SUBJECT: ELEVATOR MAINTENANCE-GROUP 2

BID #: SC-0336-18 **OPEN DATE: 2017-12-06**

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT: SERVICE CONTRACT – ONE (1) YEAR FROM DATE OF AWARD WITH PRICES REMAINING FIRM DURING INITIAL PERIOD, WITH THREE (3) ONE (1) YEAR RENEWAL OPTIONS.

AGENCY: PUBLIC BUILDINGS

BASIS OF AWARD: ALL OR NONE TO THE LOWEST RESPONSIVE, RESPONSIBLE BIDDER

NUMBER OF BIDS INVITED: 5 **NUMBER RECEIVED: 2** **OTHER 0**

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to utilize the first renewal option with Thyssenkrupp Elevator for Elevator Maintenance- Group 2, in the annual expenditure amount of $83,880.00. Period of service will from December 21, 2018 through December 20, 2019, with two (2) one (1) year renewal options remaining. Total revised award expenditure amount not to exceed $167,760.00.

This award is to be funded by various accounts dependent on funding, and fiscal year and to be executed by master blanket purchase order releases

Attachments: Recommendation Memo, Vendor Letter, Insurance Certificate, Previous Award

ANALYST: _____ **RESPECTFULLY SUBMITTED** _____
MARILYN LAIDLER
GREGORY PEASE, CHIEF
PROCUREMENT DIVISION

CONCURRENCE BY: Roy Birbal, Chief, Public Buildings Division

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING _____ MEMBERS DISAPPROVING _____ DATE: _____

_____ _____ OTHER: _____

_____ _____

_____ _____

ACTION OF AWARDING AUTHORITY DATE _____

APPROVED _____ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENTICATION _____

City of Jacksonville, Florida

Lenny Curry, Mayor

Department of Public Works
Public Buildings Division
555 W. 44th Street
Jacksonville, FL 32208
(904) 255-4343
www.coj.net

ONE CITY. ONE JACKSONVILLE

DATE: December 05, 2018

TO: Gregory W. Pease, Chief
Procurement Division

THRU: John P. Pappas, P.E., Director

FROM: Roy Birbal, CFM, Chief

SUBJECT: SC-0336-18 Thyssenkrupp Elevator Corporation - 1st Renewal Request

The current Bid SC-0336-18 for Elevator Maintenance-Group 2 is scheduled to expire December 21st, 2018.

The Public Buildings Division recommends approval to utilize the first of three 1 year renewal options with current vendor Thyssenkrupp Elevator Corporation for the period beginning December 21st, 2018 through December 20th, 2019.

The total revised annual expenditure will be $83,880.00. The revised not to exceed amount will be $167,760.00.

Funding will be encumbered by individual releases against the master blanket, dependent on funding, the appropriate account and fiscal year.

Your assistance in concurring with this recommendation for the respective award would be appreciated. If you have any questions or concerns regarding this matter, please contact Jeremy Wright at 904-255-4353.

Attachments:

- Vendor's Agreement Letter
- Vendor's COI
- Prior Award

cc: Marilyn Laidler, Purchasing Analyst
Jim Lange, Contract Administrator
Ann Brackin, Public Works Contracts and Finance Manager

ab

thyssenkrupp

City of Jacksonville

Thyssenkrupp Elevator Corporation
6942 Philips Parkway Drive South
Jacksonville, FL 32256

City of Jacksonville
Division of Public Buildings
555 West 44th Street
Jacksonville, FL 32208

Re: BID – SC-0336-18 Elevator Maintenance, Duval County Courthouse

Dear City of Jacksonville:

Please take this letter as a confirmation that thyssenkrupp Elevator Corporation is pleased to extend our renewal of Bid SC-0336-18 for Elevator Maintenance of the Duval County Courthouse. Thyssenkrupp Elevator will honor the same pricing, terms and conditions as noted in the original contract.

We appreciate your continued business and look forward to the extended term. Please contact me directly with any questions or comments upon review.

Sincerely,

Danny Benoit
Branch Manager, Jacksonville, FL

thyssenkrupp Elevator Corporation
6942 Philips Parkway Drive South
Jacksonville, FL 32256
Cell (561)-307-8597
E-mail: daniel.benoit@thyssenkrupp.com
Internet: www.thyssenkruppelevator.com

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

APPROVED
By Ann Willis at 8:40 am, Nov 28, 2018

DATE (MM/DD/YYYY) 11/19/2018

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 have ADDITIONAL INSURED provisions or 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
Willis of Illinois, Inc.
233 S. Wacker Drive, Suite 2000
CHICAGO, IL 60606

