

JEFFREY P. LAMARAND
Mayor

MARY ANN RILLEY
City Clerk

WAYNE F. AVERY
Treasurer

City of Taylor

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TAYLOR, MICHIGAN 48180

PHONE: (734) 287-6550 (Menu) - FAX: (734) 374-1343
www.cityoftaylor.com

CITY COUNCIL

CHERYL BURKE
Chairwoman

JILL BRANDANA
Chairwoman Pro-Tem

JOHN E. DELO
JACKLYN MOLNER

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SUZANNE L. WEYCKER

City of Taylor
Community Development Department

Notice to Contractors

To be added to or remain active on the bid list for the Community Development – Home Repair/Rehabilitation Programs for the **2010-2011 fiscal year**, please complete the attached form and include a current copy of the following:

- Contractor Information Sheet (attached)
- State License
- Tax Identification Number
- Proof of State Workman's Compensation Insurance (example attached)
- Certificate of Insurance
- Equal Employment Opportunity Certificate form signed (attached)
- Proof of current registration with City of Taylor

If you have any questions, please contact the Community Development Department at (734) 374-8776 or Robert Antaya (Rehab Inspector) at (734) 374-1304.

THE FOLLOWING INSURANCE AND INDEMNIFICATION REQUIREMENTS CAN NOT BE SATISFIED WITH YOUR USUAL "CERTIFICATE OF INSURANCE"

Please read the requirements prior to issuing any documents.

Special attention should be paid to item "E"

The contractor also must sign and return this form to the City of Taylor.

City of Taylor
INSURANCE AND INDEMNIFICATION
REQUIREMENTS

CATEGORY IV

Contractors Doing Work for the City of Taylor

IN CONSIDERATION OF THE CITY OF TAYLOR RETAINING THE UNDERSIGNED CONTRACTOR FOR THE WORK TO BE PERFORMED FOR THE PROJECT

THE UNDERSIGNED ACCEPTS AND AGREES TO COMPLY WITH THE FOLLOWING INSURANCE AND INDEMNIFICATION REQUIREMENTS FOR THE WORK:

- A. **General Liability Coverage to be obtained:**
- 1) Minimum limit of \$1,000,000 per occurrence, \$2,000,000 aggregate.
 - 2) Include products & completed operations coverage.
 - 3) Fire legal coverage of \$100,000 for projects involving a City-owned structure.
- B. **Automobile Liability Coverage to be obtained:**
Minimum of \$1,000,000 combined single limit.
- C. **Workers Compensation Coverage to be obtained:**
Minimum Employers Liability limits of \$100,000 each accident; \$500,000 disease policy limit and \$100,000 disease each employee.
- D. **The insurance carrier must have an A.M. Best rating of A-, VII or better.**

E. The City of Taylor must be made an additional insured on all **General Liability Policies** by using one of the following methods:

1. If a written contract has been signed for the work to be performed and the Contractor's General Liability Insurance Policy contains a "Blanket Additional Insured" endorsement which provides for additional insured status "as required by contract", a Certificate of Insurance stating that the Blanket Additional Insured endorsement is included in the G/L policy will be acceptable. However, the "Blanket Additional Insured Endorsement" must also state that it is primary and the additional insured's insurance coverages are non-contributory. If this is not stated then a "Waver of Subrogation" will be required.
2. A standard certificate of Insurance. Also, endorsement CG 2026, or it's equivalent, showing the following language will be acceptable:

"The City of Taylor, and its Officials, Officers, Agents, Representatives, Employees, Boards, Commissions, and Volunteers are named as additional insured parties and this coverage shall be considered to be primary coverage to these additional insureds and the City of Taylor's insurance coverage is non-contributory".

F. The **Description of Operation** section of the Certificate of Insurance must describe the project, event, service, etc.

G. If, in the opinion of the Risk Management Committee, the liability exposure to the City is greater than anticipated by these guidelines, the following additional requirements may apply:

1. **Owners Protective Liability:**
Minimum Limit of Liability in the amount of \$1,000,000 per occurrence, \$2,000,000 aggregate.
2. Higher limits of liability and/or higher A.M. Best Ratings, subject to City Council approval.

H. The Contractor shall save harmless, indemnify and defend the City of Taylor and it's officials, agents, officers, employees, and representatives from and against any and all claims, actions, losses, liabilities, injuries, damages, expenses, and attorney fees which arise out of or involve the performance of the work or the completion of the work for this project.

CONTRACTOR

X _____
SIGNATURE

DATED: _____

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
COMMUNITY DEVELOPMENT CONTRACTS FOR GOODS AND
SERVICES

EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATION

The undersigned understands and agrees that, as a Contractor for goods and/or services supported in whole or in part with Community Development Block Grant funds, there shall be no discrimination against any employee or applicant for employment because of race, color, religion, sex or national origin, including but not limited to employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation and selection for training.

The Contractor further agrees to the following:

- 1) It will assist and actively cooperate with HUD in obtaining compliance of any subcontractors with the equal opportunity rules, regulations and relevant orders of the Department of Housing and Urban Development.
- 2) It will furnish HUD such information as might be required for the supervision of its compliance program, and will otherwise assist HUD in the discharge of HUD's responsibility for ensuring compliance.
- 3) In the event that it fails or refuses to comply with the equal opportunity regulations, the Department of Housing and Urban Development may cause to be cancelled, terminated or suspended in whole or in part the contractual arrangement between the applicant and the contractor or may refer the case to the Department of Justice for appropriate legal proceedings.

NAME OF CONTRACTOR: _____

ADDRESS: _____

SIGNED BY: _____

TITLE: _____

DATE: _____

City of Taylor
Community Development Department

Contractor Information 2010-2011

Date: _____

Company Name: _____

Address: _____

City, State, Zip: _____

**Tax ID Number: _____

Contact Name: _____

Title: _____

Phone Number: _____

Cell Phone Number: _____

Fax Number: _____

*Email Address: _____

*first time contractors must include a W9 form
**mandatory to continue to receive bid notices

Return to:
City of Taylor
Community Development Department
23555 Goddard Road
Taylor, Michigan 48180
Phone: (734) 374-8776
Fax: (734) 374-1342

