



PHILADELPHIA REDEVELOPMENT
AUTHORITY

REQUEST FOR PROPOSALS

**CONSULTANT SERVICES FOR ENTERPRISE WIDE
MOBILE ELECTRONIC DATA SYSTEM**

APRIL 13, 2015

Contract Opportunity
CONSULTANT SERVICES FOR
ENTERPRISE WIDE MOBILE ELECTRONIC DATA SYSTEM

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1. INTRODUCTION

The Philadelphia Redevelopment Authority (“PRA”) invites competitive proposals from qualified consultants for an enterprise wide mobile electronic data collection system to assist the PRA with its obligations for Housing Inspection and Compliance.

Proposals will be reviewed to determine the most responsive proposal in accordance with the evaluation/selection criteria listed below.

All Bids are due no later than May 4, 2015 at 3:00 PM.

2. GENERAL SPECIFICATIONS AND CONDITIONS

The PRA is currently seeking qualified bidders for a Consultant Services contract for an enterprise wide mobile electronic data collection system to assist the PRA with its obligations for Housing Inspection and Compliance (the “Contract”). The services in this Contract will be for an enterprise wide mobile electronic data collection system that includes software to support mobile and office hardware for use in the application of PRA’s operations and programmatic requirements (the “Services”).

The Contract shall include, but not be limited to, the following Services:

- Becoming familiar with current program operations in an effort to provide necessary guidance and programming for integration of new data collection with existing system of operation
- Selection, development and deployment of appropriate software packages for Housing Inspection and Compliance needs

At a minimum, the Contractor shall provide the Software to be loaded onto devices, included in training, and made ready for integration into current program operations for:

1. Form documents that are easy to create and modify. Documents are to be logically ordered; have a wide range of information notation capability; be designed mainly for selection entry (not repetitive key stroking); and have customized entry capabilities.
 2. Support for Devices with photography and custom naming capabilities
 3. Support for Devices with significant storage capabilities for information such as technical specifications, reference books, and other resources
 4. Support for Devices with electronic signature capabilities
 5. Support for Devices with transmitting and receiving email capabilities
- Initial staff training in use of the relevant hardware and software
 - Training to IT support staff for the ongoing maintenance and monitoring of relevant hardware and software

The contractor shall be responsible for the satisfactory and complete execution of the Services in accordance with the true intent of the specifications. He/she will advise PRA on the procedural design for the organized collection of data along with the best method for transferring the data through

programmatic steps. The Contractor shall provide, without extra charge, all incidental items required as part of the work even though not particularly specified or indicated.

Term

The Contract will be for a term of one year.

Insurance Requirements

Insurance is a requirement for this engagement in accordance with **Attachment C** attached. No contract will be executed nor purchase order issued unless and until all required insurance certificates, in the required amount, are received. ALL INSURANCE MUST MEET THE FOLLOWING REQUIREMENTS:

- Insured must be in the same name and address as the Bidder
- The insurance carrier must be rated "A" or better by AM best
- The certificate holder must be the Philadelphia Redevelopment Authority, and specifically named as an additional insured on the certificate in the "Description of Operations section"
- Certificate must be signed by an authorized representative of the insurance company/carrier

Award

Upon notification of contract award by the PRA, the contractor shall submit to the PRA documentation as may be requested or required hereunder. Upon receipt and subsequent approval by the PRA, PRA staff will contact the contractor and inform him/her when he/she may proceed.

Contractor Status

The contractor and his/her/its employees at all times shall be considered as an independent contractor, and not as PRA employees. As an independent contractor, the contractor's payment under this contract shall not be subject to any withholding for tax, social security, or other purposes; nor shall contractor or his/her employees be entitled to sick leave, pension benefits, vacation, medical benefits, life insurance, or unemployment compensation or the like from the City of Philadelphia (the "City").

The contractor shall exercise all supervisory control and general control over all day to day operations of his/her employees including control over workers duties. The Contractor shall also be responsible for payment of all wages to employees, taxes and fringe benefits, and shall discipline employees as needed, including hiring and firing.

Cancellation Option

The PRA reserves the right to cancel the contract by giving thirty (30) days written notice to the contractor. If cancellation is for default of contract due to non-performance, the contract may be canceled without notice. The contractor may cancel the contract by giving the PRA (30) thirty days written notice of such intention. All notices are effective upon the date of mailing.

Change and/or Contract Modifications

The PRA reserves the right to increase or decrease service, or make any changes necessary, at any time during the duration of this contract, or any negotiated extension thereof.

Price adjustments due to any of the foregoing changes shall be based on a pro-rated basis based on this bid/contract. Prices for extra work requested during this contract which are not part of this contract will be negotiated at the time of occurrence.

Changes of any nature, after contract award, which reflects an increase or decrease in cost, shall require a written change order request to be issued by the PRA.

Time and Progress

It is understood and agreed that "time is of the essence," in respect to the work contemplated herein, and the contractor agrees to do the work covered by the contract in conformity with the provisions set forth herein and to perform all work with all due diligence as to complete any work required under the contract within the shortest reasonable period of time. Contractor must have personnel capable of finishing designated assignments within the agreed upon timeframe.

Contractor Responsibility

Contractor may perform only services at the prices quoted in the contract and that are reflected on an amended contract (a change to a contract is issued whenever the items, unit price, total amount, or terms and conditions change from the original contract).

