Purchasing Dept

## Solicitation Amendment No. 01



Purchasing Dept.
3100 Main St.
Houston, TX 77002

## ATTACHMENT 2B

## PRODUCT DESCRI PTI ON TABLE

(Revised 4/3/07)

ATTACHMENT NUMBER 2B
The following table is provided for reference only. It is the proposers responsibility to determine exact quantities and product codes, based on the entire scope of the RFP and not on this table alone. No manufacturer substitutions will be permitted without prior written approval from the Houston Community College Project Manager.


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## 12. OPTI ONAL ADDI TI ONAL SERVI CES

A. MOVE, ADD, AND CHANGE ORDERS (MAC)

In addition to the new construction, HCC also has continuing Moves, Adds, and Change Order requirements at its existing facilities. The selected firm will also support these on-going requirements of HCC.

The average number of MAC orders per year is shown below.

## Number of MAC Orders

## Average Number of Drops

100

$$
\begin{array}{r}
\text { 4-25 Drops - Year } 1 \\
\text { 6- } 30 \text { Drops - Year } 2 \\
10-40 \text { Drops - Year } 3
\end{array}
$$

B. Proposed pricing (perdrop) for a typical MAC order:

## Services

Move

Add
Change

## Price Per Drop

\$ $\qquad$
\$ $\qquad$
\$

## ATTACHMENT NO. 10

## INSURANCE REQUI REMENTS

HOUSTON COMMUNITY COLLEGE SYSTEM
I NSURANCE REQUI REMENTS FOR CONTRACTORS AND DESI GN FI RMS WHO RENDER SERVI CES FOR HCCS

The following coverages and limits are the minimum limits that the Contractor / Design Firm is required to carry:

## 1. Commercial General Liability for Bodily Injury / Property Damage Limits:

Occurrence / Personal Injury / Advertising /
Products / Completed Operations
Annual Aggregate
Products Aggregate
Fire, Lightning or Explosion
Medical Expense
\$1,000,000 CSL
\$2,000,000 CSL
\$2,000,000 CSL
\$1,000,000 CSL
\$5,000 Per Person

## 2. Automobile Liability:

Bodily Injury / Property Damage
\$1,000,000

## 3. Workers Compensation:

Part B - \$1,000,000 Each Accident
\$1,000,000 Policy Limits
\$1,000,000 Each Employee
The following endorsements are required on the Certificate of Insurance:

- 90 Day Notice of Cancellation
- HCCS be named as Additional Insured on all policies except the Workers

Compensation (Prohibited by Law)

- Waiver of Subrogation added by endorsement on all policies

Certificate of Insurance to be furnished to HCCS Risk Management Office, PO Box 667517, Houston, TX 77266 , fax \# (713) 718-5177 indicating the limits and coverages as outlined above within $\mathbf{1 4}$ calendar days after receipt of a written purchase order or some other duly executed contract document issued by HCCS.

