

# HOME IMPROVEMENT PROGRAMS

## Request for Proposals

## Occupational Therapy Consultations

October 2020

**PHILADELPHIA HOUSING DEVELOPMENT CORPORATION**  
**REQUEST FOR PROPOSALS**  
**OCCUPATIONAL THERAPY CONSULTATIONS**

This Request for Proposals (“RFP”) provides interested providers with the information required to prepare and submit proposals for consideration by the Philadelphia Housing Development Corporation (“PHDC”) to satisfy the need for occupational therapy consultations (“OTC”) to be provided in the homes of physically disabled residents of Philadelphia. These consultations will recommend accessibility modifications which will be paid for by grants under the Adaptive Modifications Program (“AMP”). Modifications will be provided by PHDC-selected contractors.

Contracts for OTC reimbursement will be offered for all or part of the period of January 1, 2021 to December 31, 2021.

**I. RESPONSE DATE**

In order to be considered, proposals must be received on or before 5:00 PM on November 30, 2020. Proposals must be submitted online at <https://phdcphila.org/rfps-rfq-sales/professional-services-rfps/>

**II. QUESTIONS**

Questions regarding this RFP should be submitted by email to [George.russell@phdc.phila.gov](mailto:George.russell@phdc.phila.gov) no later than 12:00 PM on Friday, November 13, 2020. Responses to all questions received will be posted online at <https://phdcphila.org/rfps-rfq-sales/professional-services-rfps/> by Monday, November 16, 2020.

**III. PROGRAM DESCRIPTION**

The Adaptive Modifications Program provides accessibility modifications, including, but not limited to, exterior wheelchair lifts, stairway elevators, first floor full- and half-bathrooms, railings, increased lighting and kitchen modifications. Services are provided to the homes of low-income Philadelphia residents with permanent physical disabilities and are available to both homeowners and renters. Clients are served on a first-come, first-served basis and generally may only receive services one time through this program. All modifications are recommended by a licensed occupational therapist. General repairs is not included in this program.

PHDC expects to provide 200-250 visits (consultation or follow up) during the contract period.

#### IV. TECHNOLOGY REQUIREMENTS

PHDC utilizes a customized version of Microsoft Dynamics – the Home Improvement Programs Portal (“HIPPO”) to manage cases in the Adaptive Modifications Program. Referrals are sent to providers through a secure Contractor Portal (“Portal”). Occupational Therapists must utilize mobile tablets (iOS or Android) to complete the reports of consultations and follow up visits in the Portal. Screen captures of the Portal are included as Exhibit A. The Portal will generate an invoice to PHDC when reports are submitted and once approved by PHDC, payment will be made to provider by ACH transfer.

#### V. SCOPE OF SERVICES

##### A. Consultations

- a. All clients will be referred by PHDC staff.
- b. The provider will arrange for home visits by an occupational therapist (“OT”) to be completed within a set time frame acceptable to PHDC, but no later than 30 days from the date of referral. The purpose of these visits will be to recommend home modifications to increase independence and/or access to the home and community according to the client’s preference. PHDC may choose to accompany OT on home visits for some cases.
- c. Modifications must be permanent additions to the property. Temporary items such as portable or modular ramps are not eligible modifications under this program.
- d. The OT will recommend the lowest priced modifications that will meet the client’s needs and the program goals.
- e. PHDC will make every reasonable effort to inform provider if a client is hospitalized, institutionalized, removed from the home or unavailable for any other reason. Provider will contact clients prior to scheduled appointments to confirm appointments. PHDC will not reimburse provider for consultations or follow up visits not completed for any reason.

##### B. Follow Up Visits

- a. When authorized by PHDC, provider will make follow up visits to clients after the provision of home modifications. The purpose of these visits is not to recommend additional equipment or modifications, but rather to ensure the client can safely use the modifications and/or equipment provided.

