



Request for Required Information from  
Third Party Consulting Firm

May 14, 2009

Consulting Firm Name  
Street Address and Suite  
City, State and Zip Code  
(Firm evaluated)

The following specific information is required in order to continue processing your submitted documentation for consideration as a 3<sup>rd</sup> Party Consulting Firm for the County of Placer. Please provide the additional complete specific information indicated by an "X" in the "No" Boxes. "Yes" = indicates received information. "No" = indicates information not received or incomplete. "Yes" & "No" box left blank for item = indicates appears "not applicable".

1. Did the applicant submit the following basic information for consideration:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Contact information specifically indicated in cover letter. Business cards do not comply.
<input type="checkbox"/>	<input type="checkbox"/>	Insurance certificates.
<input type="checkbox"/>	<input type="checkbox"/>	Insurance endorsements.
<input type="checkbox"/>	<input type="checkbox"/>	Automobile liability insurance.
<input type="checkbox"/>	<input type="checkbox"/>	Professional liability insurance (errors & omissions).
<input type="checkbox"/>	<input type="checkbox"/>	Employee resumes.
<input type="checkbox"/>	<input type="checkbox"/>	Consultant name indicated on first page of agreement and signed.

Please continue to verify that all information submitted is complete. Please provide the specific information and/or exact language as specified where required. Documents without the specific required information and/or exact language will not be considered.

2. Itemized review of information submitted: (Please review this section completely with diligence)

A. *Verify correct Contact information: Specify contact information specifically in cover letter (business cards shall not be substituted for the letter).*

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Mailing address
<input type="checkbox"/>	<input type="checkbox"/>	Phone numbers
<input type="checkbox"/>	<input type="checkbox"/>	E-mail, not mandatory
<input type="checkbox"/>	<input type="checkbox"/>	Fax numbers

**B. Insurance certificates verified:**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. M. Best's Rating of no less than A:VII showing for insurance company. You can locate this information by reviewing the insurance company's website or A. M. Best website. |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate holder should state "County of Placer" and not department specific.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Policy effective dates verified.   |

**C. Employer's liability insurance shall be provided with not less than:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | One million dollars (\$ <u>1,000,000</u> ) each accident for bodily injury by accident; |
| <input type="checkbox"/> | <input type="checkbox"/> | One million dollars (\$ <u>1,000,000</u> ) policy limit for bodily injury by disease;   |
| <input type="checkbox"/> | <input type="checkbox"/> | One million dollars (\$ <u>1,000,000</u> ) each employee for bodily injury by disease.  |

**D. Worker's Compensation Insurance, each Worker's Compensation policy shall be endorsed with the following specific language.**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Cancellation Notice - " <u>This policy shall not be canceled or materially changed without first giving thirty (30) days prior written notice to the County of Placer.</u> "   |
| <input type="checkbox"/> | <input type="checkbox"/> | Should the Consultant be a <b>sole proprietor</b> the following shall apply: Consultant represents they have no employees and therefore are not required to have Worker's Compensation coverage. Is this business a sole proprietorship? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the consultant have employees?  |

**E. General Liability Insurance shall be provided in one of the three following forms. Check the box that applies:**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>1. Comprehensive General Liability:</b> The limits of comprehensive general liability shall not be less than a Combined Single Limit for bodily injury, property damage, and Personal Injury Liability of:   |
| <input type="checkbox"/> | <input type="checkbox"/> | One million dollars (\$ <u>1,000,000</u> ) each occurrence.   |
| <input type="checkbox"/> | <input type="checkbox"/> | One million dollars (\$ <u>1,000,000</u> ) aggregate.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>2. Commercial General Liability (Occurrence);</b> and the limits of liability shall not be less than:  |
| <input type="checkbox"/> | <input type="checkbox"/> | One million dollars (\$ <u>1,000,000</u> ) each occurrence (combined single limit for bodily injury and property damage).   |
| <input type="checkbox"/> | <input type="checkbox"/> | One million dollars (\$ <u>1,000,000</u> ) for Products-Completed Operations.   |
| <input type="checkbox"/> | <input type="checkbox"/> | One million dollars (\$ <u>1,000,000</u> ) General Aggregate.   |
| <input type="checkbox"/> | <input type="checkbox"/> | If the policy does not have an endorsement providing that the General Aggregate Limit applies separately, or if defense costs are included in the aggregate limits, then the required aggregate limits shall be two million dollars (\$ <u>2,000,000</u> ). |

