

# FORMS

## SUBMITTAL FORM A – GENERAL INFORMATION

RFQ Number: **24-010**

RFQ Name: **Unarmed Security Guard Services**

### Offeror Information

Name of Company:

Physical Address:

Mailing Address:

Person(s) to Contact, identify an individual that can be contacted for clarification on the SOQ:

*Name:*

*Title:*

*E-Mail Address:*

*Company URL:*

*Telephone Number:*

*Cell Phone Number:*

**ADDENDA ACKNOWLEDGEMENT:** The offeror acknowledges receipt of the following addenda and has incorporated the requirements of such addenda into their statement: \_\_\_\_\_

**FINANCIAL INFORMATION:** Provide Offerors annual revenue from work completed in the last three (3) years:

Year			
Revenue	\$	\$	\$

### Include the following as attachments with submittal Form A:

- Offeror must disclose any litigation involving the organization during the past five (5) years.
- Offeror confirms no Conflict of Interest exists as defined in section 7.5, if not, attach a statement explaining the conditions.
- List of Owners and/or Partners and Managers of the firm.
- Offeror shall attach audited financial statements for the previous two (2) years of operation.
- Offeror shall submit documentation and proof of entity (e.g. IRS 501(c)3 determination); copy of Articles of Incorporation or document under which the organization is constituted/organized from its inception;
- Provide a copy of W-9

Liability Insurance, throughout the contract period, the successful offeror must provide the following insurance coverages, attach a certificate of insurance confirming:

- Certificate of Workers' Disability Compensation insurance coverage.
- Liability Insurance, throughout the contract period, the successful offeror must provide the following insurance coverages, attach a certificate of insurance confirming:
  - Professional liability (errors and omissions) in a sum of not less than \$1,000,000 per claim and \$3,000,000 annual aggregate.
  - General liability insurance with Broad Form General Liability Endorsement or equivalent, if not in policy proper, Provider and Contractual liability coverage with limits of not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Abuse and molestation cannot be excluded.
- AUTO coverage of \$1,000,000 with GHS listed as Additionally Insured
  - Liability insurance at a limit of at least one million dollars (\$1,000,000.00) combined into a single limit for bodily injury and property damage;
  - No-fault coverage as required by Michigan law.
  - Agency listed as an additional insured on any insurance policies referenced in this Contract and shall name the Agency as a certificate holder.
- List Abuse / Molestation coverage as being included, this is required when providing direct contact with individuals and this cannot be excluded from coverage.
- GHS listed at Additionally Insured under the General, Professional, and Automobile Liability policies.
- GHS listed as Certificate holder.
- New GHS Address: GENESEE HEALTH SYSTEM, 1040 W BRISTOL RD., SUITE 2406 FLINT, MI 48507

## **STATEMENT OF CERTIFICATIONS AND ASSURANCES**

The Offeror has thoroughly reviewed this RFQ, contract documents, and all pertinent appendices, exhibits, and attachments included as part thereof, and that we fully understand all elements required for the full completion of the project as defined therein.

The Offeror further certifies that, if selected as the successful firm, we will enter into a contract agreement.

By signature below the signatory certifies legal authority to bind the responding entity to the provisions of this RFQ and any contract awarded pursuant to it. The Board may, at its sole discretion and at any time, require evidence documenting the signatory's authority to be personally bound or to legally bind the responding entity.

Authorized Representative Signature

Date

Printed Name & Title

## SUBMITTAL FORM B – REFERENCES

<b>Reference 1</b>	
Client's Name:	
Location of service:	
Contact Name and Title:	
Phone:	
Email:	
Length of service and size of staff	
Description of Service	
<b>Reference 2</b>	
Client's Name:	
Location of service:	
Contact Name and Title:	
Phone:	
Email:	
Length of service and size of staff	
Description of Service	
<b>Reference 3</b>	
Client's Name:	
Location of service:	
Contact Name and Title:	
Phone:	
Email:	
Length of service and size of staff	

Description of Service	
<b>Reference 4</b>	
Client's Name:	
Location of service:	
Contact Name and Title:	
Phone:	
Email:	
Length of service and size of staff	
Description of Service	
<b>Reference 5</b>	
Client's Name:	
Location of service:	
Contact Name and Title:	
Phone:	
Email:	
Length of service and size of staff	
Description of Service	