



Governor Kim Reynolds  
Lt. Governor Adam Gregg  
Adam Steen, Director

February 15, 2021

To: All Potential Respondents  
From: Construction Procurement  
Subject: RFQ 914500-02 IMCC Main and South Soffit Repairs

### **Request for Quote**

The State of Iowa is conducting a Request for Quote for a contractor to complete the necessary repairs to the existing precast concrete soffits at the Iowa Medical Classification Center (IMCC), located at 2700 Coral Ridge Ave., Coralville, Iowa 52241. See Exhibit B "Scope of Work" for additional detail and exhibit D for construction plans.

All work must be done on-site at the Iowa Medical Classification Center (IMCC) 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. See Exhibit C for Site Specific Facility Policies.

All work shall be substantially completed August 31, 2021.

**Please email your quote using the Exhibit A pricing form to [construction.procurement@iowa.gov](mailto:construction.procurement@iowa.gov) prior to March 11, 2021 at 2:00 PM (CT).**

**A pre-quote onsite meeting will be held February 25, 2021 @ 1:00 PM.**

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

### **Contract Terms and Conditions**

This procurement will result in a Consensus 802 Agreement. By submitting a quote, respondent agrees to the contract terms and conditions available at:

<https://das.iowa.gov/sites/default/files/procurement/pdf/ConsensusDoc802.pdf>

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

### **Performance Bond**

Respondent must provide a Performance and Payment Bond in accordance with Section 10.8 of Consensus 802 Agreement.

**Exhibit A Pricing Form**  
IMCC Main and South Soffit Repairs  
Iowa Medical Classification Center (IMCC)  
Request for Quote RFQ914500-02

**Due Thursday, March 11, 2021 at 2:00 PM (CT)**

Please submit this completed form with your Quote to:

Attention: Bobbi Pulley

Iowa Department of Administrative Services - Central Procurement

[construction.procurement@iowa.gov](mailto: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.

**Main and South Soffit Repairs:**

Quote: Total \$ \_\_\_\_\_

\*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**

IMCC Main and South Soffit Repairs  
Iowa Medical Classification Center (IMCC)  
Request for Quote RFQ914500-02

**Due Thursday, March 11, 2021 at 2:00 PM (CT)**

### **Main and South Soffit Repairs:**

All work on Sheets C-1, Cover Sheet, A-1, Roof and Soffit Plan. Remove and dispose of loose and spalling material at areas indicated on plan. Remove and dispose of existing sealant and backer rod at precast joints to extent indicated on plan. Apply sealant to spalled areas of concrete. Install new backer rod and sealant.

## **Exhibit C Facility Work Requirements**

IMCC Main and South Soffit Repairs  
Iowa Medical Classification Center (IMCC)  
Request for Quote RFQ914500-02

**Due Thursday, March 11, 2021 at 2:00 PM (CT)**

### **PROJECT INFORMATION**

- A. Facility Name/Location: Iowa Medical and Classification Center, 2700 Coral Ridge Ave, Coralville, IA, 52241
- B. DAS Project #: 9145.00
- C. Owner: State of Iowa, Department of Administrative Services, Hoover State Office Building, Level 3, 1305 East Walnut Street, Des Moines, IA 50319
- D. Owner's Representative: Jennifer Kleene, Iowa Department of Administrative Services, 109 SE 13th Street, Des Moines, IA 50319
- E. Construction Manager: Brian Polzin, The Samuels Group, 2929 Westown Parkway, Suite 200, West Des Moines, Iowa 50266

### **WORK HOUR RESTRICTIONS**

- A. Work hours are from 7:00 AM to 5:30 PM, Monday through Friday unless arrangements are made in advance. No work shall be allowed on days recognized by State of Iowa as holidays.

### **CONTRACTOR USE OF SITE AND PREMISES**

Construction Operations: Limited to Main and South Soffit Repairs location.

Provide access to and from site as required by law and Owner:

1. Emergency Building Exits During Construction: Keep all exits required by code open during construction period; provide temporary exit signs if exit routes are temporarily altered.
2. Do not obstruct roadways, sidewalks, or other public ways without permission of Owner and permit if required.

Facility will be occupied at all times during duration of work. Contractor personnel shall conduct themselves in an agreeable manner at all times. Failure to do so may result in removal from the work site.