### C. Records and Documentation

- a. Reports of consultation and follow up will be completed in the Portal. The information provided will include, but not be limited to:
  - a) Client's physical conditions and nature of disability;
  - b) Obstacles in the home that diminish grant recipient's ability to use the home safely;
  - c) Recommended changes, if any, to be made to the house; and
  - d) Description of what recommended changes will accomplish.
- b. Recommendations will be specific, stating location and size of environmental modifications, and manufacturer's name and model number for any medical or mechanical equipment.
- c. Provider will submit completed evaluation reports within five (5) business days of visit with client.

### D. Availability & Staffing

- a. Contractor will have the ability to complete all consultations and follow up visits within a time frame acceptable to PHDC, and not less than thirty (30) calendar days from date of referral.
- b. Provider will make home visits in all neighborhoods of Philadelphia.
- c. Provider will have a method of being contacted immediately at all times during regular business hours.
- d. Provider will not subcontract services under its contract with PHDC without the express prior written consent of PHDC and only to subcontractors who meet all of PHDC's requirements.
- e. PHDC may reject without payment any work that, in PHDC's sole discretion, does not meet PHDC standards.

### E. Supervision

- a. Provider will assume responsibility for supervision of its staff as well as subcontracted therapists to assure quality and delivery of services.

## VI. OCCUPATIONAL THERAPIST STANDARDS

- A. Consultations and Follow Up visits are to be provided by Occupational Therapists currently licensed without conditions or other restrictions in the Commonwealth of Pennsylvania. Documentation of such licenses, and any claims filed with provider or a regulating agency against any Occupational Therapist provider will use must be provided to PHDC with the response to this RFP.
- B. Occupational Therapists shall have at least five years of occupational therapy experience in a home care setting with at least two years of experience in major environmental modifications (i.e., wheelchair lifts, barrier-free showers, accessible kitchens and bathrooms.)
- C. PHDC reserves the right to request provider to remove individual staff or subcontractors from performing consultations and/or follow up visits to specific PHDC grant recipients or from seeing any PHDC grant recipient.
- D. All Occupational Therapists, including both provider's and subcontracted staff (if any), who have not previously worked under an AMP contract **are required to attend an orientation session before they can serve any PHDC grant recipient.** Resumes for all professional staff must be submitted with the response to this RFP.

## VII. INSURANCE

- A. The minimum insurance requirements are attached hereto as Exhibit B along with a sample insurance certificate. Before submitting a response to this RFP, provider should verify with their insurance carriers that the provider will be able to obtain the necessary insurance coverages.
- B. Provider may not use subcontractors who cannot comply with all of the requirements outlined in Exhibit B.
- C. **PHDC, the City of Philadelphia, and their respective directors, officers, employees and agents** must be named as additional insureds on all required liability insurance policies, except workers' compensation and professional liability before contracts can be finalized. Endorsements to the liability policies stating that the coverage afforded PHDC and the City of Philadelphia are primary and non-contributory to any other coverage available will be required before a contract is executed.

Certificates of insurance showing required coverages must be submitted with the response to this RFP or a statement must be included in the response that the provider has reviewed the insurance requirements in this RFP and is willing to obtain the coverages required by PHDC in this RFP, if the provider were to be awarded a contract pursuant to this RFP.

## VIII. SUBCONTRACTING

A. Providers may not subcontract assigned work without prior written approval from PHDC. All subcontractors must be listed and identified as subcontractors on the response to this RFP and include copies of their (i) licenses and (ii) insurance certificates or a statement that the subcontractors will obtain the required insurance coverages prior to the execution of the contract between PHDC and the provider. Providers will be required to submit copies of the subcontracts and insurance documents for their subcontractors for PHDC's approval once the contract has been awarded. Providers must be active participants in the work assigned to them. Providers shall be fully responsible to PHDC for the acts and omissions of its subcontractors, and of all persons either directly or indirectly employed by them.

B. Providers who are assigned work are expected to perform quality control and to be available to rapidly respond to all field questions and problems. Subcontractors shall not be relied on for this purpose. Failure to comply with this requirement will result in termination of the contract.

