



## SCDOT/CAGC Joint Committee Meeting September 25, 2013 Minutes

### Attendees

See attached list

The meeting was called to order by Todd Steagall with introductions

### Old Business

#### Contractor Status

Charts were not handed out today due to the numerous change orders in the process and data would be inaccurate at this time. Contractors need to submit updated schedules so DOT can make sure resources are available next year.

#### Funding Update

Spreadsheets showing the breakdown of resurfacing lettings \$68 mil in November, \$35 mil in December, \$53 mil in January, \$15 mil in March, \$46 mil in April and May totaling \$218 million. This includes the \$41.6 million reoccurring funds.

Bridge list going to commission for approval.

\$50 million of re-occurring funds to go towards SIB bonding.

#### Re-Organization

Leland Colvin was appointed to Chief Engineer of Operations.

Van Fuller was appointed as Deputy Secretary of Engineering.

Jay Hawkins moved to the Environmental office.

Brian Keys appointed Director of Right of Way.

(see attached org chart)

## Weather

SCDOT will consider time extensions for weather by regions. Districts 2 & 3 have the most rain delays. Working day formula was sent to the districts for calculating time extensions for the recent rain. If contractors do not agree with the formula for calculating rain delays, they can submit CPM schedules showing the delays but if the schedule shows less days than the formula, the CPM will control. Updated CPM schedules will need to be submitted by the contractors for cash flow projections.

## NEW BUSINESS

### Safety Topic

Chris presented the safety topic on risk in night time work zones. The risk includes safety, quality, and cost.

### ADT Memo

Construction office sent out memo to the districts allowing daytime lane closures on roads with ADT up to 1200 vph. Each District will make the call on whether a road will qualify for daytime paving.

### Insurance

Greg Peck provided handouts of required insurance forms. (see attached)

Certificate and checklist has to come from the insurance agent.

### Subcommittees

**Roadway Subcommittee:** Discussed GABC spec., weather, notification of revisions, low shoulder spec., ADA ramps and detectable surfaces.

**Bridge Subcommittee:** Discussed structural steel pay item, weather, and demo vs relocation of trusses.

**Project Development Subcommittee:** Did not meet

**Utility Subcommittee:** Did not meet

**Supplier Subcommittee:** Did not meet

**Design Build Subcommittee:** Industry has requested that SCDOT lengthen the time allowed and possibly increase the number of confidential meetings during the RFP process. SCDOT will incorporate longer and or more meetings during the process.

