



## **REQUEST FOR PROPOSAL**

**For**

## **ELECTRICAL SERVICES**

**FY 2018**

**(July 1, 2017 – June 30, 2020)**

### **RETURN TO:**

Dorian Harris  
Housing Services Manager  
PCA-Housing Department  
642 North Broad Street  
Philadelphia, PA 19130-3409  
Tele: (215) 282-6585  
Fax: (215) 282-6616  
[dharris@pcaphl.org](mailto:dharris@pcaphl.org)

**Proposals are due by 12:00 PM (noon) on Friday, June 2, 2017 and must be submitted in two (2) complete legible copies. Any proposals arriving after 12:00 PM (noon) or in less than two complete copies will be rejected without consideration. Faxed Proposals are not accepted.**

**PHILADELPHIA CORPORATION FOR AGING**  
**REQUEST FOR PROPOSALS FOR**  
**ELECTRICAL SERVICES**

This Request for Proposals (RFP) provides potential applicants with the information to prepare and submit proposals for consideration by the Philadelphia Corporation for Aging's Housing Department (PCA) to satisfy the need for electrical services to be provided in the homes of older and/or physically disabled residents of Philadelphia.

**Response Date**

In order to be considered, quotations must be received by Dorian Harris, Philadelphia Corporation for Aging, 642 North Broad Street, 5<sup>th</sup> floor, Philadelphia, PA 19130-3409, on or before **12:00 Noon on Friday, June 2, 2017. Any proposals arriving later than 12:00 noon on the above date will be rejected. No responsibility will be taken by PCA for failure of a delivery service to deliver proposals on time, regardless of the reason.**

**Pre-Response Question & Answer Session**

A **mandatory** question and answer session, to allow for clarification of the specifications will be held on **Friday, May 19, 2017 at 10:00 A.M. in the 2<sup>nd</sup> Fl. Classroom** at the address listed above. Applicants are requested to submit questions by mail, fax at (215) 282-6616 or email at [dharris@pcaphl.org](mailto:dharris@pcaphl.org) to PCA by noon on **May 15<sup>th</sup>**, to ensure a complete response. Five (5) points will be deducted from any applicant submitting a proposal who did not attend the mandatory Q&A session.

**Proposals**

Two complete copies of the proposal, including the following forms, must be submitted:

1. Cover Sheet/Applicant Profile
2. Assurances
3. References
4. Insurance checklist
5. Electrical Services Specification Price List
6. Required documents listed on the Coversheet (pg. 10)
7. Current Certificate of Insurance (COI)
8. Housing Subcontract's Agreement (**if applicable**)

**For your convenience, the pages to be returned are numbered 10-17.** These pages can be edited, printed and returned to PCA. Responses with missing pages will be rejected as incomplete. Applicants should not vellum or spiral bind proposals. The proposals submitted become the property of PCA.

**PCA reserves the right to verify any item that appears inconsistent, unclear, or erroneous. Any applicant willingly providing false information, as verified by PCA, will be immediately disqualified from consideration.**

Applicants must enter a unit price for every specification in the price list.

An official authorized to bind the applicant to its provisions must sign the proposal. PCA does not accept any responsibility for accuracy in pricing. Since subcontractor selection is partially based on the Score (price), no changes in pricing can be accepted after the proposal is submitted to PCA.

### Rejection of Proposals

The Philadelphia Corporation for Aging reserves the right to reject any and all proposals received, as a result of this RFP, or to negotiate separately with some or all competing applicants for all or any part of the services described herein.

Conditional proposals will not be accepted. However, PCA reserves the right to waive minor errors or irregularities in the proposals that are submitted.

### Type and Quantity of Electrical Services

PCA orders Electrical Services to meet the needs of individual consumers. Electrical Services will be purchased from one primary and one secondary applicant. Applicants are urged to read the specifications price list carefully, noting any special requirements. Occasionally, work items, other than those listed, will be ordered by PCA at prices agreed upon at that future time.

PCA does not guarantee any minimum or maximum volume of service to be provided during the contract period. **Note: It is the Electrical Contractors sole responsibility to research and comply with all applicable City, State and The National Electric Code Requirements.**

### Selection of Providers

PCA will select providers, as delineated below, from among qualified applicants by determining a Score (price) based on the prices for a certain number of specifications to be determined in advance by PCA. Providers must also meet a threshold criteria score of 75 points. Criteria for threshold criteria are delineated below.

