

July 27, 2011

**ADDENDUM No. 2**

*To*

**REQUEST FOR PROPOSALS**

*For*

**FURNITURE, FIXTURES & EQUIPMENT  
GP-0169-F01**

*For*

**SCHOOL FACILITIES PROJECTS**

**ISSUED JUNE 16, 2011**

*By*

**THE NEW JERSEY SCHOOLS DEVELOPMENT AUTHORITY**

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**PLEASE TAKE NOTICE:**

**PROPOSAL PACKAGES ARE DUE NO LATER THAN 5:00 PM on Thursday, July 28, 2011**, at the offices of the New Jersey Schools Development Authority located at 1 West State Street (Wells Fargo Bank Building), 1st Floor, Trenton, New Jersey 08625-0991, and must be delivered in the manner set forth in the RFP.

This **ADDENDUM No. 2** includes Furniture Inspection Show Information. Terms in this Addendum shall have the same meaning as provided in Section 1 of the Agreement, except as otherwise provided herein.

## **A. SAMPLE ITEM INSURANCE INFORMATION**

**PLEASE TAKE NOTICE** that participation in the mandatory display of Sample Items, pursuant to Section 2.9 of the RFP, shall be conditioned upon the NJSDA's receipt of **Certificates of Insurance** from the Manufacturer, evidencing coverage in force for the days of **August 15 through 19, 2011**, of the types set forth on the following page, and listing the persons set forth on the following page as additional insureds.

The NJSDA must receive these **Certificates of Insurance** no later than **August 3, 2011**. They must be submitted to Kim Banegas at [kbanegas@njsda.gov](mailto:kbanegas@njsda.gov) or faxed to 609-656-2906.

### **REQUIRED INSURANCE COVERAGES**

The following insurance coverages shall be obtained and maintained for the relevant period by all Manufacturers participating in the display of Sample Items pursuant to Section 2.9 of the RFP.

Display Location:

32 East Front Street, Trenton, NJ

#### **Insurance**

The Manufacturer shall maintain, at its own cost and expense, and shall require all Subconsultants to maintain at their own cost and expense, the insurance coverages set forth below. The insurance shall be purchased and maintained from insurance companies that are authorized to transact the business of insurance in the State of New Jersey and are rated "A-" (or better) by A.M. Best Company. All of the policies of insurance required to be purchased and maintained and the certificates, declaration pages, or other evidence thereof, shall contain a provision or endorsement that the coverage afforded is not to be canceled, materially changed, or renewal refused until at least thirty (30) Days prior written notice has been given to the Authority, by certified mail. The coverages enumerated below shall protect the Manufacturer, all Subconsultants, the Authority, the EDA, the State of New Jersey, and Matrix East Front Street Urban Renewal Associates, LLC; Matrix/East Front Street Operating Co., LLC; Matrix Real Estate Services, LLC and Matrix Realty Inc., and their respective directors, officers, members, employees and agents, against claims of or relating to personal and bodily injury (including death) to persons or damage to property which may arise from or in connection with the performance of the Services by the Manufacturer, its employees, officers, agents, Subconsultants or other individuals or entities for whom the Manufacturer may be contractually or legally responsible while performing the Services. The Manufacturer shall pay any and all deductibles. The types and minimum amounts of insurance required are as follows:

**Commercial General Liability (“CGL”) Insurance**. This insurance must cover any and all bodily injury and property damage arising out of or in connection with the Services performed. The policy must be in an amount not less than \$1 million each occurrence, \$1 million aggregate limit for products/completed operations, and \$2 million general aggregate limit. The policy shall name as additional insureds the Authority, the EDA, the State of New Jersey, Matrix East Front Street Urban Renewal Associates, LLC; Matrix/East Front Street Operating Co., LLC; Matrix Real Estate Services, LLC and Matrix Realty, and their respective directors, officers, members, employees. CGL insurance shall be written on an ISO occurrence form CG 00 01 (or substitute form approved by the Authority as providing equivalent coverage) and shall cover liability arising out of, occasioned by or resulting from premises, operations, independent contractors, products, completed operations, personal injury, advertising injury.

