



CITY OF JOHNSON CITY

PURCHASING DEPARTMENT

P.O. BOX 2150

JOHNSON CITY, TN 37605

423-975-2717

423-975-2712 FAX

vharless@johnsoncitytn.org

Request for Quotation

NUMBER – 08-24-12 -ALARM

The above number must appear on all quotations and related correspondences.

THIS IS NOT AN ORDER

DATE	QUOTE NOT LATER THAN	DELIVERY REQUIREMENTS	DELIVERY PROMISED
8-24-12	9-7-12 @ 1:00 PM	FOB Destination	

Johnson City Purchasing Office

Attn: Valerie Harless

209 Water Street

Johnson City, TN 37601

Phone: 423-975-2716

Fax: 423-975-2712

Email: vharless@johnsoncitytn.org

ALARM MONITORING /MAINTENANCE

PLEASE QUOTE ON THIS SHEET IN SPACES INDICATED BELOW FOR THE PRODUCTS/SERVICES DESCRIBED.

NOTE: DELIVERY REQUIRED AND IN QUOTING, ADVISE DEFINITE DELIVERY IN SPACE PROVIDED ABOVE.

BASE YOUR QUOTATIONS ON THE TERMS AND CONDITIONS PRINTED AND/OR TYPED HEREON.

TERMS: NET 30 DAYS

F.O.B.: DELIVERED

REPLY VIA MAIL OR FACSIMILE or EMAIL to above address

WE QUOTE YOU AS BELOW

NAME OF COMPANY: _____

ADDRESS: _____

PHONE: _____

FAX: _____

BY: (SIGNATURE) _____

EMAIL: _____

OFFICIAL TITLE: _____

QUOTATION DATE: _____

ITEM	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
		Quote request per attached specifications which will be considered an integral part of this quotation. Site visit is required.		
		Quote submittals :		
		Completed Insurance Checklist and General Contract Form		
		Price Sheets		
		Proof of Technician Certification		
		Reference List		

Valerie Harless
Buyer

Vendor's past performance will be a consideration in the awarding of the contract

Alarm System Monitoring Services

Purpose:

The intent of this request for quotation and resulting contract is to obtain the services of a qualified security vendor to provide monitoring, and/or annual testing, and/or maintenance and repair services for burglar and fire alarm systems & CCTV systems at various City locations for an annual term contract.

Scope of Contract:

Priority 24-hour/365 day per year basis for (Group 1) monitoring/maintenance of burglary/fire alarms **and** (Group 2) maintenance only of Jail CCTV system : Equipment list/type/make/model is subject to verification. **Site visit is required.**

Group 1 - monitoring and maintenance (parts at cost plus). Group 2 - maintenance only (parts at cost plus).

Service shall include the following:

- Total maintenance (labor) of the alarm & Jail/Police Dept CCTV systems - Repair or replacement if under warranty will be at no extra charge. Non-warranty items will be repaired (**labor included in this contract**) or replaced at cost plus (an estimate must be given on any required parts and approved by the using department – unreasonable estimates shall be deemed cause to terminate the contract). Contractor shall supply, upon invoicing, their supplier's bill of materials. All service calls are included in this contract regardless of the reason for the service call.
- Securing of the premises with guard if required (only upon break-in situations)
- Complete security systems check annually with a copy of the inspection report submitted to each location contact person along with a list of repairs that need to be made within ten (10) days of inspection
- Inspection reporting shall specifically identify each device inspected/tested, including type and location.
- Within 120 days after contract award, the Contractor shall provide a list of all systems, types of equipment, codes, numbers and devices for each location including manufacturer, make and model number.
- Use of non-proprietary equipment (no exclusive systems) Installation code must be set to our choice and remain the same.

Contract Period:

This is a three (3) year contract subject to annual renewal provided all terms, conditions and prices remain unchanged and vendor is in agreement. Prices contained herein are to be firm for each renewal term of the contract. The City reserves the right to re-bid at the end of any (1) one year period.

