ADDENDUM I TO BID 2985

FOAMING HAND SANITIZER

ADDENDUM DATE: September 2, 2020

BUYER: Jay Garrison, CPPB

ORIGINAL OPENING DATE: September 16, 2020 at 2:00 PM

The following is for clarification:

QUESTION 1: Is there any possibility that a non-alcoholic sanitizer would be considered as a substitute? Wouldn’t this make sense considering the application?

ANSWER 1: No. The sanitizer is following CDC guidelines of at least 60% alcohol.

QUESTION 2: Our bid team has a question regarding the bid. Are you needing pricing on just the refill bottles only and not the dispensers?

ANSWER 2: Yes.

QUESTION 3: I wanted to ask what the quantity would be for this bid? I know it does not state one, but do you have even a range of what it is trajected to be? If not I understand, just trying to get the most accurate quote from my supplier prior to sending our bid in.

ANSWER 3: Knox County cannot guarantee any quantities for this bid.

End of addendum.

Jay Garrison, CPPO, CPPB
Procurement Coordinator
### Knox County Procurement Division Insurance Checklist

**Bid Number 2952**

**THE CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGES & ENDORSEMENTS WITH “YES” AND ITEMS 20 TO 24.**

<table>
<thead>
<tr>
<th>REQUIRED:</th>
<th>NUMBER</th>
<th>TYPE OF COVERAGE</th>
<th>COVERAGE LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong></td>
<td>1.</td>
<td>WORKERS COMPENSATION</td>
<td>STATUTORY LIMITS OF TENNESSEE</td>
</tr>
</tbody>
</table>
| **YES**   | 2.     | EMPLOYERS LIABILITY | $100,000 PER ACCIDENT  
$100,000 PER DISEASE  
$500,000 DISEASE POLICY LIMIT |
| **YES**   | 3.     | AUTOMOBILE LIABILITY | COMBINE SINGLE LIMIT  
(Per-Accident)  
BODY INJURY  
(Per-Person)  
BODY INJURY  
(Per-Accident)  
PROPERTY DAMAGE  
(Per-Accident) |
| **YES**   | 4.     | COMMERCIAL GENERAL LIABILITY | CLAIM MADE  
X OCCUR  
EACH OCCURRENCE $1,000,000  
FIRE LEGAL LIABILITY $100,000  
MED EXP (Per person) $5,000  
GEN'L AGGREGATE LIMITS APPLIES PER  
POLICY  
X PROJECT  
LOD  
GENERAL AGGREGATE $2,000,000  
PRODUCTS-COMPLETE OPERATIONS/AGGREGATE $2,000,000 |
| **YES**   | 5.     | PREMISES/OPERATIONS | $1,000,000 CSL BI/PD EACH OCCURRENCE  
$2,000,000 ANNUAL AGGREGATE |
| **YES**   | 6.     | INDEPENDENT CONTRACTOR | $1,000,000 CSL BI/PD EACH OCCURRENCE  
$1,000,000 ANNUAL AGGREGATE |
| **YES**   | 7.     | CONTRACTUAL LIABILITY (MUST BE SHOWN ON CERTIFICATE) | $1,000,000 CSL BI/PD EACH OCCURRENCE  
$1,000,000 ANNUAL AGGREGATE |
| **NO**    | 8.     | XCU COVERAGE | NOT TO BE EXCLUDED |
| **YES**   | 9.     | UMBRELLA LIABILITY COVERAGE | $1,000,000 |
| **NO**    | 10.    | ARCHITECTS & ENGINEERS  
ASBESTOS & REMOVAL LIABILITY  
MEDICAL MALPRACTICE  
MEDICAL PROFESSIONAL LIABILITY | $1,000,000 PER OCCURRENCE/CLAIM  
$2,000,000 PER OCCURRENCE/CLAIM  
$1,000,000 PER OCCURRENCE/CLAIM  
$1,000,000 PER OCCURRENCE/CLAIM |
| **NO**    | 11.    | MISCELLANEOUS E & O | $500,000 PER OCCURRENCE/CLAIM |
| **NO**    | 12.    | MOTOR CARRIER ACT ENDORSEMENT | $1,000,000 BI/PD EACH OCCURRENCE  
UNINSURED MOTORIST (MCS-90) |
| **NO**    | 13.    | MOTOR CARGO INSURANCE | $1,000,000 BODILY INJURY, PROPERTY DAMAGE PER OCCURRENCE |
| **NO**    | 14.    | GARAGE LIABILITY | $100,000 COMPREHENSIVE  
$50,000 COLLISION |
| **NO**    | 15.    | GARAGEKEEPER'S DIRECT LIABILITY | $100,000 BODILY INJURY, PROPERTY DAMAGE PER OCCURRENCE |
| **NO**    | 16.    | INLAND MARINE BAILEE'S INSURANCE | $ |
| **NO**    | 17.    | DISHONESTY BOND | $ |
| **NO**    | 18.    | BUILDERS RISK | PROVIDE COVERAGE IN THE FULL AMOUNT OF THE CONTRACT UNLESS PROVIDED BY OWNER. |
| **NO**    | 19.    | USL&H | FEDERAL STATUTORY LIMITS |

20. Carrier rating shall be Best’s Rating of A-VII or better or its equivalent.
22. The County shall be named as an additional named insured on all policies except Workers’ Compensation and Auto.

23. Certificate of Insurance shall show the bid number and title.

24. Other insurance required

Insurance Agent’s Statement And Certification: I have reviewed the above requirements with the Bidder named below have advised the Bidder of required coverage not provided through this Agency.

Agency Name: __________________________ Authorizing Signature: __________________________

Bidder’s Statement And Certification: If awarded the Contract, I will comply with the contract insurance requirements.

Bidder Name: __________________________ Authorizing Signature: __________________________
AFFIDAVIT OF COMPLIANCE

WITH

TENNESSEE CRIMINAL HISTORY RECORDS CHECK

TENNESSEE CODE ANNOTATED, SECTION 49-5-413

(To be submitted with bid)

I, __________________________________, president or other principal officer of _____________________________________, swear or affirm that the Name of Company

Company is in compliance with Public Chapter 587 of 2007, codified at Tennessee Code Annotated 49-5-413, in effect at the time of this bid submission at least to the extent required of governmental entities. I further swear or affirm that the company is in compliance with Tennessee Code Annotated, § 49-5-413.

____________________________________

President or Principal Officer

For:  ________________________________

Name of Company

STATE OF TENNESSEE)
COUNTY OF                    }

Subscribed and sworn before me by ____________________________________, President or principal officer of _____________________________________________,

On this _________________ day of __________________________ 2________.

____________________________________

Notary Public

My Commission expires: _________________________________