C. Providers who expect to subcontract work must indicate all intended subcontractors in their RFP response. Providers are free to change or add subcontractors during the period of the contract, however, these changes must be documented with and approved in writing by PHDC, along with submission to PHDC of the required subcontractor documents for each new subcontractor.

D. Any work performed for a provider by a subcontractor shall be pursuant to a written contract between the provider and the subcontractor that requires the subcontractor to (i) comply with all terms and conditions in the contract between PHDC and the provider and (ii) be paid by the provider no later than thirty (30) days after receiving payment from PHDC for any work performed. Providers shall promptly report all payment disputes with a subcontractor to PHDC.

E. All written contracts that a provider enters into with subcontractors must identify the Provider and each subcontractor as "Provider" and "Subcontractor" and contain the following language:

"Subcontractor acknowledges and agrees to assume, faithfully perform and comply with all requirements and obligations of Provider under the terms and conditions of the contract between the Philadelphia Housing Development Corporation ("PHDC") and Provider, which said contract is incorporated and adopted herein by reference as though fully set forth herein, to the same extent required and as if Subcontractor, and not Provider, was required to comply with said requirements and obligations under the contract between PHDC and Provider."

F. Failure to comply with all foregoing subcontractor requirements may result in the imposition of immediate sanctions, which include, without limitation, suspension or termination.

## **IX. CONTRACT AWARD**

A. PHDC intends to enter into contracts with the provider(s) recommended by the Proposal Review committee.

B. The contract(s) resulting from this RFP will be awarded to the qualified provider(s) whose proposal(s) would be the most advantageous to PHDC.

C. The selected provider(s) will be required to execute a contract document prepared by PHDC. The General Terms and Conditions which will be a part of that document will include, but not be limited to:

- a. Administrative Requirements
- b. Conflicts of Interest
- c. Liability indemnification

D. A copy of the General Terms and Conditions is available upon request.

## **X. PROPOSAL REQUIREMENTS**

A. Proposals must include the following sections, in order:

a. Application (provided)

b. Narrative

A maximum of 15 pages describing:

- a) Brief description of provider's history, purpose, goals and objectives
- b) A complete and detailed description of provider's experience in providing consultation services for major home modifications, including the types of modifications, the population(s) served, and the program/funding source(s); and
- c) Identification of any occupational therapists who will work on this program, both staff and subcontractors and a brief description of their experience with environmental modifications in a home care setting.

c. Supporting Documentation

Supporting documentation as listed in in the Checklist

**B. Any applicant who willingly and knowingly provides false information, as verified by PHDC, will be immediately disqualified from consideration and may be referred to the appropriate authority for possible criminal prosecution.**

C. Proposals submitted become the property of PHDC.

## **XI. EVALUATION CRITERIA**

A. A team of PHDC staff (comprising the Proposal Review Committee) will review all proposals received. Responses will be evaluated based on, among other things, experience of staff, unit price, proposed workflow, prior history with PHDC, if any, and responsiveness to this RFP. The Committee as a whole will make final recommendations.

B. The PHDC Contract Review Committee will review all recommendations made by the Proposal Review Committee before submitting any contract recommendations to PHDC's Board of Directors.

## **XII. RESERVATION OF RIGHTS BY PHDC**

A. PHDC, in its sole discretion, reserves the right to reject any and all responses to this RFP and is not bound to adopt any proposal submitted in response to this RFP that is contrary to its best interests.

B. PHDC reserves and may exercise the right to accept or reject any and all proposals and re-issue this RFP at any time prior to execution of a final contract; issue a new RFP with terms and conditions substantially different from those set forth herein; extend the time period for responding to this RFP; or cancel this RFP with or without another notice of RFP. In addition, PHDC reserves and may exercise the following rights and options with respect to this selection process:

- a. Request supplementation, clarification, confirmation or modification to or of any information in the submission;
- b. Supplement, amend, substitute or otherwise modify this RFP at any time prior to selection of one or more applicants for negotiation, and cancel this RFP with or without issuing another RFP;
- c. Request supplements to proposals based on the review of all proposals;
- d. Negotiate any aspect of the proposal, including price;
- e. Conduct personal interviews with applicants to assess compliance with the selection criteria;
- f. Terminate any negotiations at any time;
- g. Accept or reject at any time prior to the execution of a contract, all submissions and/or withdraw this RFP without notice;



