



Fisheries and Oceans Canada
ADDENDUM no. 2
July 14, 2021

30000766: Repair work on the Île Brion lighthouse (Lead Paint)

This addendum is being issued to answer questions related to tender 30000766 as follows:

Question #3

Invitation to Tender, Section IP03: It is written that "Any request for information on the invitation to tender must be made in writing to the Contracting Authority whose name appears in the Request for Proposals - Page 1 "... On the other hand, in the Statement of Requirements (Section 1.3 to 1.5), it is written that the resource person is Ms. Véronique Clavet. Please clarify who to send questions to and where to send the offer of services.

Answer #3

Apologies for the confusion. All questions are to be provided to the Contracting Authority only at the email address provided on page 1. Please refer to the updated Statement of Requirement – Revised.

Question #4

In Annex A - Certificate of Insurance, reference is made to Site Insurance / Installation Risks, is this insurance necessary given that no construction will be done ... only repair work?

Answer #4

Minimum Insurance Requirements for Contracts of an estimated value of \$100,000 and more:

- Commercial General Liability
- Builder's Risk/Installation Floater

Further to that, after reflection, the Crown has decided to include Pollution Liability. Please refer to the section below that includes the new Annex "A".

Question #5

Statement of Requirements, Section 2.2 - Timeline: Would it be possible to have an up-to-date timeline?

Answer #5

Please refer to the new Statement of Requirement – Revised.

Question #6

Would it be possible to have an extension of at least a week?

Answer #6

Yes – we will accept. The new closing date will be July 27, 2021 at 14:00 Atlantic Daylight Time.



DELETE:

ANNEX A - CERTIFICATE OF INSURANCE
(Not required when submitting a bid)



CERTIFICATE OF INSURANCE
Page 1 of 2

Description and Location of Work				Contract No.		
				Project No.		
Name of Insurer, Broker or Agent Postal Code		Address (No., Street)		City	Province	
Name of Insured (Contractor) Postal Code		Address (No., Street)		City	Province	
Additional Insured <i>Her Majesty the Queen in Right of Canada as represented by Fisheries and Ocean (DFO)</i>						
Type of Insurance (Required when Checked)	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
<input checked="" type="checkbox"/> Commercial General Liability				\$	\$	\$
<input type="checkbox"/> Umbrella/Excess Liability				\$	\$	\$
<input checked="" type="checkbox"/> Builder's Risk / Installation Floater				\$		
<input type="checkbox"/> Contractors Pollution Liability				\$ <input type="checkbox"/> Per Incident <input type="checkbox"/> Per occurrence		Aggregate \$
<input type="checkbox"/> Marine Liability				\$		
<input type="checkbox"/> Aviation Liability				\$ <input type="checkbox"/> Per Incident <input type="checkbox"/> Per occurrence		Aggregate \$
<input type="checkbox"/> Insert other type of insurance as required				\$		



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 coverages 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)
Number
(Officer, Agent, Broker)

Telephone

Signature

Date D / M / Y



INSERT:

ANNEX A - CERTIFICATE OF INSURANCE
(Not required when submitting a bid)



CERTIFICATE OF INSURANCE
Page 1 of 2

Description and Location of Work				Contract No.		
				Project No.		
Name of Insurer, Broker or Agent Postal Code		Address (No., Street)		City	Province	
Name of Insured (Contractor) Postal Code		Address (No., Street)		City	Province	
Additional Insured <i>Her Majesty the Queen in Right of Canada as represented by Fisheries and Ocean (DFO)</i>						
Type of Insurance <i>(Required when Checked)</i>	Insurer Name and Policy Number	Inception Date D / M / Y	Expiry Date D / M / Y	Limits of Liability		
<input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Umbrella/Excess Liability				Per Occurrence	Annual General Aggregate	Completed Operations Aggregate
				\$	\$	\$
<input type="checkbox"/> Umbrella/Excess Liability				\$		
<input checked="" type="checkbox"/> Builder's Risk / Installation Floater				\$		
<input checked="" type="checkbox"/> Contractors Pollution Liability				\$	<input type="checkbox"/> Per Incident <input type="checkbox"/> Per occurrence	Aggregate \$
<input type="checkbox"/> Marine Liability				\$		
<input type="checkbox"/> Aviation Liability				\$	<input type="checkbox"/> Per Incident <input type="checkbox"/> Per occurrence	Aggregate \$
<input type="checkbox"/> Insert other type of insurance as required				\$		



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

Telephone

Signature

Date D / M / Y

All other terms and conditions remain the same.