### **OWNER OCCUPANCY**

- A. Owner intends to occupy the Project upon Substantial Completion.
- B. Cooperate with Owner to minimize conflict and to facilitate Owner's operations.
- C. Schedule the Work to accommodate Owner occupancy.

### **RULES FOR CONSTRUCTION WORKERS**

- A. The staff of the State of Iowa has a responsibility to protect the public by providing a secure environment. All work site rules must be followed to the letter, at all times.
- B. Hot Work Permit Processes and Fire Watch, when necessary, will be adhered to for this project.
- C. All State properties are tobacco free. No smoking will be permitted or tolerated on campus unless in designated areas.
- D. You are permitted access only to the work site and no other area of the institution.
- E. No drugs, alcohol, or firearms are allowed on the work site.
- F. Do not leave money, drugs, alcohol, or firearms in your personal vehicle.

- G. Company and personal vehicles are to be parked and locked in designated or authorized area of the work.
- H. Secure all tools at the end of the day.
- I. Maintain control of all tools, supplies, and debris at all times during the work.
- J. Never leave keys in any vehicle.
- K. Do not give anything to residents or take anything from residents; if they offer, inform your supervisor.
- L. Secure all tools at the end of each day. Never leave tools unattended. All tools shall be checked in at the beginning of the day and checked out at the end of the day.
- M. All delivery vehicles must go directly to the job site. Extra time should be anticipated for all deliveries. Provide 24-hour notice to the facility of deliveries.
- N. During an emergency, follow the instructions of the security staff.
- O. Contractor shall wear clothing of a different color, pattern, fashion, etc. as to distinguish themselves from inmates.
- P. All workers must comply with rules and regulations as put forth by the facility for the Covid 19 virus regulations. These regulations may change at any time. Currently, contractors will need to have their temperature taken and answer screening questions each time they come on site and may be denied entry if they are symptomatic (see attached). Contractors must wear masks and face shields while they are on site.

## Prevent COVID-19: Screening Checklist/Instructions (entrance and exit)

### **COVID-19 Screening Questionnaire for Staff/Contractors**

Revised 7/1/2020

***ALL individuals entering the facility should be asked the following questions:***

**1. Has this individual washed their hands or used alcohol-based hand rub (ABHR) on entry?**

- Yes
- No – please ask them to do so.

**2. Ask the individual if they have any one of the following 3 respiratory symptoms?**

- Fever
- NEW or WORSENING cough
- NEW shortness of breath

**OR if they have any of these other non-respiratory symptoms:**

- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If YES to **ONE** of the respiratory symptoms OR **AT LEAST TWO** of the non-respiratory symptoms, ask the staff to wait in a designated safe area away from other staff and immediately notify a Supervisor.

**3. In the past 14 days, have you had contact with any person known to have tested positive for the COVID-19 virus.**

- Yes
- No

If YES, ask the staff to wait in a designated safe area away from other staff and immediately notify a Supervisor.

**4. Conduct the temperature check.**

If the staff's temperature is at 100.0 degrees or higher, ask the staff to wait in a designated safe area away from other staff and immediately notify a Supervisor.

If readings are too low (**below 95 degrees**) have staff wait in the ambient environment for 2-3 minutes and then take an additional reading.



## STATE OF IOWA

KIM REYNOLDS, GOVERNOR  
ADAM GREGG, LT. GOVERNOR

DEPARTMENT OF CORRECTIONS  
BETH A. SKINNER, PhD, DIRECTOR

### CONTRACTORS/LAW ENFORCEMENT/OUTSIDE BUSINESS

#### COVID-19 Health Screening Form

I have answered all questions from the "Prevent COVID-19" Screening Checklist truthfully, and I do not believe I have, or that I have come in contact with someone carrying the COVID-19 or "Coronavirus".