CONTACT NAME: Willis of Illinois, Inc.
PHONE (A/C No.Ext): 312-288-7489 FAX (A/C No.Ext): 312-621-6866
E-MAIL ADDRESS: tke.certificates@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: HDI Global Insurance Company	41343
INSURER B: ACE American Insurance Company	22667
INSURER C: Indemnity Insurance Company of NA	43575
INSURER D: ACE Fire Underwriters Insurance Company	20702
INSURER E:	
INSURER F:	

INSURED
THYSSENKRUPP ELEVATOR CORP.
6942 Philips Parkway Drive South
Jacksonville, FL 32256

COVERAGES **CERTIFICATE NUMBER: 1504660** **REVISION NUMBER: 4**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PROJECT LOC OTHER	X	X	GLD12574-05 / GLD11085-10	10/01/2018	10/01/2019	EACH OCCURRENCE	$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS -COMP/OP AGG	$ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY / SCHEDULED AUTOS HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY	X	X	ISAH25268799	10/01/2018	10/01/2019	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
							BODILY INJURY(Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION $						EACH OCCURRENCE	
							AGGREGATE	
C B D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	WLRC65225761 (AOS) WLRC65225803 (CA,MA) SCFC65225840 (WI)	10/01/2018 10/01/2018 10/01/2018	10/01/2019 10/01/2019 10/01/2019	X PER STATUTE / OTHER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE -EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE -POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Division Number: 104800 - Named Insured Includes: ThyssenKrupp Elevator Corporation - Address: 6942 Phillips Pkwy Drive South Jacksonville, FL 32256
Project Number: - Project Name: City of Jacksonville - Address: Multiple locations Project #SCO336-18 - Project Type (s): Elevator Maintenance

CERTIFICATE HOLDER

CITY OF JACKSONVILLE
117 W DUVAL ST STE 335
JACKSONVILLE, FL 32202
United States

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
POLICY NUMBER See First Page		THYSSENKRUPP ELEVATOR CORP. 6942 Philips Parkway Drive South Jacksonville, FL 32256
CARRIER See First Page	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

CITY OF JACKSONVILLE AND CITY'S MEMBERS, OFFICIALS, OFFICERS, EMPLOYEES AND AGENTS

The Additional Insured(s) listed above is/are added as Additional Insured(s) with respect to Automobile as per endorsement form DA-9U74c and General Liability as per endorsement form MAN-GL.

Waiver of Transfer of Rights of Recovery Against Others/Waiver of Subrogation applies with respect to General Liability as per endorsement form CG2404, and/or Workers' Compensation as per endorsement WC 00 03 13, and/or Automobile Liability as per endorsement DA-13115a.

The insurance shall be primary and non-contributory with respect to the Additional Insured as per General Liability endorsement form MAN-GL and Automobile Liability endorsement form DA-21886b.

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ADDITIONAL INSURED – DESIGNATED PERSONS OR ORGANIZATIONS

Named Insured ThyssenKrupp Elevator Corporation			Endorsement Number 1
Policy Symbol ISA	Policy Number H25268799	Policy Period 10/01/2018 TO 10/01/2019	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
AUTO DEALERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
EXCESS BUSINESS AUTO COVERAGE FORM

Additional Insured(s): Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

A. For a covered "auto," Who Is Insured is amended to include as an "insured," the persons or organizations named in this endorsement. However, these persons or organizations are an "insured" only for "bodily injury" or "property damage" resulting from acts or omissions of:

1. You.
2. Any of your "employees" or agents.
3. Any person operating a covered "auto" with permission from you, any of your "employees" or agents.

B. The persons or organizations named in this endorsement are not liable for payment of your premium.

_____
Authorized Representative

Policy Number
GLD1257405

ENDORSEMENT

HDI Global Insurance Company

Named Insured THYSSENKRUPP ELEVATOR

Effective Date: 10-01-18
12:01 A.M., Standard Time

Agent Name WILLIS OF ILLINOIS
Agent No. P02115018

This Endorsement Changes The Policy. Please Read It Carefully.

ADDITIONAL INSURED ENDORSEMENT
BLANKET AUTOMATIC – WHERE REQUIRED BY CONTRACT

SECTION II – WHO IS AN INSURED – IS AMENDED BY ADDING THE FOLLOWING PARAGRAPH:

4. ANY PERSON, FIRM, CORPORATION OR GOVERNMENT BODY FOR WHOM YOU ARE OBLIGATED BY VIRTUE OF A WRITTEN CONTRACT OR AGREEMENT ENTERED INTO WITH RESPECT TO YOUR OPERATIONS, TO AFFORD COVERAGE SUCH AS PROVIDED BY THIS POLICY.