Contractors may perform services up to the dollar limit of the contract and for the period shown on the contract. Contractors are requested to carefully monitor obligations against the contract and inform the PRA of anticipated funding shortfalls.

Should services be performed that are not specifically incorporated and priced into the contract and/or delivered without a written proceed order, the PRA shall have no obligation for payment.

Contractor must provide, in writing, a detailed and agreed upon schedule at the start of each assignment. This schedule must be received prior to the commencement of work. Changes to the schedule require PRA approval. No work will begin until the above conditions are met.

Method of Payment

The contractor shall furnish an invoice for services rendered for each application period which shall include labor and-expenses. The billing shall reference the appropriate contract number and shall

contain, if applicable, adjustments for additions, deletions or changes in service. The PRA will pay the billed amount in accordance with bid rate. Payments shall be paid within 30 days of the date of the submittal.

The contractor shall hold harmless and indemnify the PRA and all of its officers, agents and employees against all claims for damages to public or private property and for injuries to persons arising out of and during the project and to the completion of the work.

The agreement is the only agreement between the parties. The parties have not agreed, either verbally or in writing, to any other terms or conditions not contained in this document.

3. SCHEDULE

The timeline for this Contract Opportunity is as follows:

Event	Date
Notice of Contract Opportunity Posted	April 13, 2015
Proposals Due	May 4, 2015
Respondent(s) Selected	May 14, 2015
Contract Executed	May 16, 2015

These dates are estimates only and the PRA reserves the right, in its sole discretion, to alter this schedule as it deems necessary or appropriate.

4. PROPOSAL REQUIREMENTS

In order to help simplify the review process and obtain the maximum degree of comparison, the Authority requests that all proposals shall be organized in the following manner:

A. Title Page

Identify the RFP subject, the name of the Consultant firm, local address, telephone number, name of contact person and date

B. Table of contents

Include a clear identification of the material by section and by page number.

C. Letter of transmittal

Limit to one or two pages.

1. Briefly state the understanding of work to be done and make a positive commitment to perform the work within the designated time periods.
2. State the all-inclusive maximum fee for which the work will be done.
3. State the names of the persons who will be authorized to make representations for the firm, their titles, addresses, and telephone numbers

D. Profile of the Proposer

1. Indicate whether the firm is local, regional, national or international
2. Identify the location of the office from which the work is to be done and the number of partners, managers, supervisors, seniors and other professional staff at the office.
3. Describe the range of activities performed by the local office such as government compliance audits, management services.
4. List recent compliance audits of federal funded programs.

E. Mandatory Criteria

1. **Tax Clearance and Conflict of Interest Form:** Respondents, upon request of the PRA, must provide evidence satisfactory to the PRA that all municipal taxes, including business taxes, real estate, school, water and sewer charges, if applicable, are current for both the individual applicant and the applicant's firm and neither is currently indebted to the City; will at any time during the term of the agreement be indebted to the City, for or on account of any delinquent taxes, liens, judgments, fees or other debts for which no written agreement or payment plan satisfactory to the City has been established. Please complete the Philadelphia Tax Status Certification and Conflict of Interest form (**Attachment A**) and submit it with your proposal.
2. **Campaign Contribution Disclosure Forms:** Please complete the applicable disclosure forms (**Attachment B**) and submit with your proposal.
3. **Insurance Requirements:** Please submit a certificate of insurance evidencing the required coverage as outlined in **Attachment C** with your proposal.

5. EVALUATION/SELECTION

The PRA intends to award a contract to the applicant(s) who best demonstrates the level of experience, skill and competence required to perform the services called for in this RFP in the most efficient, cost-effective, and professional manner. The successful respondent will be willing to work pursuant to the PRA's contract terms and conditions which include – without limitation – non-discrimination requirements, indemnification of the PRA, insurance coverage in accordance with the requirements indicated in **Attachment "C"** and cost principles. The PRA reserves the right not to award contracts as a result of this RFP, or to award contracts for part of this scope.

The PRA will be guided by the following criteria in making a selection for award, and will use its professional judgment in determining which respondent best serves the interests of the PRA:

- Ability or capacity to meet particular requirements of this contract opportunity and needs of the PRA.
- Qualifications/prior experiences of various scales; demonstrated relative strength, reputation and successful experience providing services.
- Eligibility under Philadelphia Code provisions relating to campaign contributions.

- Compliance with PRA standards for contracting, such as indemnification and non-discrimination.
- Competence and proven track record working with private sector, governments and development organizations.
- Cost Analysis
- Administrative and operational efficiency, requiring less PRA oversight and administration. Accessibility of the consultants to the PRA.
- Demonstrated ability to meet timelines and milestones.
- Any other factors the PRA considers relevant to the evaluation of the responses from applicants.

6. DECLARATIONS AND OTHER INFORMATION

MBE/WBE/DBE Firms: The PRA strongly encourages and promotes the employment of qualified MBE/WBE/DBE firms in all aspects of its procurement of goods and services. Respondent will be required to show a good faith effort that is a sincere and honest effort to recruit, target, and direct economic opportunities, from MBE/WBE/DBE firms. This should include a policy on the recruitment or solicitation of the policy. If applicant is a Certified M/W/DBE, defined as Minority Business Enterprises (MBE), Woman Business Enterprises (WBE), or Disabled Business Enterprises (DBE); please submit information to confirm Certification as part of bid proposal.

