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President, Cook County Board of Commissioners  
John Jay Shannon, MD  
Chief Executive Officer, Cook County Health

## ADDENDUM NO. 1

October 10, 2019

Title: Provision Dental Supplies for the Various CCH Clinics

RFP # H19-0019 REPOST

### 1. General

This addendum revises RFP documents. This addendum is issued to respondents of record prior to execution of contract, and forms a part of contract documents and modifies previously issued documents. Insofar as previously issued contract documents are inconsistent with modifications indicated by this addendum, modifications indicated by this addendum shall govern. Where any part of the contract documents are modified by this addendum, all unaltered provisions shall remain in effect.

### 2. Addendum Acknowledgement Form

Acknowledge receipt of this addendum in the space provided on the Addendum Acknowledgement Form. Proposers must include the signed form with their response. Failure to do so will subject Proposers to disqualification.

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### 3. Changes and Clarifications

- a. Responses to Vendor Questions are provided below.

### 4. Attachments

- a. None
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1	2.1 Business Goals	I couldn't find the requirements for pricing or provisions for annual revisions for the contract. I just want to confirm that this is not a request to fix pricing for 36 months.	CCH needs to hold the pricing firm for the duration of contract.
2	4.1 Volumes	Also, by our math it appears your annual spend for 2018 on dental supplies was approximately \$100,000-\$200,000. Is that about correct	This represents current volume
3	5.9	What is the name and address of the Certificate Holder?	Cook County Health 1950 West Polk Street Room-9708, Chicago IL-60612
4	5.9	What is the requested insurance requirements - what limits are you asking us to evident (General Liability, Auto Liability, Worker's Comp, etc.)	See attached.
5	5.9	Is there specific language being required - additional insured language	See attached
6	5.9	Do you have a sample certificate we can review?	See attached
7	5.6	Are there any other MBE/WBEs available that are not included on the website ( <a href="https://cookcounty.diversitycompliance.com/">https://cookcounty.diversitycompliance.com/</a> )	No the County only accepts MBE/WBE certification from Cook County and the City of Chicago, and those companies can be found in the online directory at <a href="https://cookcounty.diversitycompliance.com/">https://cookcounty.diversitycompliance.com/</a>
8	5.4	What is the "Good Standing Certificate" and what is the process to obtain it?	See attached
9	5.13	Can you please provide the link? When we use this link, we receive an error message	<a href="https://cookcounty.diversitycompliance.com/">https://cookcounty.diversitycompliance.com/</a>
10	5.13,5,6,7.8	Can you confirm how the bid should be submitted? Should one envelope contain only the responses to the RFP and then a separate envelope of only the pricing and EDS?	One (1) complete electronic copy with three attachments including 1. Technical Proposal 2. Pricing Proposal 3.EDS. Emailed to the <a href="mailto:purchasing@cookcountyhhs.org">purchasing@cookcountyhhs.org</a> and e-mail given on the cover page. One (1) original paper / hard copy including a technical proposal, pricing proposal, and EDS mailed to the address given on the cover letter and received by 2:00 pm on the proposal due date.
11		Can you please confirm the quantity for lines 153 - 155 on the pricing file?	153-155 Quantity of line is 100.

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## ADDENDUM ACKNOWLEDGEMENT FORM

As required by the RFP, Proposers must submit this acknowledgement form with their response. One acknowledgement form per response, listing all addenda, is appropriate.

**Addendum No.:** \_\_\_\_\_

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**Addendum No.:** \_\_\_\_\_

**Addendum No.:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Representative's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

END OF ADDENDUM

Prior to Contract award, the Selected Proposer will be required to submit evidence of insurance in the appropriate amounts. However, with its Proposal, the Proposer is required to provide a statement on their company letterhead stating their agreement, or objections if any, to meet all insurance requirements stated below. Proposers may also submit current certificates of insurance evidencing compliance with this insurance provision.