- h. Expressly waive any defect or technicality in any proposal;
- i. Solicit new proposals;
- j. Rescind a selection prior to contract execution if PHDC determines in its sole discretion that the proposal does not conform to the specifications of this RFP; and/or
- k. Rescind a selection prior to contract execution if PHDC determines that the specifications contained in this RFP are not in conformity with law or that the process in selection of the applicant was not in conformity with law or with the legal obligations of PHDC.

By submitting a proposal in response to this RFP, an applicant affirmatively indicates acceptance of the terms and conditions of this RFP.

**XIII. NON-DISCRIMINATION**

**A. Equal Opportunity Requirements**

Under the authority of Executive Orders No. 03-12, the Office of Economic Opportunity of the City of Philadelphia (the “City”) has established an antidiscrimination policy setting ranges for participation by Minority Business Enterprises (“MBE”), Women Business Enterprises (“WBE”) and Disabled Business Enterprises (“DBE”) in City contracts, which have been adopted by PHDC. The participation ranges for this Request for Proposals are:

The City has established a citywide goal of 35% M/W/DSBE utilization as informed by its Annual Disparity Study. This citywide goal should be used as a benchmark for the Contractor’s expression of Best and good Faith Efforts which are efforts taken by Contractor to provide meaningful and representative opportunities for M/W/DSBEs in the Project. For this project, in the absence of discrimination in the solicitation and selection of M/W/DSBEs, the percentage of MBE, WBE and DSBE participation that is reasonably attainable through the exercise of Best and Good Faith Efforts is stated below as participation ranges. These percentages relate to the good faith estimated cost of the entire Project. In order to maximize opportunities for as many businesses as possible, a firm that is certified in two or more categories (e.g. MBE and WBE and DSBE or WBE and DSBE) will only be credited toward one participation range as either an MBE or WBE or DSBE. The firm will not be credited toward more than one category. These ranges are based upon an analysis of factors such as the size and scope of the development and the availability of MBEs, WBEs, DSBEs and DBEs to participate in this Project.

MBE	WBE

Contractors are expected to make a serious good faith effort to enlist participation from Certified minority, female and disadvantaged disabled owned firms prior to submitting your proposal to PHDC. Contractors must submit the “Solicitation and Commitment Form” to PHDC demonstrating their plan for MBE/WBE participation for approval by the City’s Division of Housing & Community Development (“DHCD”) Compliance Department. In addition, contractors selected will be required to submit an Equal Opportunity Plan for approval by the Office of Equal Opportunity prior to a contract being executed..

**B. Reporting Requirements**

Contractors are required to file monthly Subcontracting Business Utilization and Employment Opportunity reports with DHCD. Reports must be filed electronically in MS-Excel format.

## EXHIBIT A CONTRACTOR PORTAL SCREEN CAPTURES

EQUIPMENT			
Cane	<input type="checkbox"/>	Wheelchair	<input type="checkbox"/>
Bathroom Equipment	<input type="checkbox"/>	Walker	<input type="checkbox"/>
Scooter	<input type="checkbox"/>	Commode	<input type="checkbox"/>
Crutches	<input type="checkbox"/>	Stairglide	<input type="checkbox"/>
Hospital Bed	<input type="checkbox"/>	Other Equipment	---

MEDICAL EQUIPMENT	
Durable Medical Equipment	
<div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; align-items: center;"> <span style="font-size: 1.2em;">▼</span>   Name ↑ <span style="font-size: 1.2em;">▼</span> </div> <div style="border: 1px solid #ccc; height: 100px; margin-top: 5px;"></div>	
DME Selection Completed	<b>Not Needed</b>

SENSORY Does the client have...			
Vision Loss	No	Vision Comment	---
Hearing Loss	No	Hearing Comment	---