☐

Yes

☐

No

I hereby consent to this form being shared with the Iowa Department of Public Health should it become necessary.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiliation/Business

The mission of the Iowa Department of Corrections is:  
**Creating Opportunities for Safer Communities**

(Office) 515-725-5701 – 510 East 12<sup>th</sup> Street, Des Moines, Iowa 50319 – (FAX) 515-725-5799

<https://doc.iowa.gov/>

**Exhibit D Construction Plans**

IMCC Main and South Soffit Repairs  
Iowa Medical Classification Center (IMCC)  
Request for Quote RFQ914500-02

**Due Thursday, March 11, 2021 at 2:00 PM (CT)**



C:\Users\miken\OneDrive - Horizon Architecture\My Drive\Horizon\ DAS IMCC\ DAS IMCC Repairs .pln

COPYRIGHT © 2016 ALL RIGHTS RESERVED NEITHER ALL NOR ANY PART OF THIS DOCUMENT MAY BE AMENDED, REPRODUCED, COPIED OR USED IN ANY FORM OR MANNER EXCEPT PURSUANT TO CONTRACT OR WITH THE SPECIFIC WRITTEN PERMISSION OF Horizon Architecture THESE PLANS, DESIGNS AND SUBJECT MATTER ARE NOT TO BE REPRODUCED, CHANGED OR COPIED IN ANY MANNER WHATSOEVER, NOR ARE THEY TO BE ASSIGNED TO ANY THIRD PARTY WITHOUT FIRST OBTAINING THE EXPRESS WRITTEN PERMISSION AND CONSENT OF Horizon Architecture THIS DOCUMENT IS AN ARTICLE OF SERVICE AND THE COPYRIGHT AND OTHER PROPERTY RIGHTS ARE EXPRESSLY RESERVED BY Horizon Architecture

PROJECT DIRECTORY

**OWNER**  
IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES (DAS)  
109 EAST 13TH STREET  
DES MOINES, IA 50319  
OWNER'S REPRESENTATIVE: JENNIFER KLEENE  
PHONE: 515.725.0454  
EMAIL: [jennifer.kleene@iowa.gov](mailto:jennifer.kleene@iowa.gov)

**CONSTRUCTION MANAGER**  
THE SAMUELS GROUP  
317 6TH AVENUE SUITE 720  
DES MOINES, IA 50309  
PROJECT MANAGER: BRIAN POLZIN  
PHONE: 715.841.1982  
EMAIL: [bpolz@samuelsgroup.net](mailto:bpolz@samuelsgroup.net)

**ARCHITECT**  
HORIZON ARCHITECTURE  
3116 ALPINE COURT IOWA CITY IA 52245  
PHONE: (563) 506-4965  
CONTACT: MICHAEL NOLAN, AIA  
EMAIL: [MICHAEL@HORIZON-ARCHITECTURE.COM](mailto:MICHAEL@HORIZON-ARCHITECTURE.COM)

DAS 9145.00 IMCC Main and South Soffit Repair  
RFQ #914500-02

SHEET INDEX	
ID	Name
C-1	COVER SHEET
A-1	ROOF AND SOFFIT PLAN

- GENERAL SITE NOTES**
- 1) GENERAL CONTRACTOR TO RESTORE ALL DISTURBED AREAS AND GROUNDS TO ORIGINAL CONDITION AT COMPLETION OF PROJECT INCLUDING CONCRETE, GRASS, PLANTINGS, ETC.
  - 2) COORDINATE MATERIAL LAY DOWN, STORAGE AND JOB RELATED FACILITIES WITH OWNER'S REPRESENTATIVE.



GRAPHIC SYMBOLS

WINDOW MARKER

W01

SKYLIGHT MARKER

S01

DOOR IDENTIFIERS

DOOR IDENTIFIER (ELEVATIONS/SECTIONS)  
D01.1  
6" TYPICAL, UNLESS OTHERWISE NOTED

DOOR IDENTIFIER (PLANS)  
D01.1

SECTION / DETAIL MARKER

INDICATES SECTION LOCATION ON SHEET  
INDICATES SHEET ON WHICH DRAWING IS SHOWN

INTERIOR ELEVATION MARKER

INDICATES ELEVATION LOCATION ON SHEET  
INDICATES SHEET ON WHICH ELEVATION IS SHOWN

ELEVATION / SECTION MARKER

INDICATES ELEVATION LOCATION ON SHEET  
INDICATES SHEET ON WHICH DRAWING IS SHOWN

DETAIL / ENLARGED PLAN MARKER

INDICATES DETAIL LOCATION ON SHEET  
INDICATES SHEET ON WHICH DETAIL IS SHOWN

SPACE DESIGNATION

OFFICE  
SPACE NAME  
SPACE NUMBER  
1/A-201  
ENLARGED PLAN REFERENCE

WALL TYPE MARKER  
(SEE PARTITION LEGEND)