**Business Automobile Liability Insurance**. This insurance must include coverage for all owned, non-owned and hired vehicles, covering bodily injury and property damage. Such coverage shall be in the amount of \$1,000,000 combined single limit. This coverage shall be written on ISO form CA 00 01 (or substitute form approved by the Authority as providing equivalent liability coverage).

**Workers’ Compensation Insurance**. This insurance must be provided in accordance with the laws of the State and any other jurisdiction required to protect employees of the Manufacturer and of Subconsultants while engaged in the performance of Services under the Contractual Documents. The coverage shall be statutory, with an employer’s liability coverage (including umbrella coverage) of \$1,000,000 per each accident for bodily injury, \$1,000,000 each employee for bodily injury by disease, and \$1,000,000 policy limit for bodily injury by disease.

Before the Manufacturer, or any Subconsultant, commences any Services, the Manufacturer shall submit to the Authority for approval, valid certificates in form and substance satisfactory to the Authority, evidencing the effectiveness of the foregoing insurance policies, as to the Manufacturer. The certificates shall be accompanied by copies of any and all amendatory riders to each policy.

By executing this Agreement, the Manufacturer expressly agrees that any insurance protection required herein shall not be construed to relieve the Manufacturer from liability in excess of such coverage, nor shall it preclude the Authority from taking such other actions.

In the event the Manufacturer fails or refuses to obtain and/or renew any of its insurance policies as necessary, or in the event any policy is canceled, terminated or modified so that the insurance does not meet the requirements referenced herein, or in the event that coverage of any Subconsultant is found not to exist in the types and minimum amounts required herein, the Authority may: (i) refuse to make payments due or coming due under other agreements between the Manufacturer and the Authority; (ii) suspend performance by the Manufacturer . Any funds retained pursuant to this

paragraph may be used, at the Authority's discretion, to renew (or obtain) the Manufacturer's (or Subconsultant's) insurance for the periods and amounts as set forth above.

See attached sample Certificate of Insurance (Attachment B).

## **B. FURNITURE INSPECTION SHOW INFORMATION**

Furniture Inspection Show will be held at 32 East Front Street, Trenton, NJ.

### **From North or South Jersey via the NJ Turnpike**

Take the NJ Turnpike to Exit 7A.

Take Rt. 195 West towards Trenton.

Follow signs for 29 North, this will take you through the tunnel.

After the tunnel, go through two traffic lights, keep to the right.

Take the second exit for Route 33E/Market Street.

Make a left at the third light onto South Broad Street.

At the next light, make a left onto East Front St.

Liberty Parking Garage is adjacent to the 32 East Front Street office entrance.

### **From North Jersey via Route 1 South**

Take Route 1 South to Trenton - Take the Market Street exit.

(First exit after the Perry Street exit).

Turn right at the first light onto S. Stockton Street.

Once on Stockton, turn Left at the second light onto E. Front Street.

Go through the second light (intersection of Front and Broad)

Liberty Parking Garage and regional office entrance will be on the right

### **From South Jersey via 295**

Take I-295 North.

Take exit 60, the sign will read "Trenton, 129 and 29 North."

Follow signs for 29 North, this will take you through the tunnel.

After the tunnel, go through two traffic lights, keep to the right.

Take the second exit for Route 33E/Market Street.

Make a left at the third light onto South Broad Street.

At the next light, make a left onto East Front St.

Liberty Parking Garage is adjacent to the 32 East Front Street office entrance.

**From Philadelphia via I-95**

Take I-95 North to Route 1 North Exit (Morrisville).

Stay on Route 1 North straight through to New Jersey.

Once you go over the bridge into NJ, take the first exit – Route 29.

Take Route 29 North. Take the exit for Route 33E/Market Street.

Make a left at the third light onto South Broad Street.

At the next light, make a left onto East Front St.

Liberty Parking Garage is adjacent to the 32 East Front Street office entrance.

**Parking Note:**

On-street metered parking is available nearby. Parking is available for a fee at the Liberty Parking Garage on East Front Street.