Group1: Monitoring & Maintenance of burglary/fire alarm systems

Service Locations:

The locations to be covered, class of monitoring service and contact person are listed as follows:

Class B Digital Communicator Monitoring Service:

City Garage	209 Water Street	Tim Henley	975-2747 (Burglar -2 panels)
Freedom Hall (Box Office, Director's Office, Ticket Office, Fire Alarm)	1320 Pactolas Road	Bobbie Shirley	461-4855 (Burglar & Fire)
Winged Deer Park (Admin.bldg & Maintenance)		(3 panels only - Burglar & 1 Fire)	
	4137 Bristol Highway	Missy Hollifield	283-5815 (Burglar & 1 Fire)
Winged Deer Park (concessions/score tower)		James Ellis	283-5815
Princeton Arts Center	2516 E. Oakland Ave	Mary Lee Baker	283-5800 (Burglar)
Carver Recreation Center	103 Jackson Ave	Herb Greenlee	461-8830 (Burglar & Fire)
Senior Center	607 E. Myrtle Ave	Sue Orr	434-6230 (Burglar & Fire)
Senior Center	600 Watauga Ave	Sue Orr	434-6230 (Burglar & Fire)
Keystone Community Center	601 Bert St	Sonny Hughes	483-5925 (Burglar & Fire)
Harris Tarkett Bldg	333 Maple St	Chad Bruckman	434-6082 (Burglar & Fire)
Facilities Center	150 Ham Road	Sonny Hughes	483-5925 (Burglar & Fire)
Buffalo Valley Golf Course	190 Golf Course Rd Unicoi, TN	Jim Hughes	743-5021(Burglar)
Pine Oaks Golf Course (Main Building)	1709 Buffalo Road	Jim Hughes	434-6250 (Burglar)
Chinquapin Water Plant	715 Sky Wa Mo Rd	Jeff Corder	975-2646 (Burglar)
Fire Station One	2238 Watauga Road	Mark Scott	975-2852 (Fire)
Fire Station Six	4501 Browns Mill Road Gray, TN	Mark Scott	975-2852 (Fire)
Fire Station Eight	105 Gray Commons Circle Gray, TN	Mark Scott	975-2852(Fire)
Fire Station Nine	105 Carroll Creek Road	Mark Scott	975-2852(Fire)
Keefauver	632 Hales Chapel Rd Gray, TN 37615	James Ellis	483-5852
Transit	137 Market St	Lisa Townsend	434-6283(Fire)

Group 2: (maintenance only)

The contractor shall respond to calls placed for service within two (2) hours from receipt of notification from the City and have someone on the premises within 24 hours.

Jail/Police Dept CCTV Equipment: 601 East Main Street -contact: Sam Garland 434-6142 for Jail – Sergeant John Hames 434-6127 Police Dept CCTV Equipment

DVRS:

2 – inside booking office

3 – Police Dept

Cameras:

Inside Jail – 21

Outside Jail – 4

Police Dept/City Hall: 21

Monitors:

Jail – 7

Police Dept - 4

The maintenance will include focusing, troubleshooting, repairing and cleaning for the above listed equipment as requested

The types of alarm systems vary with each location. The purpose of this quotation is to issue one contract to a single vendor to monitor and service on a continuing basis.

You must provide a list of technicians and proof of state certification for anyone who will be servicing this contract for the City. If the technicians change, we must be notified immediately.

Terms and Method of Payment:

Invoicing will be done on a monthly basis. Invoices should be sent to the contact person for each location. Payment will be made in about thirty day following the receipt of the invoice.

Liability and Insurance:

The attached Insurance Checklist (which includes a section for the insurance agent to fill out) and General Contract Form must be completed and returned with the bid package. Successful vendor shall provide certificate of insurance, as specified, prior to contract release by Purchasing.

Property Damages Caused by the Contractor

Should the Contractor or his employees cause any damage to public or private property, the Contractor will be required to make repairs immediately. The City may, however, elect to make repairs or replacements of damaged property and deduct the cost of such from moneys due or to become due the Contractor under this contract with the City.

Cancellation

Right is reserved by each party to cancel the contract provided that thirty (30) days written notice is given prior to the cancellation date. Contract will be subject to immediate cancellation if either product or service does not comply with specifications as stated herein.

Assignment

Neither party to the contract shall assign the contract or subcontract it as a whole without the written consent of the other, nor shall the contractor assign any monies due or to become due to him/her hereunder, without the previous written consent of the City.

Addenda

Any change to these specifications herein will be brought forward in the form of a written Addendum from the Purchasing Department and will be provided to all interested parties. No oral interpretations or communication will affect or change in any way the information contained herein.