KEYNOTE IDENTIFIER

KEYNOTE: SEE KEYNOTE LEGEND ON DRAWING'S LAYOUT  
ALTERNATE KEYNOTE: SEE KEYNOTE LEGEND ON DRAWING'S LAYOUT

ABBREVIATIONS

A.D.	AREA DRAIN	DN	DOWN	HORIZ.	HORIZONTAL	PL LAM	PLASTIC LAMINATE	U.L	UNDERWRITERS
ABV.	ABOVE	DWG.	DRAWING	HT.	HEIGHT	QTY.	QUANTITY	LABORATORIES	
ADA	ACCESSIBLE / AMERICANS	DEPT.	DEPARTMENT	INSUL.	INSULATION / INSULATING	R	RISER	VEST.	VESTIBULE
WITH DISABILITIES ACT		DBL	DOUBLE	I.D.	INSIDE DIAMETER	R.W.C.	RAIN WATER CONDUCTOR	V.C.T.	VINYL COMPOSITION
ADJ.	ADJUSTABLE	DIM.	DIMENSION	INCAND.	INCANDESCENT	REINF.	REINFORCING / REINFORCED	TILE	
A.O.R.	AREA OF REFUGE	DR.	DOOR	JAN.	JANITOR	REQ.	REQUIRED	W/	WITH
ALUM.	ALUMINUM	EXIST.	EXISTING	JT.	JOINT	R.O.	ROUGH OPENING	W.C.	WATER CLOSET
ALT.	ALTERNATE	EQ.	EQUAL	LBS.	POUNDS	REV.	REVISED / REVISION	WD	WOOD
A.F.F.	ABOVE FINISHED FLOOR	E.C.	ELECTRICAL CONTRACTOR	LAV.	LAVATORY	REFL.	REFLECTED		
AC.	ACOUSTIC / ACOUSTICAL	EL.	ELEVATION	LAM.	LAMINATE	REC.	RECESSED	&	AND
A.F.	ALUMINUM FACE	ELEV.	ELEVATOR	L.P.	LOW POINT	RAD.	RADIUS	@	AT
APPR.	APPROXIMATE /	ELEC.	ELECTRIC / ELECTRICAL	MAX.	MAXIMUM	SG.	SQUARE	±	PLUS OR MINUS
APPROXIMATELY		EXP.	EXPANSION	MFR.	MANUFACTURER /	ST.	STREET	°	DEGREE
BD.	BOARD	EXT.	EXTERIOR	MANUFACTURED		SIM.	SIMILAR	∠	ANGLE
BLK.	BLOCK / BLOCKING	EA.	EACH	MTL.	METAL	STL.	STEEL	∩	CHANNEL
BLDG.	BUILDING	F.D.	FLOOR DRAIN	MIN.	MINIMUM	SQ.	SQUARE	#	NUMBER
B.O.	BOTTOM OF	F.E.	FIRE EXTINGUISHER	MIRR.	MIRRORED	SAN.	SANITARY	□	SQUARE
B.O.S.	BOTTOM OF STEEL	F.E.C.	FIRE EXTINGUISHER	MTD.	MOUNTED	SUSP.	SUSPENDED	Ø	ROUND / DIAMETER
CAB.	CABINET	FIN.	FINISH / FINISHED	M.O.	MASONRY OPENING	STD.	STANDARD	∥ C/L	CENTER LINE
C.C.	CENTER-TO-CENTER	FLR.	FLOOR	MISC.	MISCELLANEOUS	SPEC.	SPECIFICATION	∥ PL	PLATE
CLG.	CEILING	FLR.	FLOOR	MECH.	MECHANICAL	TEL.	TELEPHONE	U-BAR	LEG-BAR
CLOS.	CLOSET	F.O.	FACE OF	N.I.C.	NOT IN CONTRACT	T.O.	TOP OF	∟	LEG-BAR
C.M.	CONSTRUCTION MANAGER	FT.	FEET / FOOT	NO.	NUMBER	T.O.S.	TOP OF STEEL		
CMU	CONCRETE MASONRY UNIT	FLUOR.	FLUORESCENT	N.T.S.	NOT TO SCALE	T.O.W.	TOP OF WALL		
C.J.	CONTROL JOINT	GYP.	GYPSUM	O.C.	ON CENTER	TOL.	TOILET		
CONC.	CONCRETE	GALV.	GALVANIZED	O.D.	OUTSIDE DIAMETER	TYP.	TYPICAL		
CORR.	CORRIDOR	GA.	GAUGE	OPP.	OPPOSITE	THK.	THICK		
COL.	COLUMN	G.G.	GENERAL CONTRACTOR	OPG.	OPENING	TMP.	TEMPERED		
CONT.	CONTINUE / CONTINUOUS	HR.	HOUR	P.C.	PLUMBING CONTRACTOR	T.S.G.	TEMPERED SAFETY		
CONTR.	CONTRACTOR	H.P.	HIGH POINT	P.F.	PANEL FACE	GLASS	GLASS		
DIA.	DIAMETER	HVAC	HEAT, VENTILATION, AIR	PR.	PAIR	U.O.N.	UNLESS OTHERWISE		
DTL.	DETAIL	CONDITIONING		P.T.	PRESSURE TREATED	NOTED			