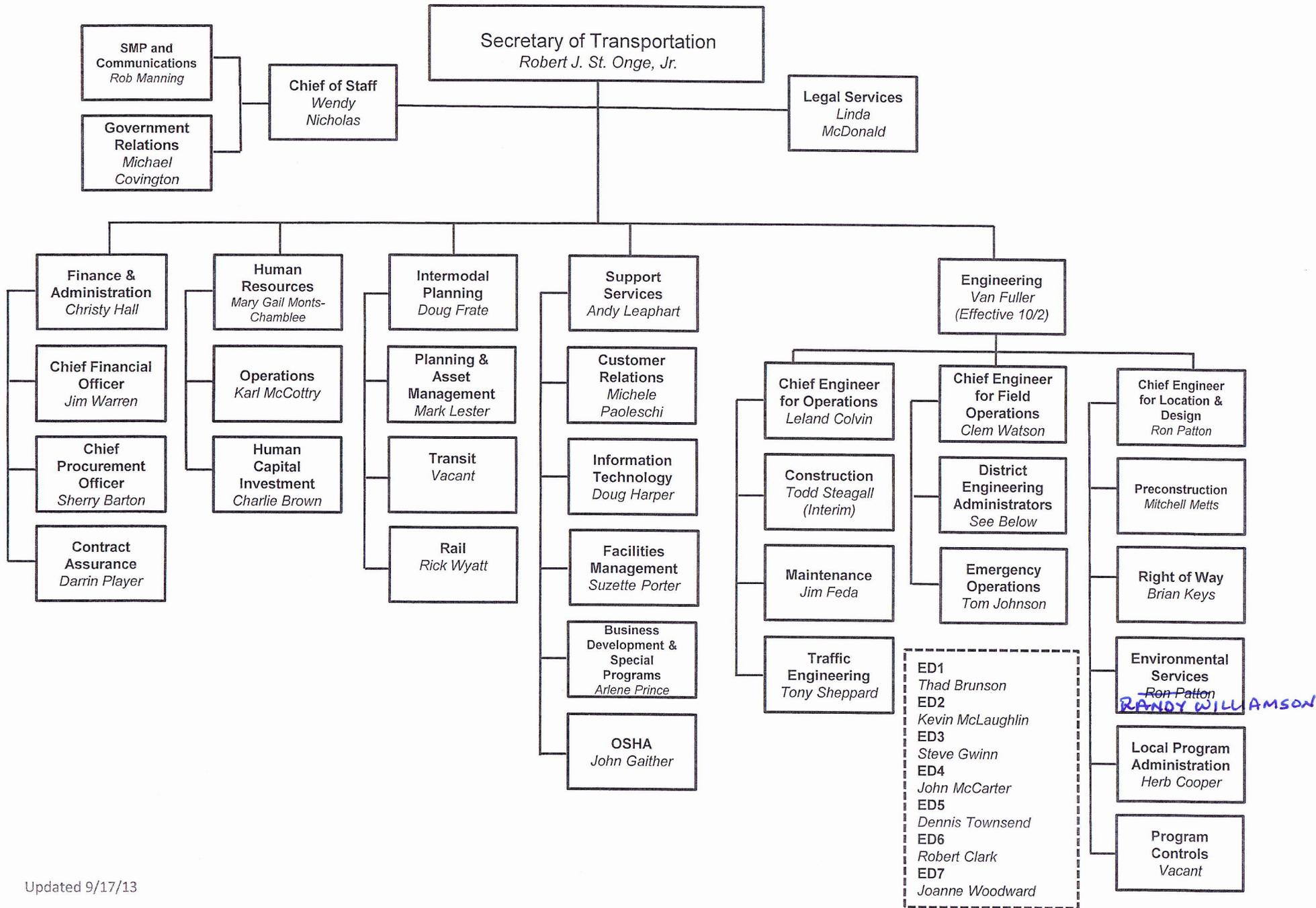
## **Other Business**

**Subcommittees combined:** AGC suggested that the project development and utility subcommittees be combined and maybe only meet twice a year or when topics arise. SCDOT will review the subcommittee list and provide an update for members.

**Disqualified firms:** If a firm has become disqualified, then SCDOT will not allow the firm to be a Prime, subcontractor, or supplier. If an officer of a company is suspended or disqualified, the company will not be allowed on state or federal jobs.

Next Meeting: November 20, 2013 in the 5<sup>th</sup> floor auditorium.

Adjourned



## **IMPORTANT NOTICE FOR CONTRACTORS**

### **Revised Requirements for Contractor's Certificate of Insurance**

If you were awarded a Contract from the July 9, 2013, Letting, you received a Notice to Contractors concerning Requirements for Contractor's Certificates of Insurance, dated July 23, 2013, which set forth the Department's updated requirements for Contractor's Certificate of Insurance. Please disregard those instructions as our requirements have been modified as indicated below:

1. Revised Certificate of Insurance form. Attached is a sample of an ACORD 25 form with required information, minimum policy limits, and other required notations. A Liberty Mutual form may be used, but it must have the same required information, minimum policy limits, and other required notations as in the sample ACORD form.
2. Contractors Insurance Coverage Checklist. Attached is a blank copy of the Checklist, which will be furnished with the Contracts sent to Contractors for execution. This Checklist must be completed in its entirety and submitted with the Certificate of Insurance.

#### **A CERTIFICATE OF INSURANCE WILL NOT BE ACCEPTED IF:**

- a. Xs in the TYPE OF INSURANCE column are not marked as shown in the sample Certificate.
- b. Ys in the ADDL INSR and SUBR WVD columns are not marked as shown in the sample Certificate.
- c. Verbiage in the DECSRIPTION OF OPERATIONS / LOCATION/ VEHICLES comment box does not covey the same endorsements as indicated in the sample. To avoid delays in determining equivalency, please use verbiage in sample.
- d. Certificate does not have all the information concerning the Producer, Insured, Agent, Insurers, Policy Numbers, Effective Dates, Expiration Dates, Limits, and Certificate Holder as indicated in the sample.
- e. The Certificate is not provided directly from the Agent.
- f. Checklist is not completely filled out with all YES or NO boxes checked and all blanks filled-in.
- g. Checklist is not submitted with the Certificate.
- h. Required endorsements indicated on page 2 of the Checklist are not submitted.

Please provide this information to your insurance Agents. Failure to comply with the requirements stated above may cause delays in execution of your Contracts. If you have any questions concerning the liability insurance requirements, please call Greg Peck, Contract Engineer, 803-737-1434.