Reservation of Rights

By submitting a proposal in response to this RFP, an Applicant affirmatively acknowledges: (i) its acceptance of the terms and conditions of this RFP; (ii) the PRA may exercise in its sole discretion the following rights; and (iii) the PRA may exercise the following rights at any time and without notice to any Applicant.

1. to reject any and all proposals;
2. to supplement, amend, substitute, modify or re-issue the RFP with terms and conditions materially different from those set forth here;
3. to cancel this RFP with or without issuing another RFP;
4. to extend the time period for responding to this RFP;
5. to solicit new proposals;
6. to conduct personal interviews with any Applicant to assess compliance with the selection criteria;
7. to request additional material, clarification, confirmation or modification of any information in any and all proposals;
8. to negotiate any aspect of a proposal, including price;
9. to terminate negotiations regarding any and all proposal at any time;
10. to expressly waive any defect or technicality in any proposal;

11. to rescind a selection prior to contract execution if the PRA determines that the proposal does not conform to the specifications of this RFP;
12. to rescind a selection prior to contract execution if the PRA determines that the specifications contained in this RFP are not in conformity with law or that the process in selection of a proposal was not in conformity with law or with the legal obligations of the PRA;
13. in the event a contract is awarded, the successful Applicant or Applicants shall procure and maintain during the life of the contract liability insurance in an amount to be determined prior to the award of any contract;
14. in the event a contract is awarded, all Applicants agree to perform their services as an independent contractor and not as an employee or agent of the PRA;
15. in the event a contract is awarded, all Applicants agree that no portion of performance of the contract shall be subcontracted without the prior written approval of the PRA; and
16. each Applicant agrees to indemnify, protect and hold harmless the PRA from any and all losses, injuries, expenses, demands and claims against the PRA or the City of Philadelphia sustained or alleged to have been sustained in connection with or resulting from (i) the submission of the Applicant's proposal; (ii) the delivery by the Applicant to the PRA of any other documents or information; and (iii) any other conduct undertaken by the Applicant in furtherance of or in relation to the Applicant's proposal. Each Applicant agrees that its duty to indemnify and hold harmless shall not be limited to the terms of any liability insurance, if any, required under this RFP or subsequent contract.

7. APPLICATION PROCESS

Applicants must submit **three (3) original copies of the proposal and one electronic copy on CD to the PRA no later than May 4, 2015 at 3 pm**; absolutely no proposals will be accepted after that time. Files on the CD may only be in Microsoft Word or Adobe PDF.

The PRA will only accept one response to this RFP from an applicant, whether an individual, partnership, LLC, non-profit, for profit or other business entity. Individuals that are related to each other or business entities that are legally related to each other or to a common entity may not submit separate proposals. The PRA, in its sole and absolute discretion, retains the right to reject any proposal where: 1) applicants or principals of applicants are substantially similar or substantially related parties; or 2) the PRA has determined that the applicant has violated these conditions or the spirit of these conditions.

Applicants may hand deliver or send proposals via registered mail to:

Philadelphia Redevelopment Authority
1234 Market Street, 16th Floor
Philadelphia, PA 19107
Attn: Melvis Dunbar

Phone: 215-854-6500

Contact for Additional Information

All questions and requests for additional information should be directed in writing to Melvis Dunbar at melvis.dunbar@pra.phila.gov. Questions will only be accepted until April 25, 2015.

ATTACHMENT A

PHILADELPHIA TAX STATUS CERTIFICATION REQUEST

CITY OF PHILADELPHIA DEPARTMENT OF REVENUE

REQUESTER: PHA PHDC PIDC PPA PRA OTHER _____

Taxpayer Name: _____ Date: _____

Taxpayer Trading As: _____

Home Address: _____

Business Address: _____ Business Phone #: _____

1. Are you a Registered Taxpayer? YES NO

If so, provide your Federal Employer Identification Number here: _____

If so, provide your Philadelphia Business Tax Account Number here: _____

If so, provide your Social Security Number here: _____

2. Are you presently delinquent in any City of Philadelphia or Philadelphia School District taxes? YES NO

If so, what tax and amount owed? _____

3. Are you presently delinquent in Water and Sewer charges? YES NO

If so, amount owed: \$ _____

4. Have you ever been sued by the City of Philadelphia or the Philadelphia School District? YES NO

Have you declared bankruptcy? YES NO

If so, list date and nature of lawsuit or filing date of bankruptcy petition: _____

5. Are you involved in any other business activity? YES NO

If so, list company name(s) and account number(s) here: _____

6. Do you own real estate? YES NO

If so, list address(es) here, or on the back of this form: _____

I hereby affirm that the information provided above is true and correct to the best of my knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa. C.S.A. Sec. 4904 relating to unsworn falsification to authorities.

Name: (Please Print) _____

Title: _____

Signature: _____

Date: _____

REAL ESTATE OWNED BY TAXPAYER

A series of horizontal lines for data entry, consisting of 20 lines below the header box.

CONFLICT OF INTEREST

All applicants are required to comply with federal, state and local regulations prohibiting conflicts of interest. The regulations concern the following groups of people:

- A. Employees, consultants, officers, or elected or appointed officials of the City of Philadelphia or Philadelphia Redevelopment Authority.

- B. Employees, consultants, or officers of any organization or business receiving federal, state or local funds or participating in a government housing program (including, but not limited to, Philadelphia Housing Development Corporation, Philadelphia Industrial Development Corporation and city-funded non-profits housing entities).