## **FURNITURE INSPECTION SCHEDULE**

Mfg Name	August 15, 2011 Furniture Drop Off	August 19, 2011 Furniture Pick Up	Mfg Name	August 15, 2011 Furniture Drop Off	August 19, 2011 Furniture Pick Up
Academia Furniture Industries	10:30 AM	10:30 AM	Lakeshore Learning Materials	11:30 AM	11:30 AM
Adelphia Steel Equipment Co., Inc.	11:00 AM	11:00AM	Library Bureau	11:15 AM	11:15 AM
Artco-Bell Corporation	8:30 AM	8:30 AM	Midwest Folding Products	8:30 AM	8:30 AM
Brodart Co.	10:30 AM	10:30 AM	National Public Seating	8:30 AM	8:30 AM
Columbia Manufacturing, Inc.	10:30 AM	10:30 AM	Paragon Furniture, L.P.	8:30 AM	8:30 AM
Community Playthings	8:30 AM	8:30 AM	Pepco, Inc.	11:30 AM	11:30 AM
Dauphin North America	12:00 PM	12:00 PM	Scholar Craft Products, Inc.	11:00 AM	11:00 AM
Grafco, Inc.	11:00 AM	11:00 AM	School Specialty, Inc	11:15 AM	11:15 AM
Haworth, Inc.	10:00 AM	10:00 AM	Sico, Inc.	8:30 AM	8:30 AM
The HON Company	9:30 AM	9:30 AM	Spectrum Industries, Inc.	10:00 AM	10:00 AM
Interior Systems, Inc.	12:00 PM	12:00 PM	Steelcase, Inc.	10:30 AM	10:30 AM
Inwood Office Environments	8:30 AM	8:30 AM	Tesco Industries, Inc.	11:30 AM	11:30 AM
ISE, Inc.	12:00 PM	12:00 PM	USA Capitol	8:30 AM	8:30 AM
Jasper Seating Company, Inc.	8:30 AM	8:30 AM	Vanerum Stelter	9:30 AM	9:30 AM
Jonti-Craft, Inc.	8:30 AM	8:30 AM	Virco, Inc.	8:30 AM	8:30 AM
Kimball Office	10:00 AM	10:00 AM	Wood Designs	8:30 AM	8:30 AM
Krueger International, Inc.	8:30 AM	8:30 AM	The Worden Company	8:30 AM	8:30 AM

Important Notes Regarding the Furniture Inspection

The above matrix shows the drop off/pick up dates and staggered times established by the Authority.


The Authority will be on a tight drop off/pickup schedule. As a result, firms must ensure that all products are assembled and ready for immediate spot-delivery in advance of arrival at the building, with the exception of Lot #4, Systems Furniture, and must ensure that all personnel and tools/dollies necessary to avoid any delays during unloading or in the building are on hand. **The Authority will be utilizing the 1st floor of the building, but please bring dollies as we will not provide any. Authority personnel will not be available to help load or unload trucks, and there will be no tools/dollies available at the site.** Also, please make sure each product has a completed Furniture Inspection Information Sheet (Attachment A) firmly attached and clearly visible.

Authority personnel will be inside and outside the location to help guide and speed the process along.

**Any furniture not delivered by 3pm on the drop-off date, August 15, 2011, will result in noncompliance with the RFP requirements and subject to rejection. Any furniture remaining past 3pm on the pick-up date, August 19, 2011, will become the property of the Authority.**

*Please, there shall be absolutely no contact between our staff and you.*

Issued by:

  
Sean Murphy  
Procurement Manager

Issued: July 27, 2011

(ATTACHMENT A)

**FURNITURE, FIXTURES & EQUIPMENT**

**INSPECTION INFORMATION SHEET**

**LOT #:** \_\_\_\_\_

**MANUFACTURER:**

\_\_\_\_\_

**BRAND/SERIES NAME:**

\_\_\_\_\_

**MODEL #:**

\_\_\_\_\_



<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>	<b>DATE (MM/DD/YY)</b>
	<b>DATE ISSUED</b>