- References – up to 25 points each  
**Note: Any applicant that has contracted with PCA at any time must list PCA as one of its references.** References will address timeliness of estimates and job completions, quality of work, communication, cleanliness and the manner in which consumers

were treated. Any unfavorable reference from PCA will automatically disqualify applicants from further consideration.

- Years in business – up to 15 points
- Prior year's sales volume – up to 10 points

PCA reserves the right to select additional providers from qualified applicants as workload warrants throughout the year.

#### Contract Due Date

Successful applicants must have signed contracts and proof of insurance meeting PCA requirements delivered to PCA before any work can be awarded.

#### Ordering

PCA Housing staff will request measurements and estimates for individual consumers by fax or email. Applicant must have the capacity to complete estimates and report them to PCA **within ten (10) business days** of the date of order.

PCA will issue purchase orders for all authorized work. PCA may request that the applicant schedule an initial inspection with PCA's Construction Manager prior to any work. No changes in the work order shall be made without prior approval by PCA.

#### Invoicing

Original invoices for work ordered by PCA are to be submitted **within three (3) business days** of completion of work and are to include the Program (SHARP, CSP, BRAVO, OPTIONS, WAIVER and Health Partners), PCA job number, purchase order number, completion date, and consumer's signature as proof of delivery. Invoices may be submitted by U.S. mail, hand delivered, e-mailed or faxed.

Each invoice must have a unique "invoice number".

#### Inspection and Payment

PCA reserves the right to withhold payment for individual consumers until a post inspection by PCA staff is completed. No payment will be made for work until any required inspection and resulting punch list is completed.

#### Pennsylvania Contractor Registration; U.S. EPA's Lead Repair, Renovation and Painting Rule

Applicants will have the training, certifications and licenses required to perform the services described in this RFP and will provide proof of same to PCA with the Response

to this RFP. Without limiting the requirement in PCA's contract that mandates that all contractors comply with all applicable law, and without limiting PCA's right to determine for any reason that a potential contractor is not qualified or otherwise permitted to be a contractor for PCA, the following is required:

1. All applicants will be registered with the Bureau of Consumer Protection in the Office of Attorney General of Pennsylvania under the Pennsylvania Home Improvement Consumer Protection Act ("Act") before performing any home improvement work in Pennsylvania and will maintain the registration throughout the term of an agreement with PCA, if awarded, and otherwise remain in compliance with the Act and any regulations promulgated under the Act. Applicant is required to immediately report to PCA in writing if (a) its certificate issued under the Act is suspended or revoked, (b) any disciplinary action is taken against it under the Act, or (c) any disciplinary action is taken against it under a similar law in another state, which is required to be reported under the Act.

2. All applicants that perform services regulated under 40 CFR 745, commonly known as the Lead Repair, Renovation and Painting Rule (the "Rule"), and any of applicants' subcontractors, shall be EPA certified per the Rule, and will maintain any such certification throughout the term of an agreement with PCA, if awarded, and otherwise remain in compliance with the Rule. Applicant is required to immediately report to PCA in writing if its certificate issued under the Rule is suspended or revoked or if any disciplinary action is taken against it under the Rule. To the extent applicable, applicants must also maintain any other certifications required by the U.S. Department of Housing and Urban Development, the Commonwealth of Pennsylvania and local laws such as those issued by the City of Philadelphia related to lead-based paint, or under any similar law in any other jurisdiction, and will immediately report to PCA in writing if its certificate issued under any of those laws is suspended or revoked or if any disciplinary action is taken against it under any of those laws.

### Warranty

Contractors will warrant that all materials, work, services and modifications, including, but not limited to, labor and installation, shall be free from defects in material and workmanship for a period of at least one year from the date of completion. All products installed by contractors shall be warranted by contractor to be free from defects in material and workmanship for a period of one year, except that mechanical equipment (stairway elevators, wheelchair lifts and telecabs) shall be warranted by contractor for a period of three years (the longer period being the "Warranty Period"). For all mechanical equipment and products that are major appliances, the contractor will obtain a copy of the manufacturer's and/or seller's warranty that the mechanical equipment and/or product(s) will be free from defects in material and workmanship for a period of at least one year. The written warranty from the manufacturer and/or seller shall be provided to the end user/consumer by the contractor.