THE COVERAGE PROVIDED FOR ANY SUCH ADDITIONAL INSURED IS EXPRESSLY LIMITED TO APPLY ONLY TO LIABILITY ARISING OUT OF OPERATIONS CONDUCTED BY OR FOR YOU UNDER THE WRITTEN CONTRACT OR AGREEMENT AND THEN ONLY TO THE EXTENT REQUIRED BY SUCH WRITTEN AGREEMENT. NO COVERAGE IS PROVIDED FOR ANY ADDITIONAL INSURED FOR THE LIABILITY WHICH ARISES IN ANY MANNER, DIRECTLY OR INDIRECTLY, OTHER THAN FROM OPERATIONS CONDUCTED BY OR FOR YOU.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

1

NOTICE TO OTHERS ENDORSEMENT – SCHEDULE
NOTICE BY INSURED'S REPRESENTATIVE

Named Insured ThyssenKrupp Elevator Corporation			Endorsement Number 6
Policy Symbol ISA	Policy Number H25268799	Policy Period 10/01/2018 TO 10/01/2019	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

A. If we cancel this Policy prior to its expiration date by notice to you or the first Named Insured for any reason other than nonpayment of premium, we will endeavor, as set out in this endorsement, to send written notice of cancellation, to the persons or organizations listed in the schedule that you or your representative create or maintain (the "Schedule") by allowing your representative to send such notice to such persons or organizations. This notice will be ***In addition to*** our notice to you or the first Named Insured, and any other party whom we are required to notify by statute and in accordance with the cancellation provisions of the Policy.

B. The notice referenced in this endorsement as provided by your representative is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). The failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule will impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.

C. We are not responsible for verifying any information in any Schedule, nor are we responsible for any incorrect information that you or your representative may use.

D. We will only be responsible for sending such notice to your representative, and your representative will in turn send the notice to the persons or organizations listed in the Schedule at least 30 days prior to the cancellation date applicable to the Policy. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.

E. This endorsement does not apply in the event that you cancel the Policy.

All other terms and conditions of this Policy remain unchanged.

Authorized Representative

IL SU 4004 (10-10)

HDI GLOBAL INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION AMENDMENT

SCHEDULE

Name, Address and E-Mail Address of Other Person(s) / Organization(s):	Number of Days Notice:
WHEN REQUIRED BY PRIOR WRITTEN CONTRACT ON FILE WITH COMPANY	30 DAYS

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

I. If we cancel this policy by notice to you for any statutorily permitted reason other than nonpayment of premium, we shall endeavor to mail, e-mail or deliver a copy of such written notice of cancellation to the person(s) or organization(s) shown in the Schedule above.

II. A copy of the notice, per paragraph **I.** above, will be mailed, e-mailed or delivered:

1. To the appropriate addresses corresponding to the person(s) or organization(s) shown in the Schedule above; and
2. The number of days required for notice of cancellation, as provided in paragraph **A.2.** of the Common Policy Conditions or as amended by an applicable state cancellation endorsement or by the date as shown in the Schedule above.

III. Our failure to provide such advance notification to the person(s) or organization(s) shown in the Schedule of this endorsement will not extend any policy cancellation date nor negate any cancellation of the policy.

All other terms and conditions of this policy remain unchanged.

3

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS

Named Insured ThyssenKrupp Elevator Corporation			Endorsement Number 2
Policy Symbol ISA	Policy Number H25268799	Policy Period 10/01/2018 TO 10/01/2019	Effective Date of Endorsement
Issued By (Name of Insurance Company) ACE American Insurance Company			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This Endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIERS COVERAGE FORM
AUTO DEALERS COVERAGE FORM

We waive any right of recovery we may have against the person or organization shown in the Schedule below because of payments we make for injury or damage arising out of the use of a covered auto. The waiver applies only to the person or organization shown in the SCHEDULE.

SCHEDULE

Any person or organization against whom you have agreed to waive your right of recovery in a written contract, provided such contract was executed prior to the date of loss.

Authorized Representative

POLICY NUMBER: GLD1257405

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 09

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Person Or Organization:
ANY PERSON OR ORGANIZATION AS REQUIRED BY A WRITTEN CONTRACT
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

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Workers' Compensation and Employers' Liability Policy

Named Insured	Endorsement Number
ThyssenKrupp Elevator Corporation 210 N. University Drive Suite 804 Coral Springs FL 33071	Policy Number Symbol: WLR Number: C65225761
Policy Period 10/01/2018 TO 10/01/2019	Effective Date of Endorsement 10/01/2018
Issued By (Name of Insurance Company) INDEMNITY INS. CO. OF NORTH AMERICA	

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.

This agreement shall not operate directly or indirectly to benefit any one not named in the Schedule.

Schedule

ANY PERSON OR ORGANIZATION AGAINST WHOM YOU HAVE AGREED TO WAIVE YOUR RIGHT OF RECOVERY IN A WRITTEN CONTRACT PROVIDED SUCH CONTRACT WAS EXECUTED PRIOR TO THE DATE OF LOSS.