<b>PRODUCER:</b>  Insurance Broker/Agent Address City, State, Zip Code Fax # Telephone #	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
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<b>INSURED</b>  Your Company's Name Address City, State, Zip Code	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: Insurance Carrier A	
	INSURER B: Insurance Carrier B	
	INSURER C: Insurance Carrier C	
	INSURER D: Insurance Carrier D	
	INSURER E:	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> _____ Gen'l Aggregate Limit Applies <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Project <input type="checkbox"/> Loc	Policy Number	MM/DD/YY	MM/DD/YY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Ea. Occurrence</td> <td style="text-align: right;"><b>\$1,000,000</b></td> </tr> <tr> <td>Fire Damage (any one Fire)</td> <td style="text-align: right;"><b>\$50,000</b></td> </tr> <tr> <td>Med Exp (Any one person)</td> <td style="text-align: right;"><b>\$5,000</b></td> </tr> <tr> <td>Personal &amp; Adv Injury</td> <td style="text-align: right;"><b>\$1,000,000</b></td> </tr> <tr> <td>General Aggregate</td> <td style="text-align: right;"><b>\$2,000,000</b></td> </tr> <tr> <td>Products - Comp/Op Agg</td> <td style="text-align: right;"><b>\$1,000,000</b></td> </tr> </table>	Ea. Occurrence	<b>\$1,000,000</b>	Fire Damage (any one Fire)	<b>\$50,000</b>	Med Exp (Any one person)	<b>\$5,000</b>	Personal & Adv Injury	<b>\$1,000,000</b>	General Aggregate	<b>\$2,000,000</b>	Products - Comp/Op Agg	<b>\$1,000,000</b>
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General Aggregate	<b>\$2,000,000</b>																
Products - Comp/Op Agg	<b>\$1,000,000</b>																
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Any Auto <input checked="" type="checkbox"/> All owned Autos <input type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> _____ <input type="checkbox"/> _____	Policy Number	MM/DD/YY	MM/DD/YY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Combined Single Limit (Ea Accident)</td> <td style="text-align: right;"><b>\$1,000,000</b></td> </tr> <tr> <td>Bodily Injury (Per Person)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Bodily Injury (Per Accident)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Property Damage (Per Accident)</td> <td style="text-align: right;">\$</td> </tr> </table>	Combined Single Limit (Ea Accident)	<b>\$1,000,000</b>	Bodily Injury (Per Person)	\$	Bodily Injury (Per Accident)	\$	Property Damage (Per Accident)	\$				
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D	Workers Compensation and Employer's Liability	Policy Number	MM/DD/YY	MM/DD/YY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> WC Statutory Limits</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> </tr> <tr> <td>E.L. Each Accident</td> <td style="text-align: right;"><b>\$1,000,000</b></td> </tr> <tr> <td>E.L. Disease - Ea Employee</td> <td style="text-align: right;"><b>\$1,000,000</b></td> </tr> <tr> <td>E.L. Disease - Policy Limit</td> <td style="text-align: right;"><b>\$1,000,000</b></td> </tr> </table>	<input checked="" type="checkbox"/> WC Statutory Limits		<input type="checkbox"/> Other		E.L. Each Accident	<b>\$1,000,000</b>	E.L. Disease - Ea Employee	<b>\$1,000,000</b>	E.L. Disease - Policy Limit	<b>\$1,000,000</b>		
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E.L. Disease - Ea Employee	<b>\$1,000,000</b>																
E.L. Disease - Policy Limit	<b>\$1,000,000</b>																
	Other																

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

Reference Contract #

The following are included as additional insureds on Commercial General Liability Policy, Umbrella or Excess Liability Policy: NJ Schools Development Authority, The State of New Jersey, The Economic Development Authority, and Matrix East Front Street Urban Renewal Associates, LLC; Matrix/East Front Street Operating Co., LLC; Matrix Real Estate Services, LLC and Matrix Realty Inc., and their respective officers, directors, members, employees, representatives and agents.

<b>CERTIFICATE HOLDER</b>	<b>Additional Insured; Insurer Letter: CANCELLATION</b>		
NJSDA 1 West State Street P.O. Box 991 Trenton, NJ 08625	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL XXXXXXXX XX MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. XXX XXXXXXXX XX XXXX XXXXXXXX XX XXXXXXXXXXXX XX XXXXXXXXXXXX XX XXX XXXX XXXX XXX XXXXXXXX, XXX XXXXXXXX XX XXXXXXXXXXXXXXXXXXXX.		
	<table style="width:100%;"> <tr> <td style="width:50%; text-align: center;">Authorized Representative</td> <td style="width:50%; text-align: center;">Signature</td> </tr> </table>	Authorized Representative	Signature
Authorized Representative	Signature		

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