The work is to be done in and to premises that are not owned by PCA, but by an owner, and there may be a tenant in the premises. Therefore, all obligations under an agreement with PCA, including but not limited to warranty obligations, shall also run in favor of the owner and, if any, the tenant, (who are agreed to be third-party beneficiaries of the agreement), and may be enforced by PCA, the owner, or the tenant. All violations hereof shall be repaired without cost to PCA, the owner or tenant, and if the violation cannot be repaired to the reasonable satisfaction of PCA, the owner and tenant, then the work, material or equipment shall be replaced to the reasonable satisfaction of PCA, the owner and tenant.

#### Insurance

1. PCA's insurance requirements for fiscal year 2017-20178 will be substantially as stated below. (A Sample Certificate of Insurance ("COI") is included in this RFP.)
2. Before submitting a response to this RFP, an applicant should verify through its insurance carriers that it would be able to obtain the necessary insurance coverage.
3. A successful applicant must provide PCA with a current COI evidencing compliance with PCA's insurance requirements within fourteen (14) days of receipt of the award letter from PCA or its award status will be in jeopardy.
4. An applicant selected to be a provider will be required to provide a current COI evidencing compliance with PCA's insurance requirements at the time the contract is signed.

#### **5. Insurance Requirements:**

Contractor shall, at its sole cost and expense, procure and maintain in full force and effect, throughout the term of the Agreement, the following insurance from companies licensed or approved to do business in the Commonwealth of Pennsylvania, or through a qualified self-insurance program approved or registered by or with the Commonwealth and acceptable to PCA, in the forms and on the terms and conditions specified herein. All insurance companies must maintain a Best's Insurance Guide rating of at least "A-" and a financial size of at least Class VII for companies licensed in the Commonwealth or Class X for companies approved but unlicensed in the Commonwealth. Except as specifically provided herein, all such insurance shall be written on an occurrence basis.

A. General liability insurance with no self-insured retention, and with no endorsements excluding or limiting coverage, including, but not limited to, contractual liability coverage, naming PCA and the Commonwealth of Pennsylvania and their directors, officers, employees and agents as additional insureds, with an endorsement stating that the coverage afforded the additional insureds shall be primary and non-contributory to any other coverage available. Such coverage shall have limits of coverage, on a stand-alone basis or in combination with excess or umbrella coverage, of not less than \$1,000,000 combined bodily injury and property damage per occurrence and \$2,000,000 per annual aggregate. All such policies shall expressly include coverage for products-completed operations hazard with limits of at least \$1,000,000 per occurrence and \$2,000,000 in the aggregate. The coverage for products-completed operations hazard shall remain in effect for four (4) years following completion of all work contemplated in the Agreement or the period of the warranty for the work, whichever is longer. Applicants shall evidence coverage for contractor's pollution and/ or lead paint based risk consistent with the

scope of work contemplated, in such amounts as PCA may reasonably require, whether by endorsement to the required general liability policy or other means acceptable to PCA.

B. Automobile liability insurance written on the current Insurance Services Office's commercial auto form or its equivalent, with no self-insured retention, naming PCA and the Commonwealth of Pennsylvania and their directors, officers, employees and agents as additional insureds, with an endorsement stating that the coverage afforded the additional insureds shall be primary and non-contributory to any other coverage available, and with limits of coverage, on a stand-alone basis or in combination with excess or umbrella coverage, of not less than \$1,000,000 per occurrence combined single limit for bodily injury and property damage, covering owned, non-owned and hired vehicles;

C. Workers compensation insurance (with statutory limits of coverage and no deductible) and employers liability insurance (with limits of coverage of not less than \$100,000 per accident, \$100,000 per employee by disease and \$500,000 policy limit by disease and no deductible) endorsed for all states in which work is to be performed under the Agreement (including, without limitation, Pennsylvania);

D. Professional liability insurance naming PCA and the Commonwealth of Pennsylvania and their directors, officers, employees and agents as additional insureds (except with respect to Health Care Providers under the Medical Care Availability and Reduction of Error (MCARE) Act), with an endorsement stating that the coverage afforded the additional insureds shall be primary and non-contributory to any other coverage available, and with no endorsements excluding or limiting coverage, as follows:

(1) "Participating Health Care Providers" under the MCARE Act must have statutory limits and must participate in the MCARE Fund;

(2) "Non-participating Health Care Providers" under the MCARE Act and other providers of professional services (including, but not limited to, social and legal services providers and those health care providers who are not "Health Care Providers" under the MCARE Act) must have limits of coverage of not less than \$1,000,000 per occurrence and \$2,000,000 per annual aggregate and no-self insured retention.

