REQUEST FOR QUOTES TO REBUILD FIRE SUPRESSION SYSTEM.

Section 1. Summary of Request

Purpose – The City of Olean ("City") is accepting quotes from qualified contractors to Rebuild all lines on 2" deluge valve for caustic soda room foam supression system. Replace internal assembly on a Viking E-1 deluge valve. Perform obstruction investigation on wet pipe and deluge system. Troubleshoot tamper switch in room. Return system to service1332 River St. Olean NY.

One copy of the proposal should be addressed to:

Richard Graves or Dale Walker City of Olean Water Plant 1332 River Street Olean, NY 14760

Questions regarding the quote may be directed to Richard Graves or Dale Walker at:

716-376-5699 716-376-5704 (fax) rgraves@cityofolean.org

Quotes must be received by the City no later than 4:00 p.m., on May 24,2019.

Section 1. Required Submittals

Quotes should include the following:

- All applicants must have proper insurance.
- All work <u>must</u> be done in accordance with New York State Prevailing Wage guidelines.
- Applicants should call to schedule appointment to inspect property for quote.

Section 2. Miscellaneous

The City reserves the right to reject any or all quotes; to negotiate any elements of a quote; to conduct interviews at its sole discretion; and to solicit and/or select consultants for the program outside the scope of this RFP.

The City assumes no responsibility or liability for costs incurred by respondents to this Request for Quotes, including any requests for additional information, interviews, or negotiations.

The successful bidder shall be required to sign a contract with the City in a form provided by and acceptable to the City. The contractor shall be an independent contractor of the City. The independent contractor will be required to maintain its own workers compensation, liability and automobile insurance coverage, and provide proof of same to the City, all in the manner provided in the contract required to be signed.

Additional information regarding this Request for Quotes may be obtained at the address shown above or by calling 716-376-5699.

Insurance Requirements:

Prior to award of contract the successful bidder shall supply copies of insurance certificates as follows:

 Insurance covering claims under workers compensation, disability benefit and other similar employee benefit acts, against himself/herself or any of them, or by anyone for whose acts any of them may be liable.

2) Contractor's Protective Liability Insurance.	
Each Occurrence	\$ 1,000,000
Damage to Rented Premises (each occurrence)	\$ 1,000,000
Medical Expense (any one person)	\$ 1,000,000
Personal & Adv. Injury	\$ 1,000,000
General Aggregate	\$ 2,000,000
Products - Comp/Op Agg	\$ 2,000,000
 Automobile Liability Insurance: Combined Single Limit (each accident) 	\$ 1,000,000
4) Excess/Umbrella Liability:	
Each Occurrence	\$ 5,000,000
Aggregate	\$ 5,000,000
5) Workers' Compensation and Employers' Liability	
E.L. Each Accident	\$ 100,000
E.L. Disease – Each Employee	\$ 100,000
E.L. Disease – Policy Limit	\$ 500,000