The standard Insurance Requirements captured in the sample Contract General Conditions (GC-03) are replaced by the following:

**Workers' Compensation Insurance.**

Workers' Compensation shall be in accordance with the laws of the State of Illinois or any other applicable jurisdiction. The Workers' Compensation policy shall also include the following provisions:

- a. Employers' Liability coverage with a limit of:
  - \$ 1,000,000 each Accident;
  - \$ 1,000,000 each Employee; and
  - \$ 1,000,000 Policy Limit for Disease.
- b. Broad form all states coverage

**Commercial General Liability Insurance.**

The Commercial General Liability shall be on an occurrence form basis to cover bodily injury and property damage including loss of use. General Liability limits shall not be less than:

\$1,000,000 per occurrence and \$5,000,000 aggregate combined single limit for bodily injury and property damage. The General Liability policy shall include, without limitation the following coverages:

- a. All premises and operations;
- b. Broad Form Blanket Contractual Liability;
- c. Products/Completed Operations;
- d. Broad Form Property Damage Liability; and
- e. Cross liability.

**Comprehensive Automobile Liability Insurance.**

Comprehensive Automobile Liability to cover all owned, non-owned, and hired automobiles, trucks, and trailers. The Comprehensive Automobile Liability limits shall not be less than the following:

- a. Liability (All Autos): Bodily Injury & Property Damage – \$1,000,000 per Occurrence; and
- b. Uninsured/Motorists: Per Illinois requirements.

**Umbrella/Excess Liability Insurance.**

- a. \$2,000,000 each occurrence for all liability; and
- b. \$2,000,000 in the aggregate per policy year separately with respect to products and completed.

**Professional Liability Insurance.**

- a. \$1,000,000.00 each occurrence; and
- b. \$3,000,000.00 in the aggregate.

**Additional Insured.**

CCH, its officials, employees, and agents shall be named as additional insureds under the Commercial General Liability policy.

**Qualification of Insurers.**

All insurance companies providing coverage shall be licensed or approved by the Department of Insurance, State of Illinois, and shall have a financial rating no lower than (A-) VII as listed in A.M. Best's Key Rating Guide, current edition or interim report. Companies with ratings lower than (A-) VII will be acceptable only upon written consent of the CCH Legal Department.

**Subcontractor Insurance Requirements.**

Contractor shall require that Providers who become Subcontractors to the Selected Proposer perform such functions as utilization review or credentialing hereunder, carry professional liability insurance in an amount of:

- a. \$1,000,000 per each occurrence; and
- b. \$3,000,000 in the aggregate.

**Additional Insured Requirements.**

The required insurance policies, with the exception of the Workers Compensation and Professional Liability, must name CCH, its officials, employees, and agents as additional insureds with respect to operations performed on a primary and non-contributory basis. Any insurance or self-insurance maintained by CCH shall be excess of the Selected Proposer's insurance and shall not contribute with it. The full policy limits and scope of protection shall apply to CCH as an additional insured even if they exceed the minimum insurance limits specified above.

**Qualification of Insurers.**

All insurance companies providing coverage shall be licensed or approved by the Department of Insurance, State of Illinois, and shall have a financial rating no lower than (A-) VII as listed in A.M. Best's Key Rating Guide, current edition or interim report. Companies with ratings lower than (A-) VII will be acceptable only upon consent of the Cook County Department of Risk Management. The insurance limits required herein may be satisfied by a combination of primary, umbrella, and/or excess liability insurance policies.

**Insurance Notices.**

Contractor shall notify the Supply Chain Management (SCM) Department with thirty (30) days advance written notice if insurance will be cancelled, materially reduced, or non-renewed. The Selected Proposer shall secure replacement coverage to comply with the stated insurance requirements and provide new certificates of insurance to SCM.

Prior to the date on which the Selected Proposer commences performance of its part of the work, the Selected Proposer shall furnish to SCM certificates of insurance maintained by the Selected Proposer. The receipt of any certificate of insurance does not constitute agreement by CCH that the insurance requirements have been fully met or that the insurance policies indicated on the certificate of insurance are in compliance with the insurance requirements above.

In no event shall any failure of CCH to receive certificates of insurance required hereof or to demand receipt of such Certificates of Insurance be construed as a waiver of the Selected Proposer's obligations to obtain insurance pursuant to these insurance requirements.

**Waiver of Subrogation Endorsements**

All insurance policies must contain a Waiver of Subrogation Endorsement in favor of CCH.