1. Are you now, or have you been during the preceding year, in one of the categories (A or B) described above?

YES NO

2. Is any member of your family or your spouse's family now, or have they been during the preceding year, in one of the categories (A or B) described above?

(Family members include spouses, parents, brothers, sisters, or children).

YES NO

- If yes, please state the nature of your relationship and briefly describe your family member's duties or title with respect to the organization or business.

3. Is any person with whom you have a business relationship, or with whom you have had a business relationship during the preceding year, in one of the categories (A or B) described above?

(A person with whom you have a business relationship includes your employees, partners, shareholders, officers or directors).

YES NO

- If yes, please state the nature of your relationship and briefly describe that person's duties or title with respect to the organization or business.

CONFLICT OF INTEREST

4. Does or will any person in one of the categories (A or B) described above have any interest in any contract for materials or services related to the project or property for which you are applying?

YES NO

Briefly describe the nature of that person's interest in the contract for materials or services.

ADDITIONAL DISCLOSURES

1. Do you own any property that is subject to any significant unresolved violation of City codes and ordinances?

YES NO

2. As a property owner, have you been involved in Philadelphia tax foreclosure proceeding in the last five years?

YES NO

3. Have you or any member of your development team been convicted of any felony within the past five years?

YES NO

4. Are you listed as an owner of record on the Philadelphia District Attorney's list of land that has been confiscated due to criminal activity?

YES NO

NOTICE: The Philadelphia Redevelopment Authority is subject to the Pennsylvania Right to Know Law. Any information provided in any of the foregoing documents may be subject to disclosure to the public.

CERTIFICATION

I do hereby declare that I have filed the foregoing Statement of Interest and do hereby certify that the statements made in the foregoing Statement are true and correct to the best of my knowledge, information, and belief. I understand that false statements made herein are subject to the penalties of the Act of December 6, 1972, PLI 1482, No. 334, as amended, 18 PA. C. A 4904, relating to unsworn falsification to authorities.

Signature _____

Date _____

ATTACHMENT B

Disclosure Forms

Directions:

1. Please read the following information regarding the completion of these disclosure forms. Please review the definitions prior to completing any form.
2. Date and initial the top of each form after you have completed it and sign the form on the last page.
3. NOTE: There are two different types of campaign contribution disclosure forms: one for those who are applying as individuals and one for those applying as businesses. Only fill out one type of form. (If you have used a consultant with respect to applying for this non-competitively bid contract you will have to fill out a campaign contribution disclosure form for them as well.)

Getting Started

There are five sets of disclosure forms enclosed in this packet. You must provide information for each disclosure form. The information you must disclose includes:

1. Any contributions (defined as a provision of money, in-kind assistance, discounts, forbearance or any other valuable thing) made during the two years prior to the application deadline for this non-competitively bid contract opportunity;
2. The name of any consultant(s) you used to help in obtaining the non-competitively bid contract and any campaign contributions they have made during the two years prior to the application deadline;
3. Any subcontractors you are planning to use if awarded this contract;
4. Whether a City of Philadelphia or Redevelopment Authority employee or official asked you to give money, services, or any other thing of value to any individual or entity; and
5. Whether a City of Philadelphia or Redevelopment Authority employee or official gave you any advice on how to satisfy any minority, women, disabled or disadvantaged business participation goals.

More information on Disclosing Campaign Contributions

Applicants for contract opportunities must disclose any contributions they made to:

- A candidate for nomination or election in any public office in the Commonwealth of Pennsylvania
- An incumbent in any public office in the Commonwealth of Pennsylvania
- A political committee or state party in the Commonwealth of Pennsylvania
- A group, committee, or association organized in support of any candidate, office holder, political committee or state party in the Commonwealth of Pennsylvania

Attribution Rules. In addition to disclosing contributions made directly by the applicant, the applicant will be asked to supply information on other types of contributions. The campaign contribution disclosure forms will include questions that specifically ask for information on these other types of contributions. These contributions will be attributed to the individual or business and will be used to determine the applicant's eligibility to be awarded a contract.

Businesses (i.e. corporation, limited liability company, partnership association, joint venture, or any other legal entity) have to disclose contributions made by the following:

- Applicant business
- Parent, subsidiary, or otherwise affiliated entity of the applicant business ("affiliate")
- An individual or business that is then reimbursed by the applicant business or affiliate
- Officers, directors, controlling shareholders, or partners of the for-profit applicant business or for-profit affiliate
- Political action committee controlled by applicant business or affiliate
- Political action committee controlled by officer, director, controlling shareholder, or partner of the for-profit applicant business or for-profit affiliate

Individuals have to disclose contributions made by the following:

- Applicant individual
- Member of individual's immediate family (i.e., spouse, life partner, or dependent child living at home), when contributions are in excess of \$2900

In addition to direct contributions to candidates, incumbents, or political committees in the Commonwealth of Pennsylvania, applicants are also required to disclose:

1. Contributions not directly given to a candidate, incumbent, or political committee but made with the intent that the contribution will benefit the candidate, incumbent, or political committee;
2. Solicitation of contributions on behalf of a candidate, incumbent, or political committee, including the hosting of or solicitation at fundraising events (required to disclose details regarding the date of event and amount raised); and
3. Contributions not made directly by the individual/business to a candidate, incumbent, or political committee but furnished by the individual / business (as an "intermediary").

Eligibility Restrictions

If an individual makes contributions totaling over \$2,900 in one calendar year to a candidate for City elective office or to an incumbent, the individual is not eligible to receive a non-competitively bid contract during that candidate's or incumbent's term of office.

