

## **ADDENDUM NO. 2**

**NAME: Taxi Services - RFP No. TNH003-2015**

**DATE: November 30, 2015**

**TO: All Prospective Proposers**

This amendment is being issued to make the following questions concerning the RFP :

### **Questions:**

#### **1. Regarding Medical Transportation Service:**

**The responder must agree to accept the greater of \$3.50 or the applicable Medicaid rate plus 20% per one way trip”**

**Answer:** All the fares on the rate grid represent the Medicaid Rate plus 20%. However the minimum roundtrip fare will be \$7.00 (higher than 20%). The minimum cost to the rider will be \$3.50, and the Town will pay the other half, \$3.50.

#### **2- We read in the bid that if you do not take the medical for an area, you lose the grocery shopping. Is that correct?**

**Answer:** yes, that is correct. This RFP was designed to have the taxi service provider serve both medical and food within the same region.

#### **2. Insurance**

**This bid is requiring 1-2 Million in auto/commercial liability insurance, our taxis do not have that much in insurance. This has been an issue in the past and the bids were amended to accommodate our insurance. Please advise.**

#### **Answer:**

- a. The Insurance Certificate attached to the Responder’s Qualification Statement in Section VI of the RFP is replaced with the certificate attached to this amendment.
- b. Section 10(a) of the Model Contract included in Section VIII of the RFP shall be amended to read as follows:
  - (a) Liability Insurance coverage that is compliance with Section 52-15 of the Town Code of the Town of North Hempstead. Such insurance shall name the Town of North Hempstead as an additional insured.
- c. Section 10(b) of the Model Contract included in Section VIII of the RFP shall be deleted.

**INSURANCE CERTIFICATION**

**TO BE COMPLETED BY AN AUTHORIZED INSURANCE AGENT**

**INSTRUCTIONS:**

Please complete this Insurance Certification and attach copies of proof of insurance as follows:

- (a) **Commercial General Liability/Automobile Liability:** ACCORD-25 FORM.
- (b) **Worker's Compensation:** Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57 (2) evidencing proof of workers' compensation insurance *or* proof of Responder not being required to secure same.
- (c) **Disability Benefits Insurance:** Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220 evidencing proof of disability benefits insurance *or* proof of Responder not being required to secure same.

*This form and all supporting documentation must be submitted with this Proposal even if said information is on-file with the Town in connection with another response, project or contract.*

\_\_\_\_\_  
(Name and Address of Responder)  
\_\_\_\_\_  
\_\_\_\_\_

Name of RFP: \_\_\_\_\_ RFP Number: \_\_\_\_\_

(1) Liability Insurance compliant with Section 52-15 of the Town Code.

Insurance Carrier: \_\_\_\_\_ Policy Number(s): \_\_\_\_\_

(2) Worker's Compensation:

Insurance Carrier: \_\_\_\_\_ Policy Number(s): \_\_\_\_\_

(3) Disability Benefits Insurance:

Insurance Carrier: \_\_\_\_\_ Policy Number(s): \_\_\_\_\_

(4) The above insurance is effective with New York State admitted insurance companies, and is A rated or equivalent to A rated.

(5) Policy cancellation or non-renewal shall be effective only upon thirty (30) days prior notice by certified mail to:

***Town of North Hempstead, Office of the Town Attorney, 220 Plandome Road, P.O.B. 3000, Manhasset, New York 11030***

Authorized Insurance Agent's Signature and Title:

\_\_\_\_\_

Name, Insurance Affiliation and Address:

\_\_\_\_\_

Dated \_\_\_\_\_