PHYSICAL/ ACTIVITY Can the client...			
Grasp	Yes	Grasp Comment	---
Reach	Yes	Reach Comment	---
Lift	Yes	Lift Comment	---

PHYSICAL/ TRANSFERS What type of transfer does the client perform?			
PHYSICAL/TRANSFER Comment	---		

PHYSICAL/ MOBILITY How does the client move around...			
Inside the home	Independent	Inside the home Comment	---
Out of the home	Independent	Out of the home Comment	---
Interior Stairs	Independent	Interior Stairs Comment	---
Steps to 2nd floor/basement	Independent	Steps to 2nd floor/basement Comment	---

ADL & IADL STATUS What is the level of assistance for each?			
Feeding	Independent	Feeding Comment	---
Dressing	Independent	Dressing Comment	---
Cooking	Independent	Cooking Comment	---
Cleaning	Independent	Cleaning Comment	---
Hygiene	Independent	Hygiene Comment	---
Bathing	Independent	Bathing Comment	---
Laundry	Independent	Laundry Comment	---
Shopping	Independent	Shopping Comment	---

EXTERIOR			
Stories	---	Condition	---
How many steps to front door?	---	Condition of steps	---
Describe front Entrance	---	Rear Entrance Comment	---
Is there a working doorbell?	Yes	Can client answer door in a timely manner?	Yes


CLIENT BEDROOM			
Client Bedroom Location	---	Client Bedroom Comment	---

BATHROOM			
Tub	---	Toilet	---
Shower - Has these options:	---	Sink	No

KITCHEN			
Kitchen Sink Faucets	---	Kitchen Set-up/Accessibility	---
Kitchen Comment	---		

STEPS			
Interior Steps	---	Interior Banister	---
Interior Number of Steps	---	Interior Width of Steps (")	---
Interior Steps Condition	---		
Basement Steps	---	Basement Banister	---
Basement Number of Steps	---	Basement Width of Steps (")	---
Basement Steps Condition	---		

LAUNDRY			
Location of Washer	---	Location of Dryer	---
Would client benefit from relocation of laundry?	No		

MEDICAL INFORMATION			
Evaluation Date	1/22/2020		
Age (yrs)	---	Weight (lb)	---
Height (ft)	---	Height (in)	---
Arthritis	<input type="checkbox"/>	Arthritis Comment	---
Cerebral Vascular Accident/Stroke	<input type="checkbox"/>	CVA Comment	---
Orthopedic Issues	<input type="checkbox"/>	Ortho Comment	---
Diabetes	<input type="checkbox"/>	Diabetes Comment	---
Respiratory Issues	<input type="checkbox"/>	Respiratory Comment	---
Heart Issues	<input type="checkbox"/>	Heart Comment	---
Hypertension	<input type="checkbox"/>	HTN Comment	---
Other Issues	---	Assistance Available	---
Mental Status Comment	---		

AMP PROGRAM NEEDS			
Accessible Bathroom or Half-Bath	<input type="checkbox"/>	Stairway Elevators	<input type="checkbox"/>
Accessible Kitchens	<input type="checkbox"/>	Railings	<input type="checkbox"/>
Laundry Connections	<input type="checkbox"/>	Wheelchair Lift or Ramp	<input type="checkbox"/>

RECOMMENDATIONS	
Recommendations	---
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ADDITIONAL COMMENTS	
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## EXHIBIT B INSURANCE REQUIREMENTS

The individual or entity seeking to enter into a contract with the Philadelphia Housing Development Corporation ("**PHDC**") or who is entering into a contract with such individual or entity (collectively, 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 with a minimum A.M. Best Rating of A- Class VIII. All insurance, except Professional Liability, must be written on an "Occurrence Basis" and not a "Claims-Made Basis."

The insurance policies must provide for at least thirty (30) days prior written notice to be given to PHDC in the event that coverage is materially changed, cancelled or non-renewed or once any policy limits have been exhausted by fifty percent (50%). 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 during the term of the contract.