If a business makes contributions totaling over \$11,500 in one calendar year to a candidate for City elective office or to an incumbent, the business is not eligible to receive a non-competitively bid contract during that candidate's or incumbent's term of office.

Although individuals and businesses have to disclose campaign contributions made during the two years prior to the deadline for completing these forms, the eligibility restrictions take into consideration only those contributions made on or after January 1, 2006.

→ **Note on Eligibility:** If a candidate for any City elective office contributes \$250,000 or more from his or her personal resources to his or her campaign, then the eligibility thresholds for individuals and businesses shall double with respect to contributions to all candidates for that same elective office (i.e. \$5,800 for individuals and \$23,000 for businesses).

Definitions

Affiliate	A parent, subsidiary, or otherwise affiliated entity of a business
Applicant	An individual or business who has filed an application to be awarded a non-competitively bid contract
Business	A corporation, limited liability company, partnership, association, joint venture or any other legal entity (including non-profit organizations) that is not an Individual
Candidate	Any individual who seeks nomination or election to public office, other than a judge of elections or inspector of elections, whether or not such individual is nominated or elected. An individual shall be deemed to be seeking nomination or election to such office if he or she has (1) received a contribution or made an expenditure or has given his consent for any other person or committee to receive a contribution or make an expenditure, for the purpose of influencing his or her nomination or election to such office, whether or not the individual has made known the specific office for which he or she will seek nomination or election at the time the contribution is received or the expenditure is made; or (2) taken the action necessary under the laws of the Commonwealth of Pennsylvania to qualify himself or herself for nomination or election to such office.
Consultant	A person used by an applicant to assist in obtaining a non-competitively bid contract through direct or indirect communication by such individual or business with any City agency or City officer or employee or any Redevelopment Authority officer or employee, if the communication is undertaken by such individual or business in exchange for, or with the understanding of receiving, payment from the applicant; provided, however, that "Consultant" shall not include a full-time employee of the applicant.
Contributions	The provision of money, in-kind assistance, discounts, forbearance or any other valuable thing, during the two years prior to the deadline for the filing of the application for the contract opportunity, to any of the following: <ul style="list-style-type: none"> - a candidate for nomination or election to any public office in the Commonwealth of Pennsylvania; - an incumbent in any public office in the Commonwealth; - a political committee or state party in the Commonwealth; or - a group, committee or association organized in support of any candidate, office holder, political committee or state party in the Commonwealth.
Immediate family	A spouse or life partner residing in the individual's household or minor dependent children
Incumbent	An individual who holds elective office
Intermediary	A person, who, other than in the regular course of business as a postal, delivery or messenger service, delivers a contribution from another individual or business to the recipient of such contribution
Non-Competitively Bid Contract	A contract for the purchase of goods or services to which the City or City Agency is a party that is not subject to the lowest responsible bidder requirements of Section 8-200 of the Home Rule Charter, including, but not limited to, a Professional Services Contract, and any renewal of such a contract (other than a renewal term pursuant to an option to renew contained in an executed contract)
Person	An individual, corporation, limited liability company, partnership, association, joint

	venture, or any other legal entity
Political committee	Any committee, club, association or other group of persons which receives money or makes expenditures for purposes of influencing any election
Professional Services Contract	A contract to which the City or a City Agency is a party that is not subject to the lowest competitive bidding requirements of Section 8-200 of the Home Rule Charter because it involves the rendition of professional services, including any renewal of such a contract (other than a renewal term pursuant to an option to renew contained in an executed contract)
Solicit a Contribution	Requesting or suggesting that a person make a contribution. The sponsoring or hosting of a fundraising event is considered soliciting a contribution from the attendees of the event. Any contributions raised at such event are counted as a contribution made by the host of the event.

Date: _____

Initials: _____

If Applying as an Individual:
Campaign Contribution Disclosure Form

Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Note that you must provide information for the two years prior to the application deadline.

	Yes	No
Have you made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Have you solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of your immediate family made any contributions over and above \$2,900?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of your immediate family solicited or served as an intermediary for contributions over and above \$2,900?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Check here to certify that no contributions were made.</i>	<input type="checkbox"/>	

Additional information on every contribution must be disclosed.
Please use the table provided on the next page.

Date: _____

Initials: _____

If Applying as a Business:
Campaign Contribution Disclosure Form

Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Where “non-profit” is an option, indicate whether the business is a non-profit; non-profits are not required to disclose contribution information on these questions. Note that you must provide information for the two years prior to the application deadline.

	Yes	No	Non-Profit
Has the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the business solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of the business made any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an officer, director, controlling shareholder, or partner of the business solicited or served as an intermediary for any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an affiliate of the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an affiliate of the business solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the business made any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the business solicited or served as an intermediary for any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	
Has the business or an affiliate of the business reimbursed another individual or business for a contribution that the individual or business has made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit business, or of a for-profit affiliate of the business, reimbursed another individual or business for a contribution that the individual or business has made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by the business or by an affiliate of the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by an officer, director, controlling shareholder, or partner of the for-profit business, or of a for-profit affiliate of the business, made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Check here to certify that no contributions were made.</i>		<input type="checkbox"/>	

Note: Applicants must disclose all contributions to candidates or incumbents which are attributed to an immediate family member of an officer, director, controlling shareholder or partner of the for-profit Applicant or the for-profit affiliate of the Applicant. Please disclose the full amount of the contribution, although only the amount above \$2900 will be attributed to the officer, director, controlling shareholder or partner (and, by extension, the Applicant business).