(3) Professional liability insurance may be written on a claims-made basis, provided, however, that the policy permits Contractor to purchase extended reporting period coverage ("Tail Coverage") upon termination of the policy.

(a) In the event that insurance is written on a claims-made basis, Contractor hereby agrees to maintain, following termination of such coverage or of the Agreement (whichever is earlier), professional liability insurance, covering claims arising out of occurrences during the term of the Agreement, whether by (i) purchasing additional policies of insurance with no exclusion for prior occurrences and the option of purchasing appropriate Tail

Coverage, or (ii) purchasing the appropriate Tail Coverage. Tail Coverage for medical professional liability coverage shall be of unlimited duration. All other Tail Coverage shall be maintained for a period of not less than the greater of six (6) years or as required by law, following termination of the Agreement or of such claims-made coverage (whichever is earlier). In no event shall any such Tail Coverage provide limits of coverage lower than the limits of coverage required herein for professional liability.

(b) In the event that Contractor elects to maintain insurance written on a claims-made basis, these undertakings (and the provision of certificates or policies of insurance evidencing compliance with same, as further specified below) shall survive termination of the Agreement.

E. All-risk or special form property damage insurance, naming PCA and the Commonwealth of Pennsylvania as additional insureds and loss payees, insuring as they may appear the interests of Contractor, PCA and the Commonwealth of Pennsylvania in all personal property, fixtures and improvements to real estate funded or supplied by PCA, whether titled to Contractor or to PCA. Such coverage shall be written for the full replacement value of the property in question without penalty or deduction for coinsurance or deductible greater than \$500.00, and shall be amended as necessary to reflect changes in inventory.

If Contractor has contracted with PCA for any prior period(s) and has in force general liability or, if applicable, excess insurance, written on a claims-made basis, covering claims arising in connection with its performance under contract with PCA during such period(s), Contractor shall maintain said insurance during and for a period of not less than the greater of six (6) years or as required by law, following the term of the Agreement (whether by (i) purchasing additional policies of insurance with no exclusion for prior occurrences and the option of purchasing Tail Coverage, or (ii) purchasing the appropriate Tail Coverage); provided, however, that all other terms and conditions are otherwise met. In the event that Contractor elects to maintain insurance written on a claims-made basis, as provided in this paragraph, this undertaking (and the provision of certificates or policies of insurance evidencing compliance with same, as further specified below) shall survive termination of the Agreement. Whenever Contractor has insurance written on a claims-made basis, Contractor shall provide PCA with a copy of the policy's declaration page indicating the retroactive date of the coverage.

Contractor shall provide PCA with certificates of insurance evidencing compliance with PCA's insurance requirements prior to performance under the Agreement. All certificates shall evidence the agreement on the part of the insurer to provide PCA with prior written notice of any non-renewal, cancellation or modification of coverage, or of any impairment greater than \$100,000 of the aggregate insurance available as a result of loss no later than the time period for a notice of cancellation as set forth in the policy. Any language on the certificate which states that the insurer will "endeavor to" mail such notice and any language stating "but failure to do so shall impose no obligation on liability of any kind upon the insurer affording coverage, its agents or representatives, or the issuer of this certificate" shall be deleted.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/30/17

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 XYZ Company 123 Main Street Anytown, USA	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: CBA12345 INSURER B: RST12345 INSURER C: XYZ12345 INSURER D: INSURER E: INSURER F:
INSURED ABC Provider, Inc. 1234 Centre Street Everytown, PA	NAIC #

## COVERAGES

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		CBA12345	7/1/17	6/30/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X		CBA12345	7/1/17	6/30/18	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under SPECIAL PROVISIONS below	N/A		RST12345	7/1/17	6/30/18	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Professional Liability			XYZ12345	7/1/17	6/30/18	Per Occ \$1,000,000/Aggregate \$2,000,000
A	Property-All Risk/Special Form			CBA12345	7/1/17	6/30/18	Per Occ \$1,000,000/Aggregate \$2,000,000

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

PCA and the Commonwealth of PA and their directors, officers, employees & agents are hereby added as Additional Insureds with an endorsement stating that the coverage afforded the Additional Insureds shall be primary and non-contributory to any other coverage available. Certificate evidences the agreement on the part of the insurer to provide PCA with prior written notice of any non-renewal, cancellation or modification of coverage, or of any impairment greater than \$100,000 of the aggregate insurance available as a result of loss no later than the time period for a notice of cancellation as set forth in the policy.