The Contracting Party will provide the PHDC with the provisions from each of the required insurance policies or endorsements for each of the required insurance policies stating the following:

- 1) Contracting Party's insurance coverage is on a primary and non-contributory basis with any insurance carried or administered by the PHDC;
- 2) includes coverage for ongoing operations and completed operations;
- 3) Philadelphia Housing Development Corporation, the City of Philadelphia (the "**City**") and their respective officers, directors, employees and agents are named as additional insured on a primary and non-contributory basis on all of the insurance policies, except for workers' compensation and professional liability insurance policies, even for claims regarding their partial negligence;
- 4) includes a waiver of subrogation in favor of the PHDC and all of the other aforementioned additional insureds;
- 5) coverage is applicable separately to each insured against whom a claim is made or suit is brought and there is no "Cross Liability" exclusion on the insurance policies that preclude coverage for suits or claims between the Contracting Party and the PHDC or between the PHDC and any other insured or additional insured under the insurance policies; and
- 6) no act or omission of the PHDC, the City, or their respective officers, directors, employees or agents will invalidate coverage.
- 7) Contracting Party shall not have a Self-Insured Retention ("**SIR**") on any policy greater than \$50,000, which is the responsibility of the Contracting Party. If Contracting Party's policy(ies) has a SIR exceeding this amount, approval must be received from PHDC prior to starting work. In the event any policy includes a SIR, the Contracting Party is solely responsible for payment within the SIR of their policy(ies) and the Additional Insured requirements specified herein shall be provided within the SIR amount(s).

Endorsement forms required include CG 20 01, CG 20 10 and CG 20 37 as published by the Insurance Services Office ("ISO") or on equivalent forms that are satisfactory to the PHDC.

If the contract pertains to a specific property, the property address must be identified on the Certificate of Insurance. Otherwise a contract/work order number or project reference should be included.

Certificates of Insurance must be addressed to: Philadelphia Housing Development Corporation, 1234 Market Street, 16<sup>th</sup> floor, Philadelphia, PA 19107.

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

I. Insurance Review - Insurance requirements are subject to the periodic review by the PHDC. Any failure, actual or alleged, on the part of the PHDC to monitor or enforce compliance with any of the insurance requirements will not be deemed as a waiver of any rights on the part of the PHDC. The PHDC may require additional types of insurance or higher limits if, in its sole discretion, the potential risk warrants it. The amount of insurance provided in the required insurance coverages outlined below, shall not be construed to be a limitation of the liability on the part of the Contracting Party.

II. Without in any way affecting the indemnity obligations of the Contracting Party pursuant to its contract with the PHDC and in addition thereto, the insurance coverage required by all Contracting Parties is as follows:

- a. **Commercial General Liability**: The policy will be provided on ISO form CG 00 01 04 13 or an equivalent form, include a "Cross Liability" endorsement, name the PHDC, the City, and their respective officers, directors, employees and agents as **Additional Insured** and include coverage for all operations performed by or on behalf of the Contracting Party for bodily injury and property damage arising out of:

Products and Completed Operations

Premises Operations and Mobile Equipment

Independent Contractors

Employees and Volunteers as Additional Insured

Elevators and/or Escalators (if applicable and within the scope of the services of the contract)

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)

No amendment to the definition of an "Insured Contract"

No sexual abuse or molestation exclusion



Broad Form Property Damage (including completed operations)  
 Coverage for Resulting Damage (Expanded Definition of Occurrence-Property Damage) (if applicable and within the scope of the services of the contract)  
 Explosion, Collapse and Underground Hazards (if applicable and within the scope of the services of the contract)  
 Personal Injury and Advertising Injury  
 No Exclusions for residential construction with respect to the work to be completed by the Contracting Party (if applicable and within the scope of the services of the contract)

**• 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

• The definition of "occurrence" must be expanded via endorsement to state the following (if applicable and within the scope of the services of the contract):

"Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions. Faulty workmanship in "your work" is not an "occurrence" but "property damage" that is ancillary and accidental damage caused by faulty workmanship in "your work" is considered an "occurrence" if the following conditions are met:

- 1) faulty workmanship in "your work" causes "property damage" to property other than "your work;" and
- 2) such "property damage" was not expected or intended by you or the persons performing "your work."