Additional information on every contribution must be disclosed.
Please use the table provided on the next page.

Date: _____

Initials: _____

If Applying as a Business:
Campaign Contribution Disclosure Form

For relationship, indicate whether the contributor was the Business, Affiliate, Controlled Political Committee, Controlling Shareholder, Director, Officer, Parent, Partner, Reimbursed Contributor, Solicited Contributor, Subsidiary, or Other.

Name of Contributor	Relationship (to individual or business completing this form)	Name of Recipient	Date of Contribution	Amount of Contribution

Please use additional pages as needed.

Date: _____

Initials: _____

Use of Consultant Disclosure Form

Please list all consultant(s) used in the year prior to the application deadline for this contract opportunity and the corresponding information for that consultant in the space provided below.

Please note that a Consultant, for the purposes of the required disclosures, is defined as an individual or business used by an applicant or contractor to assist in obtaining a non-competitively bid contract through direct or indirect communication by such individual or business with a City agency or City employee or official or the Redevelopment Authority or any Redevelopment Authority officer or employee, if the communications is undertaken in exchange for, or with the understanding of receiving, payment from the applicant or contractor or any other individual or business (however, "Consultant" shall not include a full-time employee of the Applicant or Contractor).

Check here to certify that no consultant(s) was used in the year prior to the application deadline for this contract opportunity. <input type="checkbox"/>	
Consultant Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid	
Consultant Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid	
Consultant Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid	
Consultant Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid	

Date: _____

Initials: _____

Consultant: Individual Campaign Contribution Disclosure Form

Use this form if the Consultant used is an Individual. Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Note that you must provide information for the two years prior to the application deadline.

	Yes	No
Has the Consultant made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Consultant solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of the Consultant's immediate family made any contributions over and above \$2,900?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of the Consultant's immediate family solicited or served as an intermediary for contributions over and above \$2,900?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Check here to certify that no contributions were made.</i>	<input type="checkbox"/>	

Additional information on every contribution must be disclosed.
Please use the table provided on the next page.

Date: _____

Initials: _____

Consultant: Business Campaign Contribution Disclosure Form

Use this form if the Consultant used is a Business. Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Where "non-profit" is an option, indicate whether the business is a non-profit; non-profits are not required to disclose contribution information on these questions. Note that you must provide information for the two years prior to the application deadline.

	Yes	No	Non-Profit
Has the Consultant business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Consultant business solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of the Consultant business made any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an officer, director, controlling shareholder, or partner of the Consultant business solicited or served as an intermediary for any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an affiliate of the Consultant business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an affiliate of the Consultant business solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the Consultant business made any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the Consultant business solicited or served as an intermediary for any contributions? See note below.	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Consultant business or an affiliate of the business reimbursed another individual or business for a contribution that the individual or business has made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of the for-profit Consultant business, or of a for-profit affiliate of the Consultant business, reimbursed another individual or business for a contribution that the individual or business has made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by the Consultant business or by an affiliate of the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by an officer, director, controlling shareholder, or partner of the for-profit Consultant business, or of a for-profit affiliate of the Consultant business, made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Check here to certify that no contributions were made.</i>		<input type="checkbox"/>	

Note: Consultants must disclose all contributions to candidates or incumbents which are attributed to an immediate family member of an officer, director, controlling shareholder or partner of the for-profit Consultant or the for-profit affiliate of the Consultant. Please disclose the full amount of the contribution, although only the amount above \$2900 will be attributed to the officer, director, controlling shareholder or partner (and, by extension, the Consultant business).

Additional information on every contribution must be disclosed.
Please use the table provided on the next page.

Date: _____

Initials: _____

Consultant: Business Campaign Contribution Disclosure Form

Use this form if the Consultant used is a Business. For relationship, indicate whether the contributor was the Consultant Business, Affiliate, Controlled Political Committee, Controlling Shareholder, Director, Officer, Parent, Partner, Reimbursed Contributor, Solicited Contributor, Subsidiary, or Other.

Name of Contributor	Relationship to Consultant	Name of Recipient	Date of Contribution	Amount of Contribution

Please use additional pages as needed.

Date: _____

Initials: _____

Use of Subcontractor Disclosure Form

Please list all subcontractor(s) you are planning to use if awarded this non-competitively bid contract by filling out the appropriate information in the space provided below.

Check here to certify that no subcontractor(s) are to be used. <input type="checkbox"/>	
Subcontractor Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid, or Percentage to be Paid	
Subcontractor Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid, or Percentage to be Paid	
Subcontractor Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid, or Percentage to be Paid	
Subcontractor Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid, or Percentage to be Paid	

Date: _____

Initials: _____

Employee Request Disclosure Form

Please list any City of Philadelphia or Redevelopment Authority employees or officers who have asked you (the Applicant), any officer director, or management employee of the Applicant, or any person representing the Applicant to give money, services, or any other thing of value (other than contributions as defined above) during the two years prior to the application deadline for this contract opportunity.

Check here to certify that no City of Philadelphia or Redevelopment Authority employees or officers who have asked you (the Applicant), any officer director, or management employee of the Applicant, or any person representing the Applicant to give money, services, or any other thing of value (other than contributions as defined above) during the two years prior to the application deadline for this contract opportunity.