ISSUED FOR PERMIT AND CONSTRUCTION

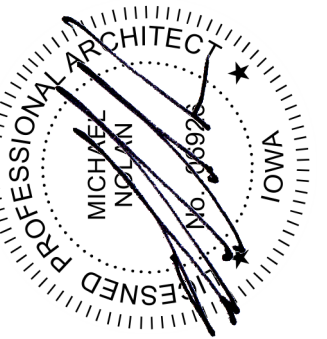
DAS 9145.00 DOC IMCC Main  
and South Soffit Repair  
RFQ #914500-02  
IOWA MEDICAL CLASSIFICATION CENTER  
CORALVILLE, IA 52241

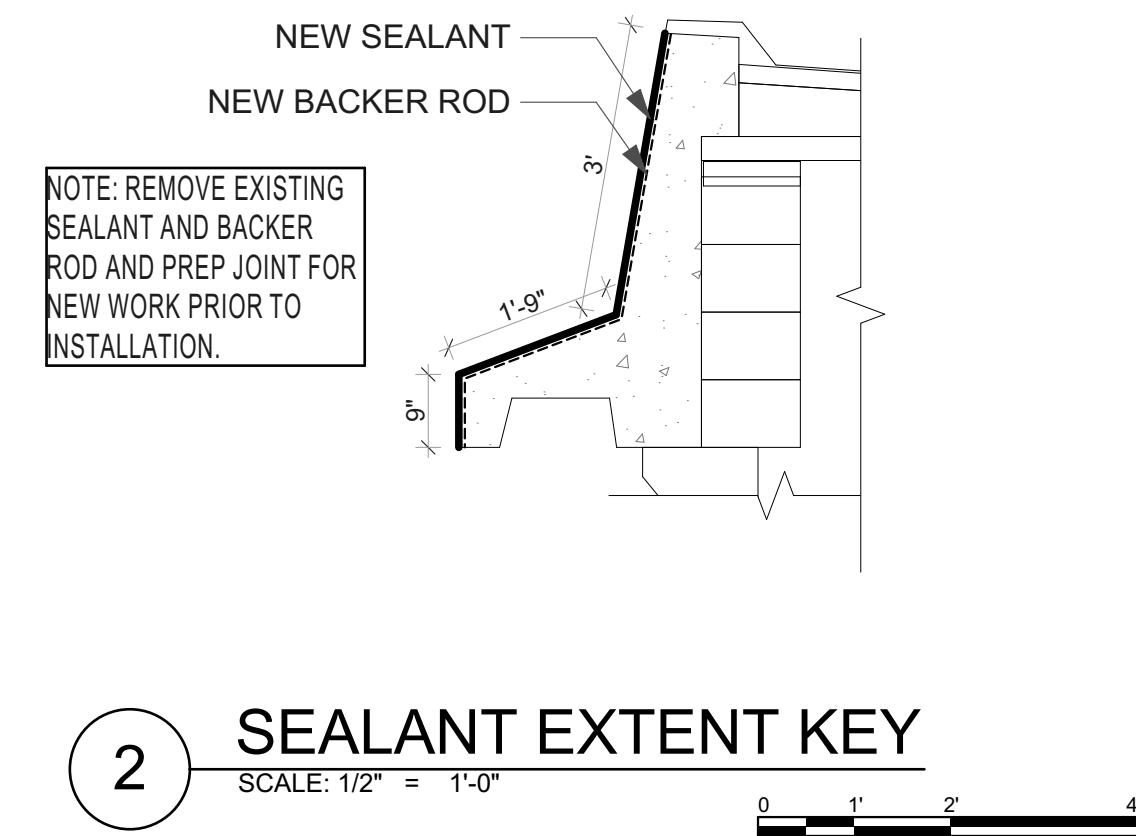
PROJECT NO: 9145.00  
DATE: 2/11/2021  
DRAWN BY: MSN  
COPYRIGHT

SHEET TITLE  
COVER SHEET

C-1

horizon.  
original.  
architecture.  
MICHAEL NOLAN, AIA  
(563) 506-4965  
MICHAEL@HORIZON-ARCHITECTURE.COM





