

On behalf of
Columbia Metropolitan Airport
Full-Service Elevator Maintenance/Repair/Parts & Service

ADDENDUM 1

Tuesday, March 30, 2021

- 1. Will there be an opportunity to perform a first 30 days pre-maintenance inspection to identify any issues that need to be corrected before maintenance commences? The purpose of this is to identify any mechanical or safety issues and either propose them to you to be corrected or exclude them from coverage if the owner chooses not to fix them immediately**

Answer: After the proposal has been accepted and awarded the company will be allowed to inspect all elevators. If there are any defective items, the company will bring them to the owners' attention. The owner will entertain a quote from the elevator contractors for items that need to be replaced and or repaired within the first 30 days of the contract only. After the 30 days have expired it will be the responsibility of the elevator contractor to fulfill or perform any maintenance, service, repairs & parts thereafter.

- 2. Will office location proximity to CAE1 be taken into account when looking at response times to service calls?**

Answer: See Page 7 under the heading **24-HOUR SERVICE**

The Service Provider shall assign a representative who will be the Airport's primary contact for communications. The Service Provider understands and agrees to remain on call twenty-four (24) hours per day, seven (7) days per week, and three hundred sixty-five (365) days per year (including holidays and weekends). Service Provider shall respond to calls within (2) two hours of receiving a notification. The Service Provider shall provide a Contact Person's Name and Title, office number, cell phone number, emergency contact number, as well as the Service Provider's company office number and answering service number, if available. Emergency callbacks during regular working hours are included in the contract. Each callback will be immediately dispatched. Average response times to emergency callbacks on regular time shall be no longer than (2) two hours. The owner will be responsible to pay for overtime at the rate difference between the overtime and regular time at the contractor's billing rate under this agreement. Regular working hours Monday through Friday are from 7:00 am to 5:00 pm. Eastern standard time. The maximum allowed downtime for any given elevator is 24hours. The owner understands there maybe concessions due to parts availability, etc., and those incidents will be handled individually.

3. There is no required maintenance frequency that I could see, it is left up to the bidder to propose their recommended maintenance frequency on the units. This can cause discrepancies in pricing as some companies may recommend fewer maintenance visits to bring down their bid pricing. What frequency of visits are you expecting?

Answer: See Page 8 under the heading SPECIFICATION 2nd PARAGRAPH

The Service provider must provide to the owner a preventive maintenance checklist and a schedule for each elevator per manufacturer's recommendation Month/ Quarterly/Annual checks. The checklist shall be reviewed with the Airport Facilities Manager or his designated personnel after each scheduled event of services performed. After PM inspections a thorough written report from the contractor shall show work performed and a written letter of any issues and or any upgrades that are recommended. The Service Provider shall provide a qualified technician assigned to the Airport with a backup qualified technician available for all work performed. These qualified technicians shall be directly employed and supervised by the Service Provider and shall perform all work according to the Manufacturer's Operation and Maintenance manual specifications.

4. Updated Elevator Equipment List

ELEVATORS

Elevator	Montgomery Kone	Parking Garage
Elevator	Galaxy	Lobby to Baggage Claim
Elevator	Galaxy	Lobby to Admin Area
Elevator	ThyssenKrupp	East Loading Dock
Elevator	ThyssenKrupp	West loading Dock
Elevator	Schindler	Concourse Food Services
Elevator	Schindler	USAir Gate
Elevator	Schindler	Delta Gate
Elevator	Schindler	Commuter Lounge

5. Is the attached what you are looking for as acceptable? Understanding that we will insert the additional insured language if awarded.

-Please refer to Page 6 The selected Contractor shall furnish certificates of **professional liability insurance** satisfactory to the District as to contents and carriers. Upon execution of a contract, the selected Contractor shall furnish to the District a good and sufficient Certificate of Insurance by said insurance company, and an **Owner's Protective Liability Policy** naming the Richland-Lexington Airport District, the Richland-Lexington Airport Commission, and the Richland-Lexington Airport District Employees as named insured.

Answer: Yes the example that was attached is the correct form needed. Please see blank example on next page.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MMDDYYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No.):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR / WVD	POLICY NUMBER	POLICY EFF (MMDD/YYYY)	POLICY EXP (MMDD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$