Name of Employee/Officer	
Title	
Money Services, or Thing of Value Requested	
Money, Services, or Thing of Value Given (If none, write "none")	
Date Requested	
Date of Payment	

Name of Employee/Officer	
Title	
Money Services, or Thing of Value Requested	
Money, Services, or Thing of Value Given (If none, write "none")	
Date Requested	
Date of Payment	

Name of Employee/Officer	
Title	
Money Services, or Thing of Value Requested	
Money, Services, or Thing of Value Given (If none, write "none")	
Date Requested	
Date of Payment	

Date: _____

Initials: _____

Employee Participation Advice Disclosure Form

Please list any City of Philadelphia or Redevelopment Authority employees or officers who gave you (the Applicant), any officer director, or management employee of the Applicant, or any person representing the Applicant advice that a particular individual or business could be used by the Applicant to satisfy any goals established in the contract for the participation of minority, women, disabled, or disadvantaged business enterprises during the two years prior to the application deadline for this contract opportunity.

Check here to certify that no City of Philadelphia or Redevelopment Authority employees or officers gave you (the Applicant), any officer director, or management employee of the Applicant, or any person representing the Applicant advice that a particular individual or business could be used by the Applicant to satisfy any goals established in the contract for the participation of minority, women, disabled, or disadvantaged business enterprises during the two years prior to the application deadline for this contract opportunity.

Name of Employee/Officer	
Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	
Name of Employee/Officer	
Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	
Name of Employee/Officer	
Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	
Name of Employee/Officer	
Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	

Date: _____

Initials: _____

Signature Page

In order for the submission of these disclosure forms to be considered valid, they must be properly signed below by the respondent. Disclosure forms **that are not signed will be rejected**. By signing your name and title in the signature space below, you, as the applicant, signify your intent to sign these disclosure forms. The signatory hereby declares and certifies themselves to be the applicant, declares and certifies that they are properly authorized to execute these disclosure forms, and represents and covenants that all of the information and disclosures provided to the best of their knowledge are true and contain no material misstatements or omissions. Breach of such representation and covenant may render any subsequent contract voidable, and entitle the Redevelopment Authority to all rights and remedies provided by law or equity.

If these disclosure forms are being submitted by an INDIVIDUAL, PARTNERSHIP, LIMITED LIABILITY COMPANY OR MANAGED LIMITED LIABILITY COMPANY, sign the forms here:

Signature

Date

Name

Title

If these disclosure forms are being submitted by a CORPORATION, sign the forms here, with signatures by (a) President or Vice-President of the corporation AND (b) Secretary, Assistant Secretary, Treasurer or Assistant Treasurer of the corporation. If the disclosure forms are not signed by the above mentioned, you hereby certify that you are authorized pursuant to a certified corporate resolution to sign in place of such officers.

Signature

Date

Name

President/Vice President, if other, please specify

Signature

Date

Name

**Secretary/Asst. Secretary/Treasurer/Asst. Treasurer
If other, please specify**

ATTACHMENT C

PHILADELPHIA REDEVELOPMENT AUTHORITY
INSURANCE REQUIREMENTS

The individual or entity seeking to enter into a contract with the Philadelphia Redevelopment Authority or who is entering into a contract with such individual or entity (the “**Contracting Party**”) will procure and maintain during the entire period of the contract, the insurance described below. All coverages must be provided by an insurance company authorized to do business in the Commonwealth of Pennsylvania and having an A.M. Best Rating of at least A-Class VIII. All insurance, except Professional Liability, must be written on an “Occurrence Basis” and not a “Claims-Made Basis.” Coverage is to include ongoing operations and completed operations.

The insurance policies must provide for at least 30 days prior written notice to be given to the Philadelphia Redevelopment Authority (the “**PRA**”) in the event that coverage is materially changed, cancelled or non-renewed. In the event of material change, cancellation or non-renewal of coverage(s), the Contracting Party must replace the coverage(s) to comply with the contract requirements to prevent a lapse of coverage for any time period.

The Contracting Party will provide the PRA with an endorsement stating the following:

1) Contracting Party’s insurance coverage is on a primary and non-contributory basis; 2) the policies include a waiver of subrogation; 3) Philadelphia Redevelopment Authority, the City of Philadelphia (the “**City**”) and their respective officers, directors, employees and agents are named as additional insured on the Commercial General Liability and Automobile Liability policies, even for claims regarding their partial negligence and 4) no act or omission of the PRA, the City, or their respective officers, directors, employees or agents will invalidate coverage.

If the contract pertains to a specific property, the property address must be identified on the Certificate of Insurance.

Certificates of Insurance must be addressed to: Philadelphia Redevelopment Authority, 1234 Market Street, 16th floor, Philadelphia, PA 19107.

The PRA reserves the right to request and obtain complete copies of the Contracting Party’s insurance policies.

