

UNIVERSITY OF CALIFORNIA, SANTA BARBARA

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SANTA BARBARA • SANTA CRUZ

OFFICE OF DESIGN & CONSTRUCTION SERVICES and PHYSICAL FACILITIES

CONTRACTING SERVICES  
Building 439  
Santa Barbara, California 93106-1030  
Telephone (805) 893-3356  
Fax (805) 893-8592

**SENT VIA:**  E-MAILED ON THIS DATE  
 POSTED ON THIS DATE  
 FEDERAL EXPRESS ON THIS DATE  
 UNITED PARCEL SERVICE ON THIS DATE

HOLDERS OF PLANS AND SPECIFICATIONS:

North Campus Faculty Housing – Phase I  
Project No. FM100029L/986305

**Addendum No. THREE**

SEPTEMBER 2, 2009

Enclosed is **ADDENDUM NO. THREE** to the Prequalification Documents on the above-captioned project.

Prequalification Documents shall be received on or before **Thursday, September 10, 2009 at 2:30PM**  
at:

CONTRACTING SERVICES  
Facilities Management, Bldg. 439,  
Door #E, Reception Counter  
University of California, Santa Barbara  
Santa Barbara, CA 93106-1030.

Late arrivals shall be disqualified. Please allow time for unforeseen traffic delays, securing a parking permit and potential parking problems.

Anna Galanis  
Director, Contracting Services

ADDENDUM NUMBER THREE

to the

Prequalification Documents  
September 2, 2009

GENERAL

The following changes, additions or deletions shall be made to the following document(s) as Indicated; all other conditions shall remain the same.

I PREQUALIFICATION QUESTIONNAIRE

Item No.

1. Prequalification Questionnaire modified per Addendum One, dated August 14, 2009.  
Question #5 INSURANCE:  
**REPLACE** in it's entirety with attached Question #5 INSURANCE,  
modified per Addendum Three, dated September 2, 2009.

Item No.

2. Prospective Contractors (Firms or Entities) that have already submitted the Prequalification Questionnaire modified per Addendum One dated August 14, 2009 to the University need to supplement their prior submission.

END OF ADDENDUM NO. THREE



**UNIVERSITY OF CALIFORNIA, SANTA BARBARA**

Question #5. Insurance - Revised per Addendum #3 dated September 2, 2009

**5. INSURANCE:**

University will provide the following:

- Standard builder’s risk property insurance, subject to the deductibles, terms and conditions, exclusions, and limitations as contained in the provisions of the policy

Prospective Contractors must fully comply with all bid conditions including the obligation to obtain insurance coverage and associated limits noted below. The University’s insurance form and general conditions regarding insurance are located at the following website: <http://www.ucop.edu/facil/fmc/facilman/volume4/part2/long/toc.html>

The University may add insurance requirements in excess of those described herein and those in its standard form general conditions, which additional requirements would be described in the bidding documents

A. Is Prospective Contractor able to obtain insurance with the minimum policy limits described below, including the special provisions and all requirements described below for this construction contract?

- YES       NO

<u>Comprehensive or Commercial Form General Liability Insurance* – Limits of Liability</u>	<u>Minimum Requirement</u>
• Each Occurrence – Combined Single Limit for Bodily Injury and Property Damage	\$10 Million
• Products – Completed Operations Aggregate	\$10 Million
• Personal and Advertising Injury	\$2 Million
• General Aggregate – Not Applicable to Comprehensive Form	\$10 Million
<u>Business Automobile Liability Insurance – Limits of Liability*</u>	<u>Minimum Requirement</u>
• Each Accident – Combined Single Limit for bodily Injury and Property Damage	\$ 2 Million
<u>Workers Compensation and Employer’s Liability Insurance**</u>	<u>Minimum Requirement</u>
• Workers Compensation	As required by Federal and State of California Law



**UNIVERSITY OF CALIFORNIA, SANTA BARBARA**

**Question #5. Insurance - Revised per Addendum #3 dated September 2, 2009**

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\* This Insurance must be (i) issued by companies with a Best rating of A- or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's) or (ii) guaranteed, under terms consented to by the University (such consent to not be unreasonably withheld), by companies with a Best rating of A- or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's). further, the deductible, or retained limit, for each coverage shall not be more than \$100,000.

\*\* This insurance must be issued by companies (i) that have a Best rating of B+ or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's); or (ii) that are acceptable to the University.

**1. Requirements:** Contractor's insurance as required by the Contract Documents, shall by endorsement to the policies, include the following:

.1 10 Year Reporting; statute trigger is last residence sold by owner

.2 A ten (10) year discovery period for submitting claims following completion of the Work.

B. Does your insurance policy(ies) currently offer the coverage described in A. above with respect to residential construction projects undertaken by your entity for ultimate sale to homeowners?

YES       NO

C. Prospective Contractor shall obtain and submit the Insurance Declaration in the form shown below, signed by an authorized representative its insurer and notarized. (If more than one insurer, submit a completed form for each insurer). **PROVIDE THIS DECLARATION TO YOUR INSURANCE CARRIER FOR COMPLETION. DO NOT HAVE THE CARRIER SUBMIT THIS DECLARATION DIRECTLY TO THE UNIVERSITY.** (see next page)



**UNIVERSITY OF CALIFORNIA, SANTA BARBARA**

Question #5. Insurance - Revised per Addendum #3 dated September 2, 2009

Prospective Contractor shall obtain and submit the Insurance Declaration in the form shown below, signed by an authorized representative of its insurer and notarized. (If more than one insurer, submit a completed form for each insurer).

**PROVIDE THIS DECLARATION TO YOUR INSURANCE CARRIER FOR COMPLETION. DO NOT HAVE THE CARRIER SUBMIT THIS DECLARATION DIRECTLY TO THE UNIVERSITY.**

Insurance Declaration:

Insurer named below represents that the contractor described below has or can obtain from insurer the insurance described in North Campus Faculty Housing – Phase I, Project No. FM 100029L/ 986305, Prequalification Questionnaire

\_\_\_\_\_ (County) \_\_\_\_\_, (State)

on \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name and Title – Printed or Typed)

\_\_\_\_\_  
(Representing [Insurer Name])

\_\_\_\_\_  
(Entity Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Facsimile Number)

\_\_\_\_\_  
(E-mail Address)

***(ATTACH NOTARIZATION of INSURER REPRESENTATIVE'S SIGNATURE)***