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 includes "all states" coverage or at least coverage in all other states in which the Contracting Party performs work or through which the Contracting Party's employees travel. 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	<u>Bodily Injury by Accident</u>
\$100,000 Each Employee	Bodily Injury by Disease
\$500,000 Policy Limit	Bodily Injury by Disease

- Coverage should cover all individuals, including sole proprietors, partners, members, officers, or volunteers, providing services on behalf of the Contracting Party.

- This coverage must be obtained when the Contracting Party hires any employees.

- **The Contracting Party may propose an accident or disability insurance policy for similar limits as an alternative.**

c. **Automobile Liability Insurance:** The policy will name the PHDC, the City, and their respective 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 symbol 1 - Any Auto) with the following minimum coverages:  
**\$100,000 Per Occurrence (combined single limit for bodily injury (including death) and property damage)**

- **For Contractor(s) involved in the transportation of hazardous material, include the following endorsements: MCS-90 and ISO-9948**

- **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 PHDC with a letter stating that the Contracting Party does not own any automobiles. The letter must be on company letterhead and executed by an individual authorized to make such a representation on behalf of the Contracting Party. 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.

ci. **Professional Liability:** 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 definition of "Covered Services" shall include those services outlined in the contract. This insurance shall extend to the Contracting Party and its legal representatives in the event of death, dissolution or bankruptcy, and coverage provided will cover all actual or alleged acts, errors and omissions arising out of the professional services rendered by the Contracting Party's agents, employees or any person for whom the Contracting Party is responsible in the performances of the services under the contract as well as liability assumed under the contract. The retroactive date must be on or prior to the contract date. The Contracting Party will also obtain tail coverage or an extended reporting period or maintain its current coverage for occurrences happening during the performance of the contract for at least 2 years after completion of the contract.

# SAMPLE CERTIFICATE OF INSURANCE



Sample - For Illustrative Purposes Only

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6-1-20

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 have ADDITIONAL INSURED provisions or 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).

<p>PRODUCER</p> <p style="text-align: center;"><b>BROKER</b></p>	<p>CONTACT NAME: _____</p> <p>PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____</p> <p>E-MAIL: _____</p> <p>ADDRESS: _____</p> <p style="text-align: center;">INSURER(S) AFFORDING COVERAGE</p> <p>INSURER A: _____ NAIC # _____</p> <p>INSURER B: _____</p> <p>INSURER C: _____</p> <p>INSURER D: _____</p> <p>INSURER E: _____</p> <p>INSURER F: _____</p>
<p>INSURED</p> <p style="text-align: center;"><b>CONTRACTOR</b></p>	

**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.

NSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	Y		7/1/20	7/1/21	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b>
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y		7/1/20	7/1/21	COMBINED SINGLE LIMIT (Ea accident) \$ <b>100,000</b> BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> AN PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Y	7/1/20	7/1/21	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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>
D	Professional Liability	N/A	Y		7/1/20	7/1/21	Per Claim Limit: \$ <b>1,000,000</b> Aggregate Limit: \$ <b>1,000,000</b>

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

**RE: Adaptive Modifications Program**  
**Philadelphia Housing Development Corporation, the City of Philadelphia, and their respective directors, officers, employees, and agents are listed as additional insureds under the commercial general liability, including completed operations, and automobile liability insurance policies, with coverage for these additional insureds being primary and non-contributory as required by insureds contract with Philadelphia Housing Development Corporation.**

<p><b>CERTIFICATE HOLDER</b></p> <p><b>PHILADELPHIA HOUSING DEVELOPMENT CORPORATION</b>                  ATTENTION: RHONDA BRYANT                  1234 MARKET STREET, 17TH FLOOR                  PHILADELPHIA, PA 19107</p>	<p><b>CANCELLATION</b></p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE                  [Broker signature]</p>
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