For the states of CA, UT, TX, refer to state specific endorsements.
This endorsement is not applicable in KY, NH, and NJ.

The endorsement does not apply to policies in Missouri where the employer is in the construction group of code classifications. According to Section 287.150(6) of the Missouri statutes, a contractual provision purporting to waive subrogation rights against public policy and void where one party to the contract is an employer in the construction group of code classifications.

For Kansas, use of this endorsement is limited by the Kansas Fairness in Private Construction Contract Act(K.S.A.. 16-1801 through 16-1807 and any amendments thereto) and the Kansas Fairness in Public Construction Contract Act(K.S.A 16-1901 through 16-1908 and any amendments thereto). According to the Acts a provision in a contract for private or public construction purporting to waive subrogation rights for losses or claims covered or paid by liability or workers compensation insurance shall be against public policy and shall be void and unenforceable except that, subject to the Acts, a contract may require waiver of subrogation for losses or claims paid by a consolidated or wrap-up insurance program.

Authorized Representative

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Policy Number
GLD1257405

ENDORSEMENT

HDI Global Insurance Company

Named Insured THYSSENKRUPP ELEVATOR

Effective Date: 10-01-18
12:01 A.M., Standard Time

Agent Name WILLIS OF ILLINOIS
Agent No. P02115018

This Endorsement Changes The Policy. Please Read It Carefully.

PRIMARY AND NONCONTRIBUTING INSURANCE

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM
PRODUCTS/COMPLETED OPERATIONS COVERAGE FORM

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, PARAGRAPH 4. OTHER INSURANCE, SUBPARAGRAPH A. PRIMARY INSURANCE, IS AMENDED BY THE ADDITION OF THE FOLLOWING:

NOTWITHSTANDING ANY OTHER PROVISION OF THE POLICY TO THE CONTRARY, WHERE REQUIRED BY WRITTEN CONTRACT OR WRITTEN AGREEMENT WITH YOU, THE INSURANCE AFFORDED BY THIS POLICY FOR THE BENEFIT OF THE ADDITIONAL INSURED SHALL BE PRIMARY INSURANCE, AND ANY INSURANCE THAT LISTS THE ADDITIONAL INSURED AS THE NAMED INSURED, MAINTAINED BY THE ADDITIONAL INSURED SHALL BE NON-CONTRIBUTING. THE COVERAGE PROVIDED FOR ANY SUCH ADDITIONAL INSURED IS EXPRESSLY LIMITED TO APPLY ONLY TO LIABILITY ARISING OUT OF OPERATIONS CONDUCTED BY OR FOR YOU UNDER THE WRITTEN CONTRACT OR AGREEMENT AND THEN ONLY TO THE EXTENT REQUIRED BY SUCH WRITTEN CONTRACT OR AGREEMENT. NO COVERAGE IS PROVIDED FOR ANY ADDITIONAL INSURED FOR THE LIABILITY WHICH ARISES IN ANY MANNER, DIRECTLY OR INDIRECTLY, OTHER THAN FROM OPERATIONS CONDUCTED BY OR FOR YOU
ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

SUBJECT: ELEVATOR MAINTENANCE-GROUP 2

BID #: SC-0336-18

OPEN DATE: 2017-12-06

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT: SERVICE CONTRACT – ONE (1) YEAR FROM DATE OF AWARD WITH PRICES REMAINING FIRM DURING INITIAL PERIOD, WITH THREE (3) ONE (1) YEAR RENEWAL OPTIONS.

AGENCY: PUBLIC BUILDINGS

BASIS OF AWARD: ALL OR NONE TO THE LOWEST RESPONSIVE, RESPONSIBLE BIDDER

NUMBER OF BIDS INVITED: 5 NUMBER RECEIVED: 2 OTHER 0

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:

Recommend approval of award to the lowest responsive, responsible bidder, Thyssenkrupp Elevator, to provide services for Elevator Maintenance-Group 2. Period of service is one (1) year from date of award with prices remaining firm during initial period, with three (3) one (1) year renewal options. Total estimated annual expenditure amount not to exceed $83,880.00.

This award is to be funded by account: PWPB5A1CHC-03410F to be executed by master blanket purchase order releases

Attachments: Recommendation Memo, Tabulation, Terms and Conditions, Scope of Work

ANALYST: Marilyn Laidler MARILYN LAIDLER

RESPECTFULLY SUBMITTED GREGORY PEASE, CHIEF PROCUREMENT DIVISION

CONCURRENCE BY: Roy Birbal, CFM, Chief, Public Buildings Division

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 3 MEMBERS DISAPPROVING Ø DATE: 12/21/17

OTHER:

ACTION OF AWARDING AUTHORITY DATE 12/21/17

APPROVED DISAPPROVED

OTHER

SIGNATURE OF AUTHENTICATION

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of
Executive Order No. 2015-05