



**Fisheries and Oceans Canada
ADDENDUM no. 3
July 21, 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 #7

I notice that you still require Builder's Risk / Installation Floater Insurance. This was lifted in previous DFO calls for tender when there was no new construction (for contracts of much more than \$100,000) ... which is also the case for work at Ile Brion lighthouse.

Is it really necessary?

Answer #7

According to recent information gathered, we would be comfortable with withdrawing the requirement for Builder's Risk / Installation Floater since it is not a new construction and we are removing this type of requirement in other similar projects in our department.

DELETE:

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



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 checked="" type="checkbox"/> Contractors Pollution Liability				\$	Aggregate	
				<input type="checkbox"/> Per Incident	\$	
				<input type="checkbox"/> Per occurrence		
<input type="checkbox"/> Marine Liability				\$		
<input type="checkbox"/> Aviation Liability				\$	Aggregate	
				<input type="checkbox"/> Per Incident	\$	
				<input type="checkbox"/> Per occurrence		
<input type="checkbox"/> Insert other type of insurance as required				\$		
<p>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.</p>						
<input type="text"/> Name of person authorized to sign on behalf of Insurer(s) Number (Officer, Agent, Broker)				<input type="text"/> Telephone		
<input type="text"/> Signature				<input type="text"/> 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 (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 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				\$		



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

All other terms and conditions remain the same.