



**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 SABS Road Improvements, St. Andrews | |
| Solicitation No. - N° de l'invitation EC015-211647/A | Amendment No. - N° modif. 003 |
| Client Reference No. - N° de référence du client EC015-211647 | Date 2021-01-21 |
| GETS Reference No. - N° de référence de SEAG PW-\$PWJ-004-5875 | |
| File No. - N° de dossier PWJ-0-43146 (004) | CCC No./N° CCC - FMS No./N° VME |
| Solicitation Closes - L'invitation prend fin at - à 02:00 PM Atlantic Standard Time AST on - le 2021-01-28 Heure Normale de l'Atlantique HNA | |
| 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: Johnston (PWJ), Edward | Buyer Id - Id de l'acheteur pwj004 |
| Telephone No. - N° de téléphone (506) 343-6382 () | 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
EC015-211647

Amd. No. - N° de la modif.
03

Buyer ID - Id de l'acheteur
PWJ004

Client Ref. No. - N° de réf. du client
R.112020.001

File No. - N° du dossier
PWJ-0-43146

CCC No./N° CCC - FMS No./N° VME

This Solicitation Amendment No. three (3) is raised to include the following Addendum No. three (3). The following Addendum to the tender is effective immediately. This addendum shall form part of the contract documents.

All other terms and conditions remain the same.

INVITATION TO TENDER - ANNEX "A" CERTIFICATE OF INSURANCE

- 1. Please remove and replace insurance document below. Builders Risk/Installation Floater is not required.**

Solicitation No. - N° de l'invitation
EC015-211647

Amd. No. - N° de la modif.
03

Buyer ID - Id de l'acheteur
PWJ004

Client Ref. No. - N° de réf. du client
R.112020.001

File No. - N° du dossier
PWJ-0-43146

CCC No./N° CCC - FMS No./N° VME

ANNEX A - CERTIFICATE OF INSURANCE (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

Her Majesty the Queen in Right of Canada as represented by the Minister of Public Works and Government Services

| 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 | | | | \$ | \$ | \$ |
| Umbrella/Excess Liability | | | | \$ | \$ | \$ |
| | | | | \$ | | |
| | | | | \$ | | Aggregate \$ |
| | | | | \$ | | |
| | | | | \$ | | Aggregate \$ |
| | | | | \$ | | |

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.