## CERTIFICATE HOLDER

Philadelphia Corporation for Aging 642 N. Broad Street Philadelphia, PA 19130-3409 Attn:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.
	AUTHORIZED REPRESENTATIVE

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**PCA HOUSING DEPARTMENT  
REQUEST FOR PROPOSALS  
COVER SHEET/ APPLICANT PROFILE**

FIRM NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FEDERAL EIN / TAX IDENTIFICATION NUMBER: \_\_\_\_\_

DATE OF INCORPORATION / INITIATION: \_\_\_\_\_

TOTAL STAFF (this business only):  
Administrative/Supervisory: \_\_\_\_\_ Construction: \_\_\_\_\_ Clerical: \_\_\_\_\_

TOTAL GROSS SALES FOR 2016 (from IRS documents): \$ \_\_\_\_\_

**Required documents: All previous awardees and new applicants must provide the items listed with the proposal or they will not be considered as a potential candidate.**

- \_\_\_\_\_ Trade license(s) (plumbing, electric, roofing)
- \_\_\_\_\_ Contractor license (general contractor)
- \_\_\_\_\_ Business privilege license (required for all applicants)
- \_\_\_\_\_ MBEC certification (minority, women and disabled businesses) if applicable
- \_\_\_\_\_ Pennsylvania Home Improvement Contractor Registration
- \_\_\_\_\_ EPA Lead Repair, Renovation and Painting (RRP) Certification

Has your firm ever contracted with PCA, PHDC, or OHCD? If yes, give agency and dates.

\_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME & TITLE:

\_\_\_\_\_

## ASSURANCES

By the initials of applicant's Authorized Representative next to each statement that follows and their signature below, applicant certifies that:

\_\_\_\_\_ Applicant is familiar with the contents of this request for proposal and will commit the resources at applicant's disposal to assure provision of the services described in the PCA Request for Proposals for Electrical Services. Applicant is willing to provide as needed items in addition to those listed in the PCA Electrical Services Specifications Price List.

\_\_\_\_\_ Applicant recognizes the need for sensitivity in serving the elderly and people with disabilities and is committed to providing honest, thorough and responsive staff service in order to minimize consumer disruption and upset.

\_\_\_\_\_ Applicant recognizes that they must have the capacity to complete electrical services **within ten (10) business days** of authorization by PCA.

\_\_\_\_\_ Applicant understands that contracts will be awarded but that the total amount of actual reimbursement will be based on the jobs awarded by PCA and completed by applicant.

\_\_\_\_\_ Applicant recognizes that invoicing will be done in accordance with the specifications set forth in the RFP and that there are different invoicing and payment schedules used by PCA.

\_\_\_\_\_ Applicant will carry insurance of the type and in the amounts required by PCA (and otherwise comply with PCA's insurance requirements) and will provide evidence of such insurance. Applicant will carry such insurance throughout the term of the contract.

\_\_\_\_\_ Applicant agrees to comply with all the requirements of the EPA Lead Repair, Renovation, and Painting Rule [40 CFR 745] and will submit the EPA Lead RRP certification and training certificates at the time of proposal.

\_\_\_\_\_ Applicant agrees to provide all services under this RFP in a first class workmanlike manner.

\_\_\_\_\_ Applicant will warrant all work to be free from defects in material and workmanship for a period of at least one year from the date of completion.

\_\_\_\_\_ Applicant understands that all products installed by applicant shall, where available and offered by the manufacture and/or seller and/or distributor, be accompanied by warranties that such products shall be free of defects in material and workmanship for the period of time and in accordance with the conditions and limitations specified in the warranty.

\_\_\_\_\_ Applicant agrees to maintain and make available, for purposes of PCA monitoring and audit, documentation to verify service provision as invoiced and reimbursed.

