner's coverage. The additional liability coverage required of the respondent shall be:

1. Owner shall be named as an additional insured on respondent's Commercial General Liability Insurance specified for operations and completed operations, but only with respect to liability for bodily injury, property damage or personal and advertising injury to the extent caused by the negligent acts or omissions of respondent, or those acting on respondent's behalf, in the performance of respondent's Work.
2. Respondent shall provide an Owners' and Contractors' Protective Liability Insurance (OCP) policy with limits equal to the limits on Commercial General Liability Insurance specified or limits as otherwise required by Owner.

See sample Certificate of Insurance attached as Exhibit D for required limits, additional insured requirements and waiver of subrogation.

Exhibit A Pricing Form
RFQ898500-01 Mt. Pleasant Code Upgrades
Mt. Pleasant, Iowa
Request for Quote RFQ898500-01
Due January 21st, 2021 at 2:00 PM (CT)

Please submit this completed form with your Quote to:

Attention: Bobbi Pulley

Iowa Department of Administrative Services

construction.procurement@iowa.gov

This form is to be completed in ink or typewritten.

Only pricing on this form or an exact copy of this form will be accepted.

Pricing Form shall be signed by an officer of the firm with authority to bind Respondent to Contract.

Respondent acknowledges receipt of the following Addenda (if issued) which are part of the RFQ documents:

Addendum No. _____ Date _____

Addendum No. _____ Date _____

Freight Terms: FOB Destination, Freight Pre-Paid

The State reserves the right to reject any or all quotes without penalty and to waive minor deficiencies and informalities if, in the judgement of the State, it's best interests will be served.

Respondents must submit pricing for all scope of work items indicated per the attached Exhibit B. The State reserves the right to evaluate pricing. The State intends to make one Award for this project.

Time and Material not-to-exceed Quote Price for elevator phones

Quote (Labor and Material(s)) Total \$ _____

Please attach a full labor rate schedule to be used.

Please note all pricing is to be delivered price. That is why we are stating FOB Destination, Freight Pre-Paid.

Signature _____

Name (Print) _____

Title _____

Company _____

Address _____

City, St., Zip _____

Phone # _____ **Fax #** _____

E-mail _____

Exhibit B Scope of Work

RFQ898500-01 Mt. Pleasant Code Upgrades
Mt. Pleasant, Iowa
Request for Quote RFQ898500-01

Due January 21st, 2021 at 2:00 PM (CT)

SCOPE OF WORK

1. The Contractor's Work includes all labor, supervision, materials, equipment, services, supplies, tools, facilities, transportation, hoisting, storage, receiving, licenses, inspections, certifications, overhead, profit, or other items required or reasonably inferable to properly and timely perform and complete all work and services to be performed by the Contractor pursuant to this Agreement. Unless specifically stated otherwise, incidental work required to accomplish the work of this Bid Package shall be included the bid. This would include, but not be limited to, temporary facilities, protection of the work, security of equipment, materials, and work in progress, etc.
2. Contractor is responsible for all labor and equipment to unload, account for all material delivered, stock, and delivery for this scope of work. Storage and delivery of materials and equipment at the Site shall be permitted only to the extent approved in advance by the Construction Manager, and if anything so stored obstructs the progress of any portion of the work, it shall be promptly removed or relocated by the Contractor without reimbursement.
3. On site supervision by Prime Contractor at all times work by that contractor or their subcontractors/suppliers is taking place.
4. Provide all temporary facilities required for this scope of work including telephone, secured storage, temporary power for work, temporary and task lighting for work, etc. as determined necessary by Contractor. Coordinate location of material storage with Construction Manager. Limited space is available, and permission to bring any such facility or excess materials on to the site shall be approved by the Construction Manager.
5. Contractor shall provide all equipment and tools for Contractor's own cleanup. Clean up shall be done at end of every shift or more frequently if required for the Contractor to perform their work, for other Contractors to perform their work, as required by the Owner's operations, and at the discretion of the Construction Manager.
6. Protect adjacent existing building elements from damage from Scope of work. Repair existing building elements damaged during Contractor's Scope of work.
7. Provide and install new ADA compliant analog phones in the cabs of elevators 1078 and 1079 in facilities on the Mt. Pleasant Correction Facility campus. The facility has ran analog lines to the elevator machines rooms.
8. Contractor shall be responsible for installation of phones in the elevator cabs, traveling cable as required, conduit, connections to elevator controllers, and all necessary connections to make phone system fully functional.
9. Contractor shall test phone and ensure they are calling out to the correct authority having jurisdiction.
10. Contractor shall coordinate elevator inspection from the Iowa Division of Labor Elevator Safety division. Include all applicable permitting and fees.

Exhibit C Facility Work Requirements

RFQ898500-01 Mt. Pleasant Code Upgrades

Mt. Pleasant, Iowa

Request for Quote RFQ898500-01

Due January 21st, 2021 at 2:00 PM (CT)

1. All Contractors will be required to submit and pass a background check. Background checks will require personnel to provide full names, social security numbers, date of birth, company employed with, address and contact numbers.
2. Contractors will be required to check in and out with security personnel each day.
3. Contractors shall wear clothing identifying themselves as employees of the company they work for.
4. Contractors shall check in and out tools at the beginning and end of each day.

Exhibit D Sample Certification of Insurance

RFQ898500-01 Mt. Pleasant Code Upgrades

Mt. Pleasant, Iowa

Request for Quote RFQ898500-01

Due January 21st, 2021 at 2:00 PM (CT)



SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
XX/XX/XXXX

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 Agent's Name Agent's Address	Agent's Information CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Company A (AM Best Rated A/VI or Better) INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Trade Contractor's Name Trade Contractor's Mailing Address	NAIC # Admitted Carriers

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	Minimum
* A	COMMERCIAL GENERAL LIABILITY	X	X	#TBD- CGL	3/1/17	3/1/18	EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
	OTHER:						PRODUCTS - COMPROP AGG	\$ 1,000,000
B	AUTOMOBILE LIABILITY	X	X	#TBD-AL	3/1/17	3/1/18	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	X	X	#TBD-UMB	3/1/17	3/1/18	EACH OCCURRENCE	\$ 2,000,000
	DED: RETENTION \$						AGGREGATE	\$
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			#TBD-WC	3/1/17	3/1/18	PER STATUTE <input checked="" type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
* E	Owners Contrators Protective Liability			#TBD-OCF	3/1/17	3/1/18	*Limits equal to CGL (or) as required by owner (Note- Would be either CGL or OCF, not both)	

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

Additional Insured on a Primary & Non-Contributory basis (CGL;AL;UMB/Excess) in favor of : (Owner) Iowa Department of Administrative Services (DAS), Officers, Directors, Members, Consultants, Agents, and Employees.
 Waiver of Subrogation (CGL;AL;WC/EL;UMB/Excess) in favor of: (Owner) Iowa Department of Administrative Services (DAS), Officers, Directors, Members, Consultants, Agents, and Employees.

Project XXXX.XX (Number varies by project)

CERTIFICATE HOLDER

CANCELLATION

Iowa Department of Administrative Services (DAS) 109 SE 13th Street Des Moines, IA 50319	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Signature
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