

CITY OF READING – INSURANCE REQUIREMENTS

The minimum amount of liability insurance to be maintained by the Contractor during the life of the Contract shall be as follows:

Comprehensive General Liability – for bodily injury and property damage – including any liability normally covered by a general liability policy with limits of not less than \$1,000,000 per occurrence and \$2,000,000 in the annual aggregate.

Automobile Liability – combined single limit per accident, minimum amount of \$1,000,000.

Professional Liability – in minimum amounts of \$1,000,000 per occurrence and \$2,000,000 aggregate.

Workers' Compensation Insurance – as required by Pennsylvania law.

Pollution/Environmental Liability Insurance – Proposer shall provide evidence of Pollution/Environmental Liability Insurance (covering losses caused by Pollution Conditions that arise from the operations described under the scope of the services of the contract), or its equivalent, with a minimum of \$1,000,000 each claim and a \$1,000,000 aggregate. Coverage shall apply to slow & gradual and sudden & non-sudden pollution conditions including the discharge, dispersal, release or escape of smoke, vapors, soot, fumes, acids, alkalis, toxic chemicals, liquids or gases, waste materials or other irritants, contaminants or pollutants into or upon land, the atmosphere or any watercourse or body of water, which results in Bodily Injury or Property Damage. Bodily Injury shall include, but not be limited to, physical injury to any person, sickness, disease, mental anguish or shock sustained by any person, including death. Property Damage shall include, but not be limited to, physical injury to or destruction of tangible property including the resulting loss of use thereof; cleanup costs, and the loss of use of tangible property that has not been physically injured or destroyed. Coverage shall also include Defense Costs, including charges and expenses incurred in the investigation, adjustment or defense of claim for such compensatory damages.

Subcontractors performing work under this contract must furnish to the City copies of Certificate of Insurance for Workers' Compensation and liability for bodily injury and property damage.

Prior to commencement of performance of this Agreement, Contractor shall furnish to the City a certificate of insurance evidencing all required coverage in at least the limits required herein, naming the City of Reading, its elected officials, agents, and employees as additional insureds under the Comprehensive General Liability coverage, and providing that no policies may be modified or cancelled without thirty (30) days advance written notice to the City. Such certificate shall be issued to: City of Reading, 815 Washington Street, Reading, PA 19601. All policies shall be in effect with companies holding an A.M. Best rating of "A-" or better and shall be licensed to do business in the Commonwealth of Pennsylvania. Such companies shall also be acceptable to the City.

Please forward a certificate of insurance verifying these insurance requirements.

END OF SECTION

STATEMENT OF INSURANCE COMPLIANCE

The undersigned agrees to obtain prior to award, if selected, Professional Liability, General Liability, Automobile Liability, and Worker's Compensation coverages in accordance with the requirements as set forth in the Request for Proposals, or draft agreement, attached hereto.

If the Contractor maintains broader coverage and/or higher limits than the minimums shown above, the City of Reading requires and shall be entitled to the broader coverage and/or the higher limits maintained by the Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the City.

Policies other than State Issued Worker's Compensation shall be issued only by companies authorized by maintaining certificates of authority issued to the companies by the Insurance Department of the State of Pennsylvania to conduct business in the State of Pennsylvania and which maintain a Rating of "A" or better and a Financial Size category of "VII" or better according to the A.M. Best Company. Policies for Worker's Compensation may be issued by companies authorized as a group self-insurer as approved by the Bureau of Workers' Compensation.

PROPOSER/BIDDER

AUTHORIZED SIGNATURE

OFFICER TITLE

DATE

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

END OF SECTION

INSTRUCTIONS FOR NON-COLLUSION AFFIDAVIT

This Non-Collusion Affidavit is material to any contract pursuant to this bid. According to the Pennsylvania Antitrust-Rigging Act, 73 P.S. 1611 et seq., governmental agencies may require Non-Collusion Affidavits to be submitted together with Proposals.

This Non-Collusion affidavit must be executed by the member, officer, or employee of the Proposer who is authorized to legally bind the Proposer.

Bid/Proposal rigging and other efforts to restrain competition, and the making of false sworn statements in connection with the submission of Proposals are unlawful and may be subject to criminal prosecution. The person who signs the Affidavit should examine it carefully before signing and assure himself or herself that each statement is true and accurate, making diligent inquiry, as necessary, of all other persons employed by or associated with the Proposer with responsibilities for the preparation, approval, or submission of the bid.

In the case of a Proposal submitted by a joint venture, each party to the venture must be identified in the Proposal documents, and an Affidavit must be submitted separately on behalf of each party.

The term “complementary bid/proposal” as used in the Affidavit has the meaning commonly associated with that term in the RFP process and includes the knowing submission of Proposals higher than the Proposal of another firm, any intentionally high or noncompetitive Proposal, and any form of Proposal submitted for the purpose of giving a false appearance of competition.

Failure to file an Affidavit in compliance with these instructions will result in disqualification of the Proposal.