\_\_\_\_\_ Applicant agrees to submit an annual affirmative action plan and periodic progress reports to PCA as requested.

\_\_\_\_\_  
Applicant Company

\_\_\_\_\_  
Signature of Authorized Representative

## REFERENCES

Please list five references for **residential** work completed within the last year in the City of Philadelphia, indicating property address, description of work, monetary value of work, contact person and telephone number for each job. PCA will contact three by telephone. Please notify each reference of the possibility of PCA calling. **Points will be deducted if reference is not notified of use as a reference. Individual properties must be listed. If applicant has provided services for PCA, PCA must be listed as the first reference.**

1. Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Dollar Amount: \$\_\_\_\_\_

2. Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Dollar Amount: \$\_\_\_\_\_

3. Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Dollar Amount: \$\_\_\_\_\_

4. Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Dollar Amount: \$\_\_\_\_\_

5. Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Dollar Amount: \$\_\_\_\_\_

**INSURANCE CHECKLIST**  
*to be completed by insurance agent or broker*

		Is Able to Comply	Can Not Comply
<b>Carrier</b>			
	PA Licensed or approved company		
	Best's rating of at least A-		
	Financial size of at least Class VII (if licensed) or Class XI (if unlicensed)		
<b>General Liability</b>			
	\$1 million combined minimum bodily injury and property damage per occurrence and \$2 million annual aggregate (umbrella coverage acceptable)		
	No deductible		
	PCA and its directors, officers, employees and agents named as additional insureds		
	Endorsement stating that coverage afforded additional insureds is non-contributory and primary to any other coverage available		
<b>Automobile</b>			
	\$1 million per occurrence combined single limit (umbrella coverage acceptable)		
	No self-insured retention		
	No deductible		
	Coverage for owned, non-owned and hired vehicles, except for vehicles titled to PCA.		
	PCA and its directors, officers, employees and agents named as additional insureds		
	Endorsement stating that coverage afforded additional insureds is non-contributory and primary to any other coverage available		
<b>Workers Compensation</b>			
	Statutory limits of coverage		
	No deductible		
	Employers liability coverage with limits of not less than \$100,000 per accident, \$100,000 per employee by disease and \$500,000 policy limit by disease		
	Endorsed for work to be performed in all states in which work is to be performed, including, without limit, Pennsylvania		
<b>Professional Liability</b>			
<b>Certificate of Insurance</b>			
	Insurer shall provide PCA with 30 days written notice prior to any non-renewal, cancellation or modification of coverage or of any impairment of the aggregate insurance available as a result of loss		
	No language on certificate stating that insurer will "endeavor to" mail such notice or language stating "but failure to do so shall impose no obligation of liability of any kind upon the insurer affording coverage, its agents or representatives, or the issuer of this certificate."		
<b>General Requirements</b>			
	Insurance written on an occurrence basis		

**Please explain areas where applicant is unable to comply on reverse side.**

**Please refer to the "Insurance Requirements" set forth in the RFP for the precise insurance procurement obligations. Nothing contained herein on the "Insurance Checklist" obviates or negates any insurance procurement obligation, nor relieves the contractor from any insurance procurement obligation set forth in the "Insurance Requirements".**

Insurance Company: \_\_\_\_\_

Agent/Broker Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

PCA HOUSING DEPARTMENT ELECTRICAL SERVICES SPECIFICATION PRICE LIST				
SPEC NO.	TITLE	DESCRIPTION		PRICE
SE 0900	100 AMP Service 1 Unit	Distribution panel to be circuit breaker with a minimum of 20-circuit capacity. All existing circuits to be connected directly to panel. Rod electrode and continuous ground to water and gas meters to be provided and connected. Remove existing electrical service. Installation shall comply with all city code specifications and requirements. All circuits to be clearly marked and identified.	Each	
SE 0902	Electric Surcharge	(repairs < \$350)	Each	
SE 0903	Permit & Underwriters' Fee		Each	
SE 0907	Add'l Cost for 32 space panel		Each	
SE 0908	Replace Distribution Panel	Remove existing and install new circuit breaker distribution panel. New panel to have 20-circuit capacity, installation to include reconnection of existing circuits of proper capacity to new panel. All circuits shall be clearly marked and identified. Installation shall comply with all city code specifications and requirements. All circuits to be clearly marked and identified.	Each	
SE 0909	Ground Service	Ground Rod shall be installed for electrical service. Installation shall include continuous ground to water and gas meters at water meter.	Each	
SE 0910	Close Junction Box	Install new cover to Junction box where missing.	Each	