Yes

No

**3. Commercial General Liability (Claims Made).**

CONSULTANT shall not provide a Commercial General Liability (Claims Made) policy without the express prior written consent of COUNTY, which consent, if given, shall be subject to the following conditions:

The limits of liability shall not be less than:

One million dollars (\$1,000,000) each occurrence (combined single limit for bodily injury and property damage).

One million dollars (\$1,000,000) for Products-Completed Operations.

One million dollars (\$1,000,000) General Aggregate.

The insurance coverage provided by CONSULTANT shall contain language providing coverage up to six (6) months following the completion of the contract in order to provide insurance coverage for the hold harmless provisions herein if the policy is a Claims-Made policy.

**F. Insurance Endorsement requirements:**

***Each Comprehensive or Commercial General Liability policy shall be endorsed with the following specific language:***

Yes

No

"The County of Placer, its officers, agents, employees, and volunteers are to be covered as insured for all liability arising out of the operations by or on behalf of the named insured in the performance of this Agreement."

"The insurance provided by the Consultant, including any excess liability or umbrella form coverage, is primary coverage to the County of Placer with respect to any insurance or self-insurance programs maintained by the County of Placer and no insurance held or owned by the County of Placer shall be called upon to contribute to a loss."

"This policy shall not be canceled or materially changed without first giving thirty (30) days' prior written notice to the County of Placer."

Policy numbers match endorsement and/or are on the endorsement, minimally in the General Liability area but may include others.

Endorsement shall demonstrate the consulting firm is the primary (Hi-Lite on document).

**G. Automobile Liability Insurance requirements:**

Yes

No

Automobile Liability insurance covering bodily injury and property damage in an amount no less than one million dollars (\$1,000,000) combined single limit for each occurrence.

Covered vehicles should include all owned autos, non-owned autos, and hired automobiles/trucks.

**H. Professional Liability Insurance (Errors & Omissions)**

- | <b>Yes</b>               | <b>No</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Professional Liability Insurance for Errors and Omissions coverage in the amount of not less than one million dollars (\$ <u>1,000,000</u> ) combined single limit for each occurrence and two million dollars (\$ <u>2,000,000</u> ) aggregate.                                |
| <input type="checkbox"/> | <input type="checkbox"/> | If Consultant sub-contracts in support of Consultants work provided for in the agreement, Professional Liability Insurance for Errors and Omissions shall be provided by the sub contractor in an amount not less than one million dollars (\$ <u>1,000,000</u> ) in aggregate. |
| <input type="checkbox"/> | <input type="checkbox"/> | The insurance coverage provided by the consultant shall contain language providing coverage up to six (6) months following completion of the contract in order to provide insurance coverage for the hold harmless provisions herein if the policy is a Claims-Made policy.     |

**I. Employee and/or Consultant Resumes**

- | <b>Yes</b>               | <b>No</b>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Consultant shall at all times have a California registered civil or structural engineer or a California licensed architect on staff in a supervisory capacity and/or as a principal. |
| <input type="checkbox"/> | <input type="checkbox"/> | International Code Council (ICC) certification as a plans examiner and 3 years experience preparing and/or reviewing plans would constitute acceptable experience.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Other combinations of training and experience shall be considered by County on a case-by-case basis, provided that in all cases minimum requirements of the state law are met.       |

**J. Complete Agreement**

- | <b>Yes</b>               | <b>No</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Consultant has entered their name where indicated on page one of the agreement. |
| <input type="checkbox"/> | <input type="checkbox"/> | Consultant has signed the agreement.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Consultant has dated the agreement.   |

Should you have any questions, please do not hesitate to contact me.

Thank you for participating in the Third Party Program.

Cordially,

Max A. Shoffner Jr.  
Building Inspector II  
Plans Examiner (Comm. & Res.)  
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Placer County Building Department  
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Auburn, CA 95603  
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