Todd Steagall  
Interim Director of Construction

Attachments -2



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
DATE

**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 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).**

<b>PRODUCER</b>  Agency or Producer Company Name Street Address City, State Zip	<b>CONTACT NAME:</b> Agent's name <b>PHONE (A/C. No. Ext):</b> Agent's telephone number <b>FAX (A/C. No.):</b> Agent's fax number <b>E-MAIL ADDRESS:</b> Agent's e-mail address																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> ABC Insurance Company</td> <td></td> <td>NAIC No..</td> </tr> <tr> <td><b>INSURER B:</b> DFG Insurancecompany, if necessary</td> <td></td> <td>NACI No.</td> </tr> <tr> <td><b>INSURER C:</b> HIJ Insurance Company, if necessary</td> <td></td> <td>NAIC No.</td> </tr> <tr> <td><b>INSURER D:</b> KLM Insurance Company, if necessary</td> <td></td> <td>NAIC No.</td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A:</b> ABC Insurance Company		NAIC No..	<b>INSURER B:</b> DFG Insurancecompany, if necessary		NACI No.	<b>INSURER C:</b> HIJ Insurance Company, if necessary		NAIC No.	<b>INSURER D:</b> KLM Insurance Company, if necessary		NAIC No.	<b>INSURER E:</b>			<b>INSURER F:</b>	
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<b>INSURER F:</b>																					
<b>INSURED</b>  ABC Contractor Street Address City, State Zip																					

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	Policy Number	MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	Y	Y	Policy Number	MM/DD/YYYY	MM/DD/YYYY	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB	Y	Y	Policy number	MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE \$ <b>Note 1. below</b> AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	Policy Number	MM/DD/YYYY	MM/DD/YYYY	<input checked="" type="checkbox"/> WC STATUTORY LIMITS      OTH-ER E.L. EACH ACCIDENT \$ <b>100,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
							Note 1: Umbrella Each Occurrence + GL Each Occurrence + Auto Liability Single Limit must total \$5,000,000 or more.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project is SC File No. (from Contract)

It is agreed that the SCDOT and/or Owners ATIMA is/are named as Additional Insured(s) under General Liability, including Completed Operations as evidenced under Endorsement CG 2010(10-01) and CG 2037 (10-01) or their equivalent, & Auto Liability as required by the Contract as evidenced under Endorsement CA 2248 (02-99) or its equivalent, and policies are Primary and Non-contributory as respect to work performed on this project including Umbrella. A Waive of Subrogation is applied in favor of SCDOT and Owner(s) ATIMA as respect to General Liability, Auto Liability, Umbrella, and Workers Compensation policies. Umbrella policy is "follow form" over General Liability, Auto Liability, and Workers Compensation policies. 30-day Notice of Cancellation and 10-day Notice for Non-payment of Premiums endorsement is provided on all policies (or blanket endorsement).

**CERTIFICATE HOLDER****CANCELLATION**

South Carolina Department of Transportation (SCDOT) Attention Contract Administration Room 330 955 Park Street / PO Box 191 Columbia, SC 29201 / Columbia, SC 29202	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 <i>Signature</i> Note: Certificate must come directly from the Agent, and not from Contractor
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ACORD 25 (2010/05)

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## Contractors Insurance Coverage Checklist

**Contractor Name** \_\_\_\_\_ **Project.** \_\_\_\_\_

The purpose of this document is to confirm/verify that the insurance requirements contained in the Contract can be met by the Contractor. This document supplements the Certificate of Insurance and must be completed and **signed by the Contractor's Insurance Agent (NOT an employee of the Contractor)**. It must be returned with the Contractor's Certificate of Insurance and copy of endorsements indicated on page 2. Without this this Checklist accompanying the Certificate of Insurance the Contract cannot be executed. All YES boxes must be checked except for items in italics and noted as *(Optional)*, which can be checked YES or NO.

Yes	No	Does the Commercial General Liability include:
<input type="checkbox"/>	<input type="checkbox"/>	Aggregate limit of \$2,000,000 *(see note)
<input type="checkbox"/>	<input type="checkbox"/>	Per Project Aggregate
<input type="checkbox"/>	<input type="checkbox"/>	Primary/Non-Contributory wording
<input type="checkbox"/>	<input type="checkbox"/>	Waiver of Subrogation in favor of SCDOT
<input type="checkbox"/>	<input type="checkbox"/>	30-day Notice of cancellation (10-day Notice for Non-payment of Premium)
<input type="checkbox"/>	<input type="checkbox"/>	Blanket Contractual Liability
<input type="checkbox"/>	<input type="checkbox"/>	Coverage for damage to your work performed by subcontractor
<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured endorsement for "On-going/Completed Operations" or "your work" CG 2010 (10-01) and CG 2037 (10-01) or equivalent wording
<input type="checkbox"/>	<input type="checkbox"/>	<i>Bodily Injury/Property Damage Limits of \$2,000,000 (Optional)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>Subsidence or Earth Movement exclusion (Optional)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>Explosion, Collapse, Underground exclusion (Optional)</i>