Alarm System Monitoring Services

Price Sheet

The undersigned hereby offers the following prices to the City of Johnson City and agrees to the terms and conditions set forth in this quotation package. Locations as per quotation, which are subject to change during the term of the contract:

Group 1(monitoring/maintenance of burglar and/or fire alarms)

City Garage	\$_____ /month(2 locations)	
Freedom Hall	\$_____ /month (4 locations)	
Winged Deer Park	\$_____ /month (3 locations)	
Princeton Arts Center	\$_____ /month	
Carver Recreation Center	\$_____ /month	
Senior Center	\$_____ /month(607 E. Myrtle Ave)	
Senior Center	\$_____ /month (600 Watauga Ave)	
Keystone Community Center	\$_____ /month	
Harris Tarkett	\$_____ /month	
Facilities Center	\$_____ /month	
Buffalo Valley GC	\$_____ /month	
Pine Oaks GC	\$_____ /month(2 locations)	
Chinquapin Water Plant	\$_____ /month	
Fire Station 1	\$_____ /month	
Fire Station 6	\$_____ /month	
Fire Station 8	\$_____ /month	
Fire Station 9	\$_____ /month	
Keefauver	\$_____ /month	
Transit	\$_____ /month	
TOTAL	\$_____ /MONTH	Parts: Cost + _____ %

Group 2 (maintenance only)

Jail/Police CCTV Maintenance \$_____ /Month

Company: _____

By: _____

DATE: _____

Title: _____

Address: _____

Phone #: _____

Fax #: _____

Email: _____

VENDOR REFERENCES

Please list at least three (3) companies or governmental agencies (preferably a municipality) where the same or similar products and/or services as contained in this specification package were recently provided.

THIS FORM MUST BE RETURNED WITH YOUR BID.

REFERENCE ONE

Government/Company Name: _____

Address: _____

Contact Person and Title: _____

Phone: _____ Fax: _____

Contract Period: _____ Scope of Work: _____

REFERENCE TWO

Government/Company Name: _____

Address: _____

Contact Person and Title: _____

Phone: _____ Fax: _____

Contract Period: _____ Scope of Work: _____

REFERENCE THREE

Government/Company Name: _____

Address: _____

Contact Person and Title: _____

Phone: _____ Fax: _____

Contract Period: _____ Scope of Work: _____

GENERAL CONTRACT FORM

The General Contract Form is included in every solicitation requiring insurance. The general requirements of the contract form are supplemented by items checked on the Insurance Checklist that identify specific requirements for the bid or project.

INSURANCE

Review this section carefully with your insurance agent or broker prior to submitting a bid or proposal. See Insurance Checklist (part of the Bid Forms) for specific coverage applicable to this contract. The term "Contract" as used in this section shall mean the Agreement covering the work that is entered into between the City of Johnson City, Tennessee and the Contractor.

1. General Insurance Requirements:

1.1 The Contractor shall not start work under this contract until the Contractor has obtained at its own expense all of the insurance called for hereunder and such insurance has been approved by the City; nor shall the Contractor allow any subcontractor to start work on any subcontract until all insurance required of the subcontractor has been so obtained and approved by the Contractor. Approval of insurance required of the Contractor will be granted only after submission to the Director of Purchasing of original, signed Certificate(s) of Insurance, General Contract Form, and Insurance Checklist or, alternately, at the City's request, certified copies of the required insurance policies.

1.2 No acceptance and/or approval of any insurance by the City shall be construed as relieving or excusing the Contractor, or the surety, or its bond, from any liability or obligation imposed upon either or both of them by the provisions of the Contract Documents.

1.3 The City of Johnson City (including its elected and appointed officials, agents, and employees) is to be named as an additional insured under all coverage except Worker's Compensation and Automobile Liability, and the Certificate of Insurance or the certified policy, if requested, must so state. Coverage afforded under this paragraph shall be primary as respects the City, its elected and appointed officials, agents and employees. The following definition of the term "City" applies to all policies issued under the contract:

"The City of Johnson City, Tennessee together with all of its various departments, bureaus, and agencies, as well as any affiliated or subsidiary board, committee, or authority, including but not limited to the Johnson City Public School System."

1.4 The contractor shall provide insurance as specified in the Insurance Checklist contained in this document.

1.5 The Contractor covenants to save, defend, hold harmless and indemnify the City of Johnson City, Tennessee together with its various departments, elected or appointed officials, employees, officers, counsel, agents, and any and all other persons or entities acting on behalf of the same (collectively the City) from and against any and all claims of any sort based upon any theory of liability whatsoever, for any and all harm, loss, damage, injury, cost (including court cost and attorney fees) charges, or other liability of any nature whatsoever, however caused, resulting from or arising out of or in any way connected with the contractors performance or non-performance of the terms of the contract documents or its obligations under the contract based upon any theory of liability whatsoever, including claims brought by third persons, and further covenants to discharge all of the aforesaid persons and entities and forever hold them harmless from the same. The foregoing obligation to indemnify and defend shall continue in full force and effect after the aforesaid contractor completes all of the work required under the contract, until such time as the applicable statutes of limitation or repose have expired.