I. Insurance coverage required by all Contracting Parties is as follows:

- a. **Commercial General Liability**: The policy will include a “Cross Liability” endorsement, name the PRA, the City, their officers, directors, employees and agents as **Additional Insured** and include coverage for bodily injury and property damage arising out of:

Products/Completed Operations
Premises - Operations
Independent Contractors
Employees and Volunteers as Additional Insured

Elevators and/or Escalators (if applicable)
 Blanket Contractual Liability (written and oral and must include liability for employee injury assumed under a contract as provided in the standard ISO policy form)
 Broad Form Property Damage (including completed operations)
 Explosion, Collapse and Underground Coverages
 Personal Injury and Advertising Injury

The following minimum limits will be provided:

\$1,000,000	Each Occurrence (combined single limit for bodily injury (including death) and property damage)
\$1,000,000	Personal and Advertising Injury
\$2,000,000	General Aggregate (other than Products/Completed Operations)
\$1,000,000	Products/Completed Operations Aggregate

- b. **Workers' Compensation and Employer's Liability Insurance:** The Contracting Party will obtain a workers' compensation policy which provides benefits in accordance with the statutory requirements of the Commonwealth of Pennsylvania and all other states in which the contractor performs work on behalf of the PRA. This policy will also include coverage for United States Longshoremen and Harbor Workers (if applicable) and employer's liability. The following minimum employer's liability limits will be provided:

\$100,000	Each Accident	Bodily Injury by Accident
\$100,000	Each Employee	Bodily Injury by Disease
\$500,000	Policy Limit	Bodily Injury by Disease

This requirement will be waived if the Contracting Party has no employees so long as the Contracting Party provides the PRA with a letter stating that the company has no employees. The letter must be on company letterhead and executed by an individual authorized to sign on behalf of the company.

- c. **Automobile Liability Insurance:** The policy will name the PRA, the City, their officers, directors, employees and agents as **Additional Insured** and cover liability arising out of the use of all owned, non-owned and hired automobiles (or "Any Auto") with the following minimum coverages:

\$1,000,000	Per Accident (combined single limit for bodily injury (including death) and property damage)
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Contractual Liability Coverage (including liability for employee injury assumed under a contract as provided in the standard ISO policy form)

Coverage for all owned automobiles will be waived if the Contracting Party does not own any automobiles so long as the Contracting Party provides the PRA with a letter stating that the company does not own any automobiles. The letter must

be on company letterhead and executed by an individual authorized to sign on behalf of the company. When the Contracting Party does not own any automobiles, coverage for non-owned and hired automobiles must be endorsed to the commercial general liability policy or provided under a separate non-owned and hired automobile liability policy.

II. Additional Insurance that may be required of a Contracting Party (this will depend on the type of contract to be executed):

- a. **Property Insurance or Builder's Risk:** Where the Contracting Party is obtaining a loan or acquiring property from the PRA, the Contracting Party must obtain property or builder's risk insurance. The policy must be on an ISO Broad Form, include coverage for "resulting damage" and name the PRA as mortgagee and loss payee. The limit provided must cover the property value or loan amount (as applicable) and all approved mortgages at a minimum. If construction is involved, coverage must extend to materials that will become part of the project (on-site and off-site) and in transit. There must not be an exclusion or restriction for residential development or construction (if applicable).

The Contracting Party will also maintain flood insurance if the property is located in a flood zone.

- b. **Professional Liability:** Where services provided involve inspection, design, consulting and/or other professional services, the Contracting Party is required to obtain Professional Liability Insurance with a minimum policy limit of \$1,000,000 per claim and aggregate with a deductible not to exceed \$50,000. The coverage provided will cover all actual or alleged acts, errors and omissions arising out of the professional services rendered as well as liability assumed under the contract. The Contracting Party will also obtain tail coverage, an extended reporting period or maintain coverage for occurrences happening during the performance of the contract for at least 2 years after completion of the contract.
- c. **Pollution Liability:** Where services provided involve the removal of asbestos or lead or cleanup of any environmental contaminant or pollutant, the Contracting Party must provide coverage with a minimum limit of \$1,000,000 each claim and annual aggregate. A "Claims-Made" form may be acceptable if coverage cannot be obtained on an "Occurrence" form. The Contracting Party must submit a letter explaining why coverage on an occurrence basis cannot be obtained. If coverage is provided on a "Claims-Made" basis, the Contracting Party must maintain coverage for occurrences happening during the performance of the contract for at least 2 years after completion of the contract. The policy must not exclude asbestos, lead, silica or any other environmental contaminant or pollutant which will be included in the removal or cleanup.

III. The PRA may require additional types of insurance or higher limits if, in its sole discretion, the potential risk warrants it.



SAMPLE - FOR
ILLUSTRATIVE PURPOSES ONLY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/14/2012

PRODUCER ABC Brokers 2004 Pine Street Philadelphia PA 19103	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED ATR Architects, Inc. 1501 Market Street Philadelphia PA 19107	INSURER A:	Zurich American Insurance Company
	INSURER B:	Continental Insurance Company
	INSURER C:	Old Republic General Insurance Company
	INSURER D:	Continental Casualty
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	A23456C486	03/10/2012	03/10/2013	EACH OCCURENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
							\$
B	<input type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OR <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	YT9876543	03/10/2012	03/10/2013	COMBINED SINGLE LIMIT (Each Occurrence)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ _____				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
C	<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	A3CG2345468	03/10/2012	03/10/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$100,000
						E.L. DISEASE - EA EMPLOYEE	\$100,000
						E.L. DISEASE - POLICY LIMIT	\$500,000
D	<input type="checkbox"/>	OTHER Professional Liability	A4567894	03/10/2012	03/10/2013	Per Claim Limit	\$1,000,000
						Aggregate Limit	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Philadelphia Redevelopment Authority, City of Philadelphia and their respective directors, officers, employees and agents are named as additional insured under the General Liability and Automobile Liability policies.
 Re: 4200 Walnut Street

CERTIFICATE HOLDER Philadelphia Redevelopment Authority 1234 Market Street, 16 th floor Philadelphia PA 19107	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>John Smith</i>
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