END OF SECTION

concealment from the City of Reading of the true facts relating to the submission of bids for this Contract.

(Name and Company Position)

SWORN TO AND SUBSCRIBED
BEFORE ME THIS _____ DAY
OF _____, 20__

Notary
Public

My Commission Expires:

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

END OF SECTION

CONFLICT OF INTEREST STATEMENT

STATE OF PENNSYLVANIA
CITY OF _____

Before me, the undersigned authority, personally appeared _____,
who was duly sworn, deposes, and states:

1. I am the _____ of _____ with a local office in _____ and principal office in _____.
(City & State) (City & State)
2. The above-named entity is submitting a Bid for the City of Reading, described as: Residential Municipal Solid Waste and Recyclables Collection and Processing.
3. The Affiant has made diligent inquiry and provides the information contained in this Affidavit based upon his own knowledge.
4. The Affiant states that only one submittal for the above Proposal is being submitted and that the above-named entity has no financial interest in other entities submitting Proposals for the same project.
5. Neither the Affiant nor the above-named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraints of free competitive pricing in connection with the entity's submittal for the above Proposal. This statement restricts the discussion of pricing data until the completion of negotiations, if necessary, and execution of the Contract for this project.
6. Neither the entity nor its affiliates, nor anyone associated with them, is presently suspended or otherwise ineligible from participation in Contract letting by any local, State, or Federal Agency.
7. Neither the entity, nor its affiliates, nor anyone associated with them, have any potential conflict of interest due to any other clients, contracts, or property interests for this project.
8. I certify that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an elected position with the City of Reading.
9. I certify that no member of the entity's ownership, management, or staff has a vested interest in any aspect of the City of Reading.

10. In the event that a conflict of interest is identified in the provision of services, I, on behalf of the above-named entity, will immediately notify the City of Reading.

Signed

Dated

Typed Name and Title

Sworn to and subscribed before me this _____ day of _____, 2021.

Personally known _____ OR produced identification _____. Identification type: _____

Notary Public: State of _____ County of _____

Printed, typed, or stamped commissioned name of notary public

My commission expires _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.

END OF SECTION

DISPUTES DISCLOSURE FORM

Answer the following questions by placing an “X” after “YES” or “NO.” If you answer “YES,” please explain in the space provided, or via attachment.

Has your firm or any of its officers, received a reprimand of any nature or been suspended by the Department of Professional Regulation or any other regulatory agency or professional association within the last five (5) years?

YES _____ NO _____

Has your firm, or any member of your firm, been declared in default, terminated or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years?

YES _____ NO _____

Has your firm had against it or filed any requests for equitable adjustment, contract claims, bid protests, or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business?

YES _____ NO _____

If yes, state the nature of the request for equitable adjustment, contract claim, litigation or protest, and state a brief description of the case, the outcome or status of the suit, and the monetary amounts or extended contract time involved.

I hereby certify that all statements made are true and agree and understand that any misstatement or misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this Request for Proposals, Residential Municipal Solid Waste and Recyclables Collection and Processing.

Firm

Date

Authorized Signature and Title

Printed or Typed Name and Title

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

END OF SECTION

NON-DISCRIMINATION STATEMENT

The undersigned hereby certifies that it shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, handicap, familial status, or national origin. The undersigned shall take affirmative action to ensure that applicants for employment are employed and that employees are treated during employment, without regard to their race, color, religion, sex, handicap, familial status, or national origin.

BIDDER

TITLE

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

END OF SECTION

**WBE/MBE CONTRACT SOLICITATION AND COMMITMENT STATEMENT
(CCD-286)**

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

END OF SECTION

**PROVIDER'S CERTIFICATION OF NON-INDEBTEDNESS TO THE
CITY OF READING**

Provider hereby certifies and represents that Provider and Provider's parent company(ies) and subsidiary(ies) are not currently indebted to the City of Reading (the "City"), and will not at any time during the term of this Contract (including any extensions or renewals thereof) be indebted to the City, for or on account of any delinquent taxes, liens, judgments, fees or other debts for which no written agreement or payment plan satisfactory to the City has been established. In addition to any other rights or remedies available to the City at law or in equity, Provider acknowledges that any breach or failure to conform to this certification may, at the option of the City, result in the withholding of payments otherwise due to Provider and, if such breach or failure is not resolved to the City's satisfaction within a reasonable time frame specified by the City in writing, may result in the offset of any such indebtedness against said payments and/or the termination of this Contract for default (in which case Provider shall be liable for all excess costs and other damages resulting from the termination).

Name of Provider

By: _____
Authorized Signatory

Title: _____
President or Vice President

Attest: _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

END OF SECTION

ADDENDUM ACKNOWLEDGEMENT FORM

The Proposer/Bidder hereby acknowledges receipt of the following Addenda, if any:

No. _____ Dated _____
No. _____ Dated _____
No. _____ Dated _____

Firm

Date

Authorized Signature and Title

Printed or Typed Name and Title

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

END OF SECTION