1.6 The Contractor shall be responsible for the work performed under the Contract Documents and every part thereof, and for all materials, tools, equipment, appliances, and property of any description used in connection with the work. The Contractor assumes all risks for direct and indirect damage or injury to the property or persons used or employed on or in connection with the work contracted for, and of all damage or injury to any person or property wherever located, resulting from any action, omission, commission or operation under the Contract, or in connection in any way whatsoever with the contracted work, until final acceptance of the work by the City.

1.7 Insurance coverage required in these specifications shall be in force throughout the Contract Term. If the Contractor fails to provide acceptable evidence of current insurance within ten days of written notice at any time during the Contract Term, the City shall have absolute right to terminate the Contract without any further obligation to the Contractor and the Contractor shall be liable to the City for the entire additional cost of procuring performance by another vendor and the cost of performing the incomplete portion of the Contract at time of termination. Contractor is required to provide the City with notice of cancellation, non-renewal, or material change in coverage at least thirty (30) days prior to cancellation, non-renewal, or material change in coverage.”

1.8 Contractual and other liability insurance provided under this Contract shall not contain a supervision, inspection or engineering services exclusion that would preclude the City from supervising or inspecting the project as to the end result. The Contractor shall assume all on-the-job responsibilities as to the control of persons directly employed by it and of the subcontractors and any persons employed by the subcontractor.

1.9 Nothing contained in the specifications shall be construed as creating any contractual relationship between any subcontractor and the City. The Contractor shall be as fully responsible to the City for acts and omissions of the subcontractors and of persons employed by them as it is for acts and omissions of persons directly employed by the Contractor.

1.10 Precaution shall be exercised by the Contractor at all times for the protection of persons (including employees) and property. All existing structures, utilities, roads, services, trees and shrubbery shall be protected against damage or interruption of

service at all times by the Contractor and its subcontractors during the term of the Contract, and the Contractor shall be held responsible for any damage to property occurring by reason of its operation on the property.

1.11 If a Contractor can not meet the insurance requirements contained in a bid, proposal, or project description, alternate insurance coverage may be considered. Written requests for consideration of alternate coverage must be received by the Director of Purchasing at least ten working days prior to the date set for receipt of bids or proposals. If the City denies the request for alternate coverage, the specified coverage will be required to be submitted. If the City permits alternate coverage, an amendment to the Insurance Requirement will be prepared and distributed prior to the time and date set for receipt of bids or proposals.

1.12 All required insurance coverage must be acquired from insurers authorized to do business in the State of Tennessee, and acceptable to the City. The insurers must also have policyholders' rating of "B++" or better, and a financial size of "Class V" or better in the latest edition of Best's Insurance Reports, unless the City grants specific approval for an exception in the same manner as described in 1.11 above.

1.13 The City may consider deductible amounts as part of its review of financial stability. The Contractor shall assume all deductibles.

2. Contractor's Insurance – Occurrence Basis:

2.1 The Contractor shall purchase the following insurance coverage, including the terms, provisions and limits shown in the Checklist:

- **Commercial General Liability** – The Commercial General Liability policy shall include any or all of the following as indicated on the Checklist:
 - i. General aggregate limit is to apply per project;
 - ii. Premises/Operations;
 - iii. Action of Independent Contractors;
 - iv. Contractual Liability including protection for the Contractor from claims arising out of liability assumed under this contract;
 - v. Personal Injury Liability including coverage for offenses related to employment;
 - vi. Explosion, Collapse, or Underground (XCU) hazards.
- **Business Automobile Liability** including coverage for any owned, hired, or non-owned motor vehicles, Uninsured Motorists insurance, and Automobile Contractual Liability.
- **Worker's Compensation** – statutory benefits as required by the State of Tennessee, or other laws as required by labor union agreements, including standard Other States coverage; Employers' Liability coverage.

3. Commercial General or other Liability Insurance – Claims-made Basis:

If Commercial General or other liability insurance purchased by the Contractor has been issued on a claims-made basis, the Contractor must comply with the following additional conditions. The limits of liability and the extensions to be included as described in the Checklist remain the same. The Contractor must either:

- i. Agree to provide certificates of insurance evidencing the above coverage for a period of two years after final payment for the contract. Such certificates shall evidence a retroactive date, no later than the beginning of the Contractors or subcontractors' work under this contract, or
- ii. Purchase an extended (minimum two years) reporting period endorsement for the policy or policies in force during the term of this contract and evidence the purchase of this extended reporting period endorsement by means of a certificate of insurance or a copy of the endorsement itself.

4. Alternative Coverage (Self Insurance)

Notwithstanding any of the above, the Contractor may satisfy its obligations under this section by means of self insurance for all or any part of the insurance required, provided that the alternative coverage is acceptable to the City.

