



RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:
Bid Receiving Box/Boîte de Réception des
Soumissions
1st Floor/1^{ère} étage, Suite 1212
100-1045 Main Street
Moncton
New Brunswick
E1C 1H1
Bid Fax: (506) 851-6759

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
Acquisitions NB/PEI (Moncton Office) – Bureau
d'acquisitions N.-B./Î.-P.-É. (Moncton)
1045 Main Street / 1045, rue Main
Moncton
New Bruns
E1C 1H1

Title - Sujet Rock Protection - Burnt Church, NB	
Solicitation No. - N° de l'invitation EC015-210744/A	Amendment No. - N° modif. 001
Client Reference No. - N° de référence du client EC015-210744	Date 2020-08-10
GETS Reference No. - N° de référence de SEAG PW-\$PWJ-017-5752	
File No. - N° de dossier PWJ-0-43026 (017)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2020-08-20	Time Zone Fuseau horaire Atlantic Daylight Saving Time ADT
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Stockman (PWJ), Sonia	Buyer Id - Id de l'acheteur pwj017
Telephone No. - N° de téléphone (506) 961-7412 ()	FAX No. - N° de FAX (506) 851-6759
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

Instructions: See Herein

Instructions: Voir aux présentes

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

Solicitation No. - N° de l'invitation à soumissionner
EC015-210744/A
Client Ref. No. - N° de réf. du client
R.112032.001

Amd. No. - N° de la modif.
001
File No. - N° du dossier
PWJ-0-43026

Buyer ID - Id de l'acheteur
pwj017
CCC No./N° CCC - FMS No./N° VME

Solicitation Amendment

Rock Protection, Burnt Church, NB

Solicitation Amendment No. **001**

This solicitation is hereby amended to:

- (1) Reference: **Annex A-Certificate of Insurance**
DELETE Annex A-Certificate of Insurance; and
INSERT Annex A-Certificate of Insurance (Revised August 10, 2020)

If your bid has already been forwarded and you wish to revise same, this revision should be sent either in a sealed envelope and mailed to the above address or by facsimile (506) 851-6759 and reach the undersigned before the appropriate closing date. The solicitation number and the closing date are to be shown on the outside of the sealed envelope or on the facsimile transmission.

All other terms and conditions of the solicitation document remain unchanged.

All enquiries concerning this amendment are to be forwarded to:

Name: Sonia Stockman
Telephone No: (506) 961-7412
Facsimile No: (506) 851-6759

Solicitation No. - N° de l'invitation
EC015-210744/A

Amd. No. - N° de la modif.

Buyer ID - Id de l'acheteur
pwj017

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R.112032.001

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PWJ-0-43026

CCC No./N° CCC - FMS No./N° VME

ANNEX A - CERTIFICATE OF INSURANCE (Revised August 10, 2020)
(Not required at solicitation closing)

CERTIFICATE OF INSURANCE



Travaux publics et
Services gouvernementaux
Canada

Public Works and
Government Services
Canada

Page 1 of 2

Description and Location of Work	Contract No.
	Project No.

Name of Insurer, Broker or Agent	Address (No., Street)	City	Province	Postal Code
Name of Insured (Contractor)	Address (No., Street)	City	Province	Postal Code
Additional Insured <i>Her Majesty the Queen in Right of Canada as represented by the Minister of Public Works and Government Services</i>				

Type of Insurance	Insurer Name and Policy Number	Inception Date D / M / Y	Expiry Date D / M / Y	Limits of Liability		
				Per Occurrence	Annual General Aggregate	Completed Operations Aggregate
Commercial General Liability				\$	\$	\$
				\$	\$	\$
				\$		

I certify that the above policies were issued by insurers in the course of their Insurance business in Canada, are currently in force and include the applicable insurance coverage's stated on page 2 of this Certificate of Insurance, including advance notice of cancellation / reduction in coverage.

Name of person authorized to sign on behalf of Insurer(s) (Officer, Agent, Broker)

Telephone number

Signature

Date D / M / Y

Solicitation No. - N° de l'invitation
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CERTIFICATE OF INSURANCE Page 2 of 2

General

The insurance policies required on page 1 of the Certificate of Insurance must be in force and must include the insurance coverage listed under the corresponding type of insurance on this page.

The policies must insure the Contractor and must include Her Majesty the Queen in Right of Canada as represented by the Minister of Public Works and Government Services as an additional Insured.

The Policy shall be endorsed to provide the Owner with not less than 30 days' notice in writing in advance of any cancellation or change or amendment restricting coverage.

Without increasing the limit of liability, the policies must protect all insured parties to the full extent of coverage provided. Further, the policies must apply to each Insured in the same manner and to the same extent as if a separate policy had been issued to each.

Commercial General Liability

The insurance coverage provided must not be substantially less than that provided by the latest edition of IBC Form 2100.

The policy must either include or be endorsed to include coverage for the following exposures or hazards if the Work is subject thereto:

- (a) Blasting.
- (b) Pile driving and caisson work.
- (c) Underpinning.
- (d) Removal or weakening of support of any structure or land whether such support be natural or otherwise if the work is performed by the insured contractor.

The policy must have the following minimum limits:

- (a) **\$5,000,000** Each Occurrence Limit;
- (b) **\$10,000,000** General Aggregate Limit per policy year if the policy contains a General Aggregate; and
- (c) **\$5,000,000** Products/Completed Operations Aggregate Limit.

Umbrella or excess liability insurance may be used to achieve the required limits.