SE 0917	Install Porcelain Fixture	Install porcelain fixture in basement. Include switch or chain /wire/box and all necessary fittings.	Each	
SE 0922	Redistribute Basement Circuits (15/20 AMP)		Per run	
SE 0940B	Ground Fault outlet to existing circuit		Each	
SE 0941	15 AMP Duplex Receptacle, 1 <sup>st</sup> fl	Install electrical wall receptacle. Include wiring, box, cover plate, and all necessary fittings.	Each	
SE 0941A	15 AMP Duplex Receptacle, 2 <sup>nd</sup> fl	Install electrical wall receptacle. Include wiring, box, cover plate and all necessary fittings.	Each	
SE 0942	20 AMP Duplex Receptacle, 1 <sup>st</sup> fl	Install new circuit and receptacle. To include new marked circuit breaker.	Each	
SE 0942A	20 AMP Duplex Receptacle, 2 <sup>nd</sup> fl	Install new circuit and receptacle. To include new marked circuit breaker.	Each	
SE 0943	GFI Outlet, 1 <sup>st</sup> fl	Provide and install a new ground fault. All work and material to comply with city electrical code.	Each	
SE 0943A	GFI Outlet, 2 <sup>nd</sup> fl	Provide and install a new ground fault. All work and material to comply with city electrical code. Include new ground fault circuit breaker at panel box.	Each	
SE 0945	Circuit 20 AMP	Install new circuit and receptacle.	Each	
SE 0946	Circuit 20 AMP	Install a dedicated 20 AMP exterior wheelchair lift or exterior stairglide circuit from distribution panel to exterior wall.	Each	
SE 0948	Install 20A, 220V Receptacle, 1 <sup>st</sup> fl		Each	
SE 0952	Install Exterior Fixture	Provide and install a new electrical light fixture near exterior entrance, fixture to be wall mount or ceiling mount, fixture to include all new wiring, boxes, fittings, interior rocker type switch and bulb	Each	

SE 0952A	Install Exterior Fixture with Motion Detector	Provide and install a new electrical light fixture near exterior entrance. Fixture to be wall mounted or ceiling mounted and have motion detector activation. Fixture to include all new wiring, boxes, fittings, rocker type interior switch, and bulb.	Each	
SE 0958	Install New Fixture	Provide and install a new electrical light fixture, fixture to include all new wiring, boxes, fittings, rocker type wall switch and bulbs	Each	
SE 0963	Fluorescent 4', 4 Light, Drop In	Install a new 4-light fluorescent drop-in fixture for suspended ceiling with 4' long (32 watt T-8) tubes and rocker type switch and diffuser grid.	Each	
SE 0963A	Fluorescent 4', 4 Light, Ceiling	Install a new 4-light fluorescent fixture with 4' long (32 watt T-8) tubes and rocker type switch	Each	
SE 0971	Install Exhaust Fan	Install new automatic exhaust fan, wall switch operated with rocker type switch. Installation to include fan switch, all wiring, framing, ductwork, and brickwork. Duct for exhaust to be run outside through wall.	Each	
SE 0976	Electric Wall / Ceiling Heater, Complete	Install electric wall or ceiling hot air heater with rocker type switch. All ductwork, wiring, and brickwork to be included. To be vented to exterior, basement window not acceptable.	Each	
SE 0988	Replace Dining Room Fixture	Remove and replace dining room light fixture. Include necessary fittings and connections	Each	



LS 9999	EPA Lead Regulations	Additional costs incurred, on a per area basis, to perform and comply with the requirements of the EPA Lead Safety for Renovation, Repair and Painting Final Rule [40 CFR 745] guidelines. Costs of the Certified Renovator include: Posting of warning signs, maintaining containment, waste handling, setting up plastic containment barriers to avoid spread of contaminated dust to adjacent areas and post-renovation cleaning. Include all costs of sheet plastic, HEPA vacuuming, tools, plastic bags, disposable coveralls and gloves, protective eyewear, respirator and shoe covers and recordkeeping forms required to comply.	Each	
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