5. Limits of Liability Coverage

Specific limits of liability coverage on the Insurance Checklist may be adjusted according to project risk if the adjustment is deemed appropriate and the amended amount is approved by the City Manager.

6. Verification of Compliance

I have read this General Contract Form and agree to all the terms and conditions contained therein.

Contractor's Name: _____

EIN or SSN: _____

Signed by: _____

Title: _____

Date: _____

This form and the Insurance Checklist must be completed and returned with Certificate of Insurance, as specified, prior to contract award.

INSURANCE CHECKLIST

(Security/Alarm Monitoring Service)

REQUIRED COVERAGE (marked by "x")

MINIMUM LIMITS

1. Worker's Compensation (proprietor/partners/executive officers exclusion not allowed) Statutory limits of Tennessee and Employer's Liability \$100,000/accident, \$100,000/disease, \$500,000/disease policy limit
2. Commercial General Liability (including Premises/Operations) \$1,000,000 CSL BI/PD each occurrence, \$1 Million annual aggregate
3. Automobile Liability & Owned/Hired/Non-Owned Vehicles \$500,000 BI/PD each accident, Uninsured Motorist
4. Independent Contractors \$1,000,000 CSL BI/PD each occurrence, \$1 Million annual aggregate
5. Products/Completed Operations \$1,000,000 CSL BI/PD each occurrence, \$1 Million annual aggregate
6. Contractual Liability \$1,000,000 CSL BI/PD each occurrence, \$1 Million annual aggregate
7. Personal and Advertising Injury Liability \$1,000,000 each offense, \$1 Million annual aggregate
8. Umbrella Liability \$1 Million Bodily Injury, Property Damage and Personal Injury
9. Per Project Aggregate
10. Professional Liability
- a. Architects and Engineers \$1 Million per occurrence/claim
- b. Asbestos Removal Liability \$2 Million per occurrence/claim
- c. Medical Malpractice \$1 Million per occurrence/claim
- d. Medical Professional Liability \$1 Million per occurrence/claim
11. Miscellaneous E & O \$1 Million per occurrence/claim
12. Motor Carrier Act End. (MCS-90) \$1 Million BI/PD each accident, Uninsured Motorist
13. Motor Cargo Insurance
14. Garage Liability \$1 Million Bodily Injury, Property Damage per occurrence
15. Garagekeepers Liability \$500,000 Comprehensive, \$500,000 Collision
16. Inland Marine-Bailees Insurance \$ _____
17. Moving and Rigging Floater Endorsement to CGL
18. Dishonesty Bond \$ _____
19. Builder's Risk/Installation Floater Provide coverage in the full amount of contract
20. XCU Coverage Endorsement to CGL
21. Carrier Rating shall be Best's Rating of B++V or better or its equivalent
22. Notice of cancellation, non-renewal or material change in coverage shall be provided to City at least **30 days** prior to action. Worker's Compensation and/or non-payment of premium - notification may be **10 days** prior to action.
23. The City of Johnson City shall be named as Additional Insured on all policies except Worker's Compensation, Auto and Professional Liability. **Per Acord 25 (2009/01), policies must be endorsed; please submit copy of endorsement.**
(Cert. Holder: City of Johnson City, Attn: Purchasing, P.O. Box 2150, Johnson City, TN 37605.)
24. Certificate of Insurance shall show project number or other contract identifier used by the City.
25. OTHER INSURANCE REQUIRED: _____

INSURANCE AGENT'S STATEMENT:

I have reviewed the above requirements with the bidder named below. The bidder has coverage with this agency for all of the areas marked with the exception of the following numbers:

Comments: _____

- Is Professional Liability excluded under General Liability? Yes _____ No _____
- Is Contractual Liability excluded under Comm. General Liability? Yes _____ No _____
- Is Independent Contractors excluded under Comm. General Liability? Yes _____ No _____

Carrier ratings: Insurer A _____; Insurer B _____; Insurer C _____; Insurer D _____

AGENCY NAME: _____ AUTHORIZED SIGNATURE: _____

Date: _____

CONTRACTOR'S STATEMENT:

I have reviewed the above requirements with my insurance agent(s) and, if awarded a contract, will provide all coverage marked.

CONTRACTOR'S NAME: _____ AUTHORIZED SIGNATURE: _____

Date: _____

RFP or Project Name: **Alarm Monitoring/Service/Maintenance**

This form and the General Contract Form must be signed and returned with the proposal package. The Certificate of Insurance must be provided to Purchasing prior to contract award.