Yes	No	Does the Business Auto Liability include:
<input type="checkbox"/>	<input type="checkbox"/>	Coverage for all vehicles (owned/ operated by Contractor) with limits of \$1,000,000 *(see note)
<input type="checkbox"/>	<input type="checkbox"/>	Additional Insured coverage endorsement (CA 2248 (02-99) or equivalent wording)
<input type="checkbox"/>	<input type="checkbox"/>	Waiver of Subrogation in favor of SCDOT
<input type="checkbox"/>	<input type="checkbox"/>	30-day Notice of Cancellation and 10-day Notice for Non-payment of Premium)
<input type="checkbox"/>	<input type="checkbox"/>	<i>Broadened Coverage for Covered Autos endorsement (CA 9948 or equivalent wording) (Optional)</i> <i>If NO, is this coverage available? __Y__N If Y, cost of this coverage is \$ _____</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>MCS 90 endorsement (Optional)</i>

Yes	No	Does the Workers Compensation/Employers Liability include:
<input type="checkbox"/>	<input type="checkbox"/>	Statutory limits for coverage A (Workers Compensation) for State of SC
<input type="checkbox"/>	<input type="checkbox"/>	\$100,000 limits of Employers Liability for Each Accident
<input type="checkbox"/>	<input type="checkbox"/>	\$100,000 limits of Employers Liability for Disease – Each Employee
<input type="checkbox"/>	<input type="checkbox"/>	\$500,000 limits of Employers Liability for Disease - Policy Limit *(see note)
<input type="checkbox"/>	<input type="checkbox"/>	Waiver of Subrogation in favor of SCDOT
<input type="checkbox"/>	<input type="checkbox"/>	Includes Coverage for all owners/partners/proprietors/ members
<input type="checkbox"/>	<input type="checkbox"/>	<i>USL&amp;H coverage (Optional) If NO, is coverage available __Y__N</i>

**\*Note: All lines of coverage can be a combination of Underlying/Umbrella/or Excess Policies**

## Contractors Insurance Coverage Checklist

Yes	No	Does the Umbrella/Excess Liability:
<input type="checkbox"/>	<input type="checkbox"/>	Each Occurrence Limit *(See note on bottom of page 1)
<input type="checkbox"/>	<input type="checkbox"/>	Coverage follow form over WC, Auto and General Liability to include Primary/Non-contributory, Additional Insured and Waiver of Subrogation wording
<input type="checkbox"/>	<input type="checkbox"/>	30-day Notice of Cancellation and 10-day Notice for Non-payment of Premium)
<input type="checkbox"/>	<input type="checkbox"/>	<i>Subsidence or Earth Movement exclusion (Optional)</i>

Yes	No	<b>Pollution Coverage (Optional)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<i>Is the pollution coverage provided in a separate pollution Policy</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>Is this policy per Occurrence</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>Is this policy per Claims Made If so, please provide the retroactive date on policy ___/___/___</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>Can your policy provide an Additional Insured endorsement in favor of SCDOT</i>

Yes	No	<b>Professional Liability (Optional unless you provide professional services)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<i>Per Claim and annual Aggregate Limit of \$ _____</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>Professional coverage provided in a separate Professional Policy</i>
<input type="checkbox"/>	<input type="checkbox"/>	<i>Professional coverage provided under CGL policy with CG2280</i>

Name of Agency completing form \_\_\_\_\_

Telephone number of Agent including Ext. \_\_\_\_\_ Ext. \_\_\_\_\_

E-mail address of Agent \_\_\_\_\_

Signature of Agent. \_\_\_\_\_

Printed Name of Agent \_\_\_\_\_

Title: \_\_\_\_\_

**PROVIDE COPIES OF THE FOLLOWING:**

1. CERTIFICATE OF INSURANCE
2. THIS CHECKLIST WITH ALL BLANKS FILLED-IN AND ALL YES OR NO BOXES CHECKED
3. THE FOLLOWING ENDORSEMENTS TO ALL POLICIES:
  - CG 2010 (10-01) and CG 2037 (10-01) or equivalent wording
  - CA 2248 (02-99) or equivalent wording
  - CA 9948 or equivalent wording (if available)
  - Endorsement for 30-day Notice of Cancellation and 10-day Notice for Non-payment of Premium to be provided on CGL, Auto, Umbrella, and WC policies. (A Blanket endorsement is acceptable.)
  - *Additional Insured wording for Pollution coverage (Optional)*