

**RETURN BIDS TO:**  
**RETOURNER LES SOUMISSIONS À:**  
**Bid Receiving Public Works and Government  
Services Canada/Réception des soumissions Travaux  
publics et Services gouvernementaux Canada**  
**Pacific Region**  
**800 Burrard Street, 12th Floor**  
**800, rue Burrard, 12e étage**  
**Vancouver, B. C.**  
**V6Z 2V8**  
**Bid Fax: (604) 775-7526**

## **SOLICITATION AMENDMENT MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

### **Comments - Commentaires**

**Vendor/Firm Name and Address**  
**Raison sociale et adresse du  
fournisseur/de l'entrepreneur**

**Issuing Office - Bureau de distribution**  
**Public Works and Government Services Canada -**  
**Pacific Region**  
**800 Burrard Street, 12th Floor**  
**800, rue Burrard, 12e étage**  
**Vancouver, BC V6Z 2V8**

<b>Title - Sujet</b> Dental Services	
<b>Solicitation No. - N° de l'invitation</b> 21807-130002/A	<b>Amendment No. - N° modif.</b> 001
<b>Client Reference No. - N° de référence du client</b> 21807-130002	<b>Date</b> 2012-09-21
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$XSB-005-6778	
<b>File No. - N° de dossier</b> XSB-2-35083 (005)	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2012-10-02</b>	<b>Time Zone</b> Fuseau horaire Pacific Daylight Saving Time PDT
<b>F.O.B. - F.A.B.</b> <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Armstrong, Wendy	<b>Buyer Id - Id de l'acheteur</b> xsb005
<b>Telephone No. - N° de téléphone</b> (604) 775-7691 ( )	<b>FAX No. - N° de FAX</b> (604) 775-7526
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b>	

**Instructions: See Herein**

**Instructions: Voir aux présentes**

<b>Delivery Required - Livraison exigée</b>	<b>Delivery Offered - Livraison proposée</b>
<b>Vendor/Firm Name and Address</b> <b>Raison sociale et adresse du fournisseur/de l'entrepreneur</b>	
<b>Telephone No. - N° de téléphone</b> <b>Facsimile No. - N° de télécopieur</b>	
<b>Name and title of person authorized to sign on behalf of Vendor/Firm (type or print)</b> <b>Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)</b>	
<b>Signature</b>	<b>Date</b>

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## AMENDMENT #1

### Under ANNEX "D"

#### INSURANCE REQUIREMENT

Delete: In its entirety

Insert: **D.1 Medical Malpractice Liability Insurance**

1. The Offeror must obtain Medical Malpractice Liability Insurance, and maintain it in force throughout the duration of the Standing Offer, in an amount usual for a contract of this nature, but for not less than \$1,000,000 per loss and in the annual aggregate, inclusive of the defence costs.
2. Coverage is for what is standard in a Medical Malpractice policy and must be for claims arising out of the rendering or failure to render medical services resulting in injury, mental injury, illness, disease or death of any person caused by any negligent act, error or omission committed by the Agency Nurse (?) in or about the conduct of the their professional occupation or business of good samaritan acts.
3. If the policy is written on a claims-made basis, coverage must be in place for a period of at least 12 months after the completion or termination of the Standing Offer.
4. Notice of Cancellation: The Insurer will endeavour to provide the Standing Offer Authority thirty (30) days written notice of cancellation.

All other terms and conditions remain unchanged.