- 1) REMOVE ALL LOOSE AND SPALLING MATERIAL AND APPLY SURFACE SEALANT (BASF MASTERPROTECT H1000 SILANE PENETRATING SEALER OR ARCHITECT PRE-APPROVED EQUAL). APPLY PER MANUFACTURER'S RECOMMENDATION.
- 2) PROTECT EXISTING MATERIAL TO THE EXTENT PRACTICAL.

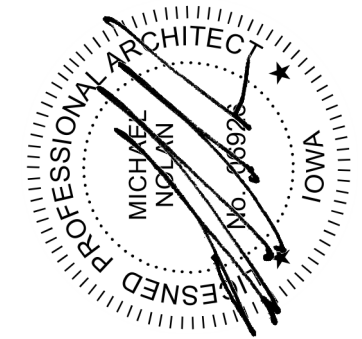
A. SEALANT - SINGLE-COMPONENT, NON-SAG, NEUTRAL-CURING JOINT SEALANT: ASTM C 920, TYPE S, GRADE NS, CLASS 50, FOR USE NT/M.

B. BACKER ROD - CYLINDRICAL SEALANT BACKINGS: ASTM C 1330, TYPE C (CLOSED-CELL MATERIAL WITH A SURFACE SKIN), TYPE O (OPEN-CELL MATERIAL), TYPE B (BICELLULAR MATERIAL WITH A SURFACE SKIN), OR ANY OF THE PRECEDING TYPES, AS APPROVED IN WRITING BY JOINT-SEALANT MANUFACTURER FOR JOINT APPLICATION INDICATED, AND OF SIZE AND DENSITY TO CONTROL SEALANT DEPTH AND OTHERWISE CONTRIBUTE TO PRODUCING OPTIMUM SEALANT PERFORMANCE.

# 1 ROOF PLAN

SCALE: 1:320

ISSUED FOR PERMIT AND CONSTRUCTION



**DAS 9145.00 DOC IMCC Main  
and South Soffit Repair  
RFQ #914500-02**

IOWA MEDICAL CLASSIFICATION CENTER  
CORALVILLE, IA 52241

						DESCRIPTION
						DATE
						MARK
PROJECT NO:					<b>9145.00</b>	
DATE:					<b>2/11/2021</b>	
DRAWN BY:					<b>MSN</b>	
COPYRIGHT						

## ROOF AND SOFFIT PLAN

A-1

**Exhibit E Certificate of Insurance**

IMCC Main and South Soffit Repairs  
Iowa Medical Classification Center (IMCC)  
Request for Quote RFQ914500-02

**Due Thursday, March 11, 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 <b>Agent's Name</b> <b>Agent's Address</b>	CONTACT NAME: <b>Agent's Information</b> PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: <b>Company A (AM Best Rated A/VI or Better)</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED <b>Trade Contractor's Name</b> <b>Trade Contractor's Mailing Address</b>	NAIC # <b>Admitted</b> <b>Carriers</b>

## 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	#TBD- CGL	3/1/17	3/1/18	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/PROP AGG	\$ 1,000,000 \$ \$ \$1,000,000 \$2,000,000 \$1,000,000
B	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	X	#TBD-AL	3/1/17	3/1/18	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X	#TBD-UMB	3/1/17	3/1/18	EACH OCCURRENCE AGGREGATE	\$ 2,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	X	#TBD-WC	3/1/17	3/1/18	PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ 500,000 \$ 500,000 \$ 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 <b>Iowa Department of Administrative Services (DAS)</b> <b>109 SE 13th Street</b> <b>Des Moines, IA 50319</b>	CANCELLATION 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 <b>Signature</b>
---	---

© 1988-2014 ACORD CORPORATION. All rights reserved.

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD