

**HABERSHAM COUNTY BOARD OF COMMISSIONERS**

**EXECUTIVE SUMMARY**

**SUBJECT:** Chase Reline Inc. Contract Award

**DATE:** 12-2-19

**RECOMMENDATION**

**POLICY DISCUSSION**

**BUDGET INFORMATION:**

**STATUS REPORT**

**ANNUAL-**

**OTHER**

**CAPITAL-** \$42,500

**COMMISSION ACTION REQUESTED ON:** December 16, 2019

---

---

**PURPOSE:** The purpose of this agenda item is to seek approval to award Project No. CR 342-2019 (137) to Chase Reline Inc. for relining an existing 36" CMP pipe under Stapleton Dr.

---

---

**BACKGROUND / HISTORY:** There is an existing 36" corrugated metal pipe (CMP) under Stapleton Dr. that is failing. The pipe is under approximately 20' of fill, making replacement very costly and time consuming. In lieu of traditional removal and replacement methods, it was decided to rehabilitate the existing pipe by utilizing a slip line technique. Bids were advertised and received on November 20, 2019. We received three bids with Chase Reline Inc. being the lowest bidder. The total base bid received was \$42,500. There is \$45,000 currently in the FY 20 CIP budget for this work.

---

---

**FACTS AND ISSUES:**

- Existing 36" CMP under Stapleton Dr. is failing
- Bids have been advertised and received for rehabilitating the existing pipe utilizing a slip line technique
- The slip line process involves inserting a specialized, and slightly smaller, diameter pipe and then grouting the void between the new pipe and the host pipe
- \$45,000 is in the budget for this work
- Chase Reline is the lowest bidder at \$42,500

---

---

**OPTIONS:**

- 1) Approve recommendation
- 2) Deny recommendation
- 3) Commission defined alternative

---

---

**RECOMMENDED SAMPLE MOTION:** Motion to approve awarding Project No. CR 342-2019-1 (137) to Chase Reline, Inc.

---

---

**DEPARTMENT:**

Prepared by: Derick Canupp

Director: Derick Canupp \_\_\_\_\_

---

---

**ADMINISTRATIVE**

**COMMENTS:** \_\_\_\_\_

---

---

---

---

---

\_\_\_\_\_ **DATE:** \_\_\_\_\_

County Manager

---

---



**Office of County Commissioners**  
130 Jacob's Way, Suite 302, Clarkesville, GA 30523  
706-839-0200 Fax: 706-839-0219  
[www.habershamga.com](http://www.habershamga.com)

---

---

## **REQUEST FOR BIDS**

PROJECT NO. CR 342-2019-1 (137)

36" CMP Rehabilitation

PROPOSALS DUE:

Wednesday November 20, 2019  
1:00 pm EST

SUBMIT BIDS TO:

Purchasing-Finance Department  
Habersham County  
130 Jacob's Way  
Suite 302  
Clarkesville, GA 30523  
[purchasing@habershamga.com](mailto:purchasing@habershamga.com)  
(706) 839-0200



**Office of County Commissioners**  
**Project No. CR 342-2019-1 (137)**  
**Proposal Due Wednesday, November 20, 2019**  
**1:00 PM EST**

**Table of Contents**

**Request for Bids**

Project Description.....	1
RFP Timetable, Submittal Requirements.....	2
Special Provisions.....	3
Insurance Requirements.....	6
Questions and Interpretations.....	8
Map.....	9
Schedule of Items.....	10
Signature Sheet.....	11
Bidders Declaration.....	12
Certification of Non-Discrimination.....	13
Contractor's Certification/Drug-Free Workplace.....	14
Non-Collusion Affidavit.....	15
E-Verify Affidavit and Agreement.....	16
W-9.....	17
Material Specifications & Construction.....	18
InnerFlow Pipe Dimensions.....	20

**PROJECT DESCRIPTION**

PROJECT NO.: **CR 342-2019-1 (137)** HABERSHAM COUNTY

**PROJECT CONSISTS OF:** Project scope consists of slip lining an existing 36” CMP with an InnerFlow HDPE pipe, grouting, and installation of provided manhole structures.

**PROPOSAL GUARANTY:** NOT LESS THAN FIVE (5) PERCENT OF THE TOTAL BID.

PERFORMANCE AND PAYMENT BONDS: NOT REQUIRED

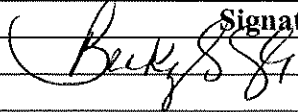
NO PROPOSAL SHALL BE WITHDRAWN FOR A PERIOD OF SIXTY (60) DAYS FROM DATE OF BID OPENING.

BIDDER SHALL ENTER ALL UNIT PRICES, MAKE ALL EXTENSIONS AND TOTAL BID.

PROJECT COMPLETION DATE: **March 16, 2020**

**NOTE:** All work on this project shall be in accordance with Plans, if any.

**SAMPLING AND TESTING:** The supplier shall furnish a manufacturer’s certification stating that the material used in the pipe meets the requirements of ASTM D 3350-02 with a cell classification of 345464C with the physical properties indicated above. The supplier shall certify the dimensions meet the requirements of ASTM F 714 and AASHTO M326-08

<b>Addendums</b>		<b>Signature</b>
Addendum 1	11/08/2019	
Addendum 2		
Addendum 3		
Addendum 4		
Addendum 5		

## RFP Timetable

Description	Date
RFP Released	Wednesday, October 23, 2019
Mandatory Pre-Bid Meeting	Wednesday, November 06, 2019 at 1:00 pm, EST Location: 612 W. Airport Rd. Cornelia, GA (Behind Iglesia Principe de Paz Church)
Deadline for Proposal Questions	Wednesday, November 13, 2019 at 2:00pm, EST
<b>Submittal deadline</b>	<b>Wednesday, November 20, 2019 at 1:00 pm, EST</b>
Tentative award date	Monday, December 16, 2019
Project Completion Date	March 16, 2020

## Bid Submittal Requirements

The **mandatory pre-bid** meeting will be held on Wednesday, November 06, 2019 at 1:00 PM at the project site. The address is 612 W. Airport Rd. Cornelia, GA. The meeting will begin behind the Iglesia Principe de Paz church at the intersection of Stapleton Dr. and W. Airport Rd. in Cornelia, GA

Each bidder must submit their proposal, in a sealed envelope or box, and marked with the bidders' name and address labeled: "**CR 342-2019-1 (137)**", and addressed to:

Habersham County Purchasing,  
Finance Department  
130 Jacob's Way, Suite 302  
Clarkesville, GA 30523

Proposals shall be received no later than **1:00 PM EST, Wednesday November 20, 2019** at Habersham County's Administration Building, Board of Commissioners Meeting Room, Room No. 211 located on the main level at 130 Jacob's Way, Clarkesville, GA 30523 at which time and place all proposals will be publicly opened and acknowledged.

Hand delivered copies may be delivered to the above address **ONLY** between the hours of 8:00AM and 5:00PM EST, Monday through Friday, excluding holidays observed by the Habersham County Government. For a complete listing of holidays please visit [www.habershamga.com](http://www.habershamga.com).

## **SPECIAL PROVISIONS**

**PROPOSAL GUARANTY:** No proposal will be considered unless accompanied by a Proposal Guaranty consisting of a bid bond, certified check, or negotiable instrument in the amount of **Five (5) Percent** of the total bid received with each bid submitted as assurance that the bidder, upon acceptance of his/her bid, can execute such contractual documents as may be required within a specified period of time.

**DELIVERY OF PROPOSAL:** Each proposal together with the Proposal Guaranty shall be in a sealed envelope so marked as to identify the contents without being opened. Proposals will be received until the time and date set in the Notice to Contractors for opening and must be in the hands of the officials indicated by that time. Proposals received after the time established for opening of bids will be returned unopened to the Bidder.

**AWARDS OF CONTRACT:** If a contract is awarded, it will be awarded to the lowest responsible bidder whose Proposal shall have met all prescribed requirements. The Contract will be awarded, if at all, within 60 calendar days after opening of Proposals.

**CANCELLATION OF AWARD:** The County reserves the right to cancel the Award of any Contract at any time before the execution of said Contract by all parties without any liability against the County.

**RETURN OF PROPOSAL GUARANTY:** All Proposal Guaranties except that of the lowest responsible Bidder will be returned immediately following the Award of the Contract. The Guaranty of the successful Bidder to whom the Award is made will be retained until the Contract Performance and Payment Bonds have been approved.

### **ALL BIDDERS MUST FURNISH PROOF OF LIABILITY INSURANCE AS WELL AS WORKER'S COMPENSATION AS REQUIRED BY STATE STATUTES:**

**PAYMENTS:** Payment will be made to the contractor each calendar month based on the estimated amount of work complete in place.

**NOTICE TO PROCEED:** The work shall begin within 10 days after notification to begin work by the County and shall be carried through to completion without unreasonable delays and without suspension of the work unless authorized in writing by the County. If there are unreasonable delays or unauthorized suspensions of the work, The County reserves the right to charge the Contractor, not as a penalty, but as liquidated damages as prescribed by the current edition of the Georgia Department of Transportation Standard Specifications.

Final Payment will not be made until the project has been satisfactorily completed and accepted by Habersham County.

**SECTION-107 LEGAL REGULATIONS AND RESPONSIBILITY TO THE PUBLIC:**

Delete Sub-Section 107.15 and Substitute the following:

107.15 RESPONSIBILITY FOR CLAIMS: The contractor shall indemnify and save harmless the County, its officers and employees, from all suits, actions, or claims of any character brought because of any injuries or damage received or sustained by any person, persons, or property on account of the operations of the said Contractor; or on account of or in consequence of any neglect in safe-guarding THE WORK; or through use of unacceptable materials in constructing THE WORK; or because of any act or omission, neglect or misconduct of said Contractor; or because of any claims or amount recovered from any infringements or patent, trademark, or copyright; or from any claims or amounts arising or recovered under the "Workmen's Compensation Act," or any other law, ordinance, order, or decree; and so much of the money due the said Contractor under and by virtue of his Contract as may be considered necessary by the County for such purpose may be withheld for use of the County; or, in case no money is due, his surety may be held until such suit or suits, action or actions, claim or claims for injuries or damages as aforesaid shall have been settled and suitable evidence to that effect furnished to the County; except that money due the Contractor will not be withheld when the Contractor produces satisfactory evidence that he is adequately protected by public liability and property damage insurance.

**SECTION 108.08 OF THE GEORGIA DEPARTMENT OF TRANSPORTATION  
STANDARD SPECIFICATIONS:**

Failure or Delay in Completing the Work on Time.

Any Liquidated Damages Assessed by the County for failure or delay in completing the Work on time shall be in accordance with Section 108.08 of the latest edition of the Georgia Department of Transportation Standard Specifications.



## **SECTION 150 – TRAFFIC CONTROL AND PROTECTION OF THE SITE**

Traffic Control during Construction, if required, shall be the sole responsibility of the Contractor

All Traffic Control Devices used during construction shall be in full compliance with the current edition of the Manual for Uniform Traffic Control Devices (MUTCD).

Pilot Vehicles or reliable means of communication shall be used to control traffic through the construction area at all times unless other methods are approved by the Director.

The site shall always be protected and kept safe and secure at all times. All spoil area and excavated areas shall be protected by orange safety fence.

## **SECTION 161 – CONTROL OF EROSION AND SEDIMENTATION:**

Modification of the current edition of the Georgia Department of Transportation Standard Specifications

Retain as written and add the following:

All erosion control items not covered elsewhere in the contract shall be the responsibility of the contractor to meet the requirements of Chapter 7 of Title 12 of the Official Code of Georgia Annotated, The Erosion and Sediment Control Act of 1975, as amended.

## **INSURANCE**

ALL BIDDERS MUST FURNISH PROOF OF LIABILITY INSURANCE, WORKER'S COMPENSATION LIABILITY INSURANCE, AND ANY OTHER INSURANCE REQUIRED BY APPLICABLE STATE, FEDERAL, AND ADMINISTRATIVE LAW.

Such proof shall be submitted with the bid/proposal and show evidence of insurability satisfactory to Habersham County as to form and content. If the bid is selected by the County, the Bidder must maintain, at a minimum, the insurance policies and minimums indicated in the selected bid. If the Bidder maintains broader coverage and/or higher limits than shown in the bid, Habersham County shall be entitled to coverage for the higher limits maintained by the Bidder.

Any and all Insurance Coverage(s) and Bonds required under the terms and conditions of the contract shall be maintained during the entire length of the contract, including any extensions or renewals thereto, and until all work has been completed to the satisfaction of Habersham County. Evidence of said insurance coverages shall be provided on or before the inception date of the Contract.

Bidder shall provide written notice to Habersham County immediately if it becomes aware of or receives notice from any insurance company that coverage afforded under such policy or policies shall expire, be cancelled or altered.

Certificates of Insurance are to list Habersham County Government, its' Officers, Officials and Employees as an Additional Insured (except for Workers' Compensation and Professional Liability). This insurance shall apply as Primary Insurance before any other insurance or self-insurance, including any deductible, non-contributory, and Waiver of Subrogation provided in favor of Habersham County. If Habersham County shall so request, the Bidder will furnish the County for its inspection and approval such policies of insurance with all endorsements, or confirmed specimens thereof certified by the insurance company to be true and correct copies.

The obligations for the Bidder to procure and maintain insurance shall not be constructed to waive or restrict other obligations. It is understood that neither failure to comply nor full compliance with the foregoing insurance requirements shall limit or relieve the Bidder from any liability incurred as a result of their activities/operations in conjunction with the Contract and/or Scope of Work.

**INSURANCE REQUIREMENTS:**

The Limits of Liability for the insurance by the General Conditions shall not be less than the following amounts:

**A. WORKERS COMPENSATION:**

- |  |                    |
|--|--------------------|
| (1) State                                    | <u>Statutory</u>   |
| (2) Applicable Federal (e.g. Longshoreman's) | <u>Statutory</u>   |
| (3) Employer's Liability                     | <u>\$1 Million</u> |

**B. Comprehensive General Liability (including Contractual Liability, Premises-Operations; Independent Contractor's Protective; Products Liability - Completed Operations; Broad Form Property Damages):**

- |  |                    |
|--|--------------------|
| (1) General Aggregate (Except Products – Completed Operations) | <u>\$2 Million</u> |
| (2) Products – Completed Operations Aggregate                  | <u>\$1 Million</u> |
| (3) Personal and Advertising Injury (per Person/Organization)  | <u>\$1 Million</u> |
| (4) Each Occurrence (Bodily Injury)                            | <u>\$25,000</u>    |
| (5) Each Occurrence (Property Damage)                          | <u>\$50,000</u>    |
| (6) Excess or Umbrella Liability                               | <u>\$3 Million</u> |
| a. General Aggregate   | <u>\$3 Million</u> |
| b. Each Occurrence   | <u>\$3 Million</u> |

**NOTICE TO ALL BIDDERS:** Certificates of Insurance must be available at the time contract is signed by the Board of Commissioners.

### **Questions, Interpretations and Addenda**

No inquiries or interpretation of meaning concerning this Request for Bids will be made to any interested party orally. Every inquiry or request for interpretation should be made in writing via e-mail. All inquiries and requests for interpretation should be sent via e-mail to Purchasing at [purchasing@habershamga.com](mailto:purchasing@habershamga.com) all questions and all answers will be posted on the website [www.habershamga.com](http://www.habershamga.com). **It will be the responsibility of interested parties to periodically check the website for any new information and/or addenda.**

**CERTIFICATE OF NON-DISCRIMINATION**

In connection with the performance of work under this contract, the bidder agrees as follows:

The bidder agrees not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry or disability. The vendor shall take affirmative action to insure that employees are treated without regard to their race, creed, color, sex, national origin, ancestry or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruiting or recruitment, advertising, lay-off or termination, rates of pay or other compensation and selection for training, including apprenticeship.

In the event of the bidder's non-compliance with this non-discrimination clause, the contract may be canceled or terminated by Habersham County. The bidders may be declared, by Habersham County, ineligible for further contracts with Habersham County until satisfactory proof of intent to comply shall be made by the vendor. The bidder agrees to include this non-discrimination clause in any sub-contracts connected with the performance of this agreement.

Chase Reline, Inc.  
\_\_\_\_\_

**BIDDER**



\_\_\_\_\_

Becky Chase

**SIGNATURE**

President  
\_\_\_\_\_

**TITLE**



Cross-Drain Pipe Location

Project No. CR 342-2019-1 (137) Habersham County


Schedule of Items

Item No.	Item Description	Unit	Approx. Qty.	Unit Price	Extended Item Cost
1	All equipment, material, and labor for cleaning and relining 36" CMP with InnerFow HDPE pipe including grouting	LS	1	42500.00	\$ 42500.00 -

TOTAL BASE BID Forty - Two Thousand Five Hundred dollars and no cents

Submitted By: Chase Reline, Inc.  
*Name of Corporation, Partnership, Individual*

Address: 6101 Airways Blvd  
Chattanooga TN 37421

  
*Signature of Duly Authorized Representative*

**SIGNATURE SHEET**

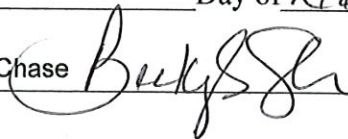
PROJECT NO.: **CR 342-2019-1 (137)**  
HABERSHAM COUNTY

BID SUBMITTED

BY: Chase Reline, Inc.  
(Print Name of Firm)

CONTRACT EXECUTED ON BEHALF OF THE CONTRACTOR:

This the 12 Day of November, 2019

BY: Becky Chase  TITLE President  
Printed Name of Official Signing Contract

WITNESS FOR THE CONTRACTOR Andrea Delle



CONTRACT EXECUTED ON BEHALF OF HABERSHAM COUNTY:

This the \_\_\_\_\_ Day of \_\_\_\_\_, 2019

BY: \_\_\_\_\_  
Habersham County Commission Chairman

WITNESS FOR THE COUNTY \_\_\_\_\_

CONTRACT ACCEPTED BY THE COUNTY ON \_\_\_\_\_, 2019

ATTEST: \_\_\_\_\_ COUNTY COMMISSION CLERK



**BIDDERS DECLARATION**

The bidder understands, agrees and warrants:

That the bidder has carefully read and fully understands the full scope of the requirements.

That the bidder has the capability to successfully undertake and complete the responsibilities and obligations in said specifications.

That the bidder has liability insurance and a declaration of insurance form will be provided before the commencement of any work.

That this bid may be withdrawn by requesting such withdrawal in writing at any time prior to **Wednesday, November 20, 2019** at 1:00 p.m. but may not be withdrawn after such date and time.

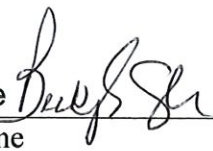
That Habersham County reserves the right to reject any or all bids and to accept that bid which will, in its opinion, best serve the public interest. Habersham County reserves the right to waive any technicalities and formalities in the bidding.

That by submission of this bid the bidder acknowledges that Habersham County has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information supplied by the bidder.

If a partnership, a general partner must sign.

If a corporation, the authorized corporate officer(s) must sign and the corporate seal must be affixed to this bid.

**BIDDER:**

Becky Chase  President  
Name Title

 Vice President  
Name Title



**AFFIX CORPORATE SEAL (If Applicable)**

CONTRACTOR'S CERTIFICATON

DRUG- FREE WORKPLACE

STATE OF GEORGIA  
HABERSHAM COUNTY

PROJECT NO. CR 342-2019-1 (137)

I hereby certify that I am a principle and duly authorized representative of

Chase Reline, Inc.

---


Whose address is 6101 Airways Blvd Chattanooga TN 37421

---

And that:

1. The provisions of Section 50-24-1 of the Official Code of Georgia Annotated, relating to the "Drug Free Workplace Act" have been complied with in full; and,
2. A drug-free workplace will be provided for the contractor's employee's during the performance of the contract ; and,
3. Each subcontractor hired by the Prime Contractor shall be required to ensure that the subcontractor's employees are provided a drug-free workplace. The Prime Contractor shall secure from the subcontractor the following written certification: "As a part of the subcontracting agreement with Chase Reline, Inc. certifies to the Prime Contractor that a drug-free workplace will be provided for the subcontractor's employees during the performance of this contract pursuant to paragraph (7) of subsection (b) of the Official Code of Georgia annotated Section 50-24-3": and
4. It is certified that the undersigned will not engage in unlawful manufacture, sale distribution, possession, or use of an uncontrolled substance or marijuana during the performance of the contract.

Date: 11/12/2019

  
Signature

NON-COLLUSION AFFIDAVIT

The bidder, by its officers and agents or representatives present at the time of filing this bid, being duly sworn, on their oaths say that neither they nor any member of their firm, have in any way, directly or indirectly, entered into any arrangement or agreements with any other bidder, or with any public officer of the County whereby such affiant or affiants or either of them, has paid or is to pay to such bidder or public officer any sum of money, or has given, or is to give to such other bidder or public officer anything of value whatever; or such affiant of affiants or either of them has not, directly or indirectly; entered into any arrangement or agreement with any other bidder(s), which tends to, or does lessen or destroy free competition in the letter of the contract sought for by the attached bids; that no inducement of any form or character other than that which appears upon the face of the bid will be suggested, offered, paid or delivered to any person whomsoever to influence the acceptance of the bid or awarding of the contract, nor has this bidder any understanding or agreement of any kind whatsoever, with any person whomsoever to pay, deliver to, or share with any other person in any way or manner, any of the proceeds of the contract sought by this bid.

Contractor: Chase Reline, Inc.

By: *Becky S. Sli*  
Authorized Contractor Representative

This the 12<sup>th</sup> Day of November, 2019

Notary Public: *Aundrea J Perkins*

My Commission Expires: 2/28/, 2019





Office of County Commissioners  
130 Jacob's Way, Suite 302, Clarkesville, GA 30523  
706-839-0200 Fax: 706-839-0219  
[www.habershamga.com](http://www.habershamga.com)

**STATE OF GEORGIA E-Verify PROGRAM VENDOR/CONTRACTOR  
AFFIDAVIT AND AGREEMENT**

COMES NOW before me, the undersigned officer duly authorized to administer oaths, the undersigned contractor, who, after being duly sworn, states as follows:

By executing this affidavit, the undersigned contractor verifies it's compliance with O.C.G.A 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of Habersham County has registered with, is authorized to use, and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. 13-10-91 (b). Contractor hereby attests that its federal work authorization user identification number and date are as follows:

81-1868702

EEV / Basic Pilot Program User ID Number (E-Verify)

FURTHER AFFIANT SAYETH NOT.

*Becky S. G.*  
BY: Authorized Officer or Agent Signature

6101 Airways Blvd Chattanooga TN 37421  
Contractor Address

President

Title of Authorized Officer or Agent of Contractor Above

Chase Reline, Inc.

Company / Contractor Name

Chattanooga, TN 37421

Contractor City, State, Zip Code

11/12/19

Date of Contract between Contractor and Habersham County

Sworn to and subscribed before me

This 12<sup>th</sup> day of November, 2019  
*Andrea Delleo*  
Notary Public



My commission expires: 2/28/2022

\* Any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603. As of the effective date of O.C.G.A. § 13-10-91, the applicable federal work authorization program is the "EEV I Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security in conjunction with the Social Security Administration (SSA).

## MATERIAL SPECIFICATION & CONSTRUCTION

### 1.0 GENERAL

- 1.1 This specification encompasses the material requirements necessary for the purchase and installation of InnerFlow Pipe Systems, a solid-wall, high-density, polyethylene (HDPE) pipe incorporating an interlocking, push-together joint, for the use in slip-line applications. All pipe supplied under this specification shall meet or exceed all of the following requirements.
- 1.2 InnerFlow Pipe Systems, or approved equal, shall be made of high-density polyethylene resin in accordance with the requirements of ASTM D-3350-02. The pipe shall be made from virgin resin, and conform to cell classification 345464C. Resins that conform to a higher cell classification in any one or more properties are acceptable. Resins shall have the Plastics Pipe Institute designations of: PE3408, PE3608, or PE4710.

### 2.0 MATERIALS

- 2.1 The supplier shall furnish a manufacturer's certification stating that the material used in the pipe meets the requirements of ASTM D 3350-02 with a cell classification of 345464C with the physical properties indicated above. The supplier shall certify the dimensions meet the requirements of ASTM F 714 and AASHTO M326-08. The pipe liner must have a minimum Dimension Ratio (DR) of 32.5 wall thickness. The pipe shall have a fully solid and homogeneous wall section that provides smooth interior and exterior surfaces.

### 3.0 DESIGN

- 3.1 Pipe shall be InnerFlow Pipe System, or approved equal. The Inside Diameter of the InnerFlow pipe is proposed to be 28" and the Outside Diameter is proposed to be 30". It is estimated that the length of the pipe required for the project will be approximately 120 LF. It will be the responsibility of each bidding contractor to verify the proposed pipe diameters and lengths will be suitable given the condition, alignment, and length of the existing 36" CMP host pipe.

### 4.0 JOINT PERFORMANCE

- 4.1 The pipe shall be capable of being joined into a continuous length by an interlocking method which will allow for pushing or pulling pipe into position. The outside diameter (O.D.) or inside diameter (I.D.) of the liner pipe shall not increase or decrease, respectively, by more than ¼ inch at the joint overlap location. Joints must incorporate an ASTM F 477 compliant gasket. Joints must be water-tight, and capable of passing an internal pressure test per ASTM D 3212, in which the joint must be absent from visible leaks after being pressurized to 25 feet of head (approx. 10.8 psi) for 10 minutes. Each InnerFlow pipe section must have an internal and external component of the interlocking feature. The jointing system must incorporate a joint profile in which 100% of the wall thickness is used as a pushable surface. The ends of the inner and outer joint must have a squared surface, and not a tapered or sloped surface. This is to ensure the inner joint does not "telescope" when pressure is applied. The jointing system must have an integrated, specific groove for the approved gasket, in which during the joining process, the pipe snaps onto the gasket to prevent the gasket from rolling out.

### 5.0 INSTALLATION

- 5.1 Before inserting the liner pipe, the existing host pipe must be cleaned. All debris, sediment, or other materials must be removed from the host pipe including any protrusions such as guardrail

posts, or sharp edges of the deteriorating pipe. The host pipe contains approximately 1.0 to 1.50 foot of sediment that will need to be cleaned out. Washing the pipe out will not be an acceptable cleaning method unless the sediment is contained and removed.

- 5.2 After the liner is in place, the annular void spaces between the host pipe and the liner shall be completely filled with low-density cellular grout (grout mix).

## 6.0 GROUTING REQUIREMENTS

- 6.1 The material properties for grouting the annular space around the InnerFlow Pipe Systems are to provide for complete void filling, and to reduce the risk of pipe failure and are as follows:
  - 6.1.1 The contractor/installer must use a low-density cellular grout mix when grouting the annular space of the liner pipe. The grout mix's primary components are cement and water, mixed with an essential foaming compound to create air bubbles that reduce the density of the mix enough to assist in the prevention of collapsing an HDPE pipe. The grout density shall range between 30 pcf and 80 pcf, while maintaining flowable characteristics needed to fill all voids around the pipe.
  - 6.1.2 The grout mix shall be made using a foaming process. The foam generating equipment shall have the calibration checked daily by the foam manufacturer's certified installer to produce a precise and predictable volume of foam. The foam concentrate shall be certified by the manufacturer to have an approved liquid/foam expansion ratio at a constant dilution ratio with water.
  - 6.1.3 The foam concentrate must be added to the cement/grout mix on-site, and mixed thoroughly for a uniform consistency, immediately before being pumped into the annular space.
  - 6.1.4 The specific job mix shall be submitted to the Owner by either the foam concentrate supplier or the certified or licensed grouting contractor for approval prior to use on the project. The mix shall have a minimum 28-day compressive strength of 150 psi. Test results must be submitted to owner for approval and payment.
  - 6.1.5 When grouting, contractors may use a pressure pump, which will inevitably compact the air bubbles if pressurized too much. Over-pressurizing can be caused by trying to pump through a closed line, insufficient vent tubes, or pumping too far of a distance. For this reason, it is imperative that the installer creates multiple pump ports at various locations throughout the liner to prevent pressure build-up. Recommended external grout pressure shall not exceed 2 psi to prevent collapsing the liner pipe. In some scenarios, it is recommended that the grout process be done in stages, or multiple stages, in which the contractor shall allow the previous stage to cure thereby reducing uplift or buoyancy pressures before the next stage is pumped.

## InnerFlow™ Pipe Dimensions

Outside Diameter (in)	Average Inside Diameter (in)	Minimum Wall Thickness (in)	SDR #	Weight (lbs/ft)
10.75	10.008	0.331	32.5	4.75
12.75	11.966	0.392	32.5	6.67
14.00	13.138	0.431	32.5	8.05
16.00	15.016	0.492	32.5	10.50
18.00	16.892	0.554	32.5	13.30
20.00	18.370	0.615	26.0	20.45
22.00	20.206	0.846	26.0	24.75
24.00	22.525	0.738	32.5	23.62
26.00	24.304	0.800	32.5	27.89
28.00	26.276	0.862	32.5	32.19
30.00	28.043	0.923	32.5	37.13
32.00	30.030	0.985	32.5	42.04
36.00	33.784	1.108	32.5	53.20
42.00	39.416	1.292	32.5	72.37
48.00	44.336	1.454	32.5	91.62
54.00	50.676	1.662	32.5	119.70
63.00	59.020	1.945	32.5	163.46

### InnerFlow Pipe – Available Lengths

Outside Diameter	Standard Length	Available Lengths*
10.75", 12.75"	22'	12', 42'
14", 16", 18"	24'	12', 18', 52'
20", 22", 24", 26", 28", 30", 32", 36", 42", 48", 54"	24'	9', 15', 48'
63"	23'	9', 15', 48'

\* subject to availability

For more information contact your local Contech Sales Engineer.

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Chase Reline, Inc</b></p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p style="font-size: x-small;">Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: x-small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. <b>6101 Airways Blvd</b></p> <p>6 City, state, and ZIP code <b>Chattanooga, TN 37421</b></p> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
8	1	-	1	8	6	8	7	0	2

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<p>Signature of U.S. person ▶ </p>	<p>Date ▶ <b>10/25/19</b></p>
------------------	------------------------------------	-------------------------------

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*





**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) And Description Of Covered Operations
ANY PERSON OR ORGANIZATIONS WHEN YOU HAVE AGREED IN WRITING IN A CONTRACT OR AGREEMENT THAT SUCH PERSONS OR ORGANIZATIONS BE ADDED AS AN ADDITIONAL INSURED.	ALL LOCATIONS DESIGNATED IN A WRITTEN CONTRACT OR AGREEMENT.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the

contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**



**COMMERCIAL GENERAL LIABILITY ARTISAN CONTRACTORS ENDORSEMENT**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

Coverage afforded under this expanded coverage endorsement does not apply to any person or organization covered as an additional insured on any other endorsement now or hereafter attached to this Coverage Form.

**SCHEDULE**

The coverage provided by this endorsement is summarized below and is intended to provide a general coverage description only. For the details effecting each coverage please refer to the terms and conditions in this endorsement.

- A. Expected or Intended Injury**
  - Reasonable force
- B. Non-Owned Watercraft**
  - Increased to 60 feet
- C. Damage To Property - Borrowed Equipment**
- D. Damage To Premises Rented To You**
- E. Damage To Your Work**
- F. Voluntary Property Damage**
- G. Care, Custody Or Control**
- H. Supplementary Payments**
  - Bail Bonds- \$2,500
  - Loss of Earnings- \$1,000
- I. Additional Insureds - Automatic Status**
  - State or Governmental Agency or Subdivision or Political Subdivision
  - Controlling Interest
  - Managers or Lessors of Premises
  - Mortgagee, Assignee or Receiver
  - Owners or Other Interests From Whom Land Has Been Leased
  - Co-Owners of Insured Premises
  - Lessor of Leased Equipment
  - Vendors
- J. Who Is An Insured broadened**
  - Joint Ventures / Partnership / Limited Liability Company
  - Health Care Professionals (Incidental Medical Malpractice)
  - Individual Owners of Building are Insured's
  - Newly Formed or Acquired Entities.
- K. Knowledge and Notice of Occurrence**
- L. Other Insurance Condition Amended**
- M. Unintentional Failure To Disclose Hazards**
- N. Waiver of Transfer Of Rights Of Recovery Against Others To Us - Automatic Status**
- O. Liberalization**
- P. Definitions**
  - Bodily Injury redefined

**A. EXPECTED OR INTENDED INJURY**

Under **SECTION I, COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Item 2. exclusion a, is replaced with the following:

- a. Expected or Intended Injury

"Bodily Injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force for the purpose of protecting persons or property.

**B. NON-OWNED WATERCRAFT**

Under SECTION I, COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Item 2. Exclusions g.2(a) is replaced with the following:

- (a) Less than 60 feet long; and

**C. DAMAGE TO PROPERTY - BORROWED EQUIPMENT**

Under SECTION I, COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Item 2. Exclusions j. is deleted and replaced by the following:

**j. Damage To Property**

- (1) Property you own, rent or occupy
- (2) Premises you sell, give away or abandon, if the "property damage" arises out of any part of those premises;
- (3) Property loaned to you;
- (4) Personal property in the care, custody or control of the insured;
- (5) That particular part of any real property on which you or any contractors or subcontractors working directly or indirectly on your behalf are performing operations, if the "property damage" arises out of those operations; or
- (6) That particular part of any real property that must be restored, replaced, or repaired because "your work" was incorrectly performed on it.

Paragraphs (1), (3) and (4) of this exclusion do not apply to:

- (i) "property damage" to tools or equipment loaned to you if the tools or equipment are not being used to perform operations at the time of loss; or
- (ii) "property damage" (other than damage by fire) to premises rented to you or temporarily occupied to you with the permission of the owner or to the contents of premises rented to you for a period of 7 or fewer consecutive days. A separate limit of insurance applies to Dam-

age To Premises Rented To You as described in Section III - Limits Of Insurance.

Paragraph (2) of this exclusion does not apply if the premises are "your work" and were not occupied, rented or held for rental by you beyond one year from the date "your work" was completed.

Paragraph (2) of this exclusion does not apply if the premises are "your work" and were never occupied, rented or held for rental by you.

Paragraphs (3), (4), (5) and (6) of this exclusion do not apply to liability assumed under a sidetrack agreement.

Paragraph (6) of this exclusion does not apply to "property damage" included in the "products-completed operations hazard."

**D. DAMAGE TO PREMISES RENTED TO YOU**

Under SECTION I - COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Item 2. Exclusions, the last paragraph of Item 2. Exclusions is replaced with the following:

Exclusion c. through n. do not apply to damage by fire or explosion to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in Section III - LIMITS OF INSURANCE.

**E. DAMAGE TO YOUR WORK**

Under SECTION 1, COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Item 2. Exclusions I. is deleted and replaced by the following:

**I. Damage To Your Work**

"Property damage" to "your work" arising out of it and included in the "products-completed operations hazard".

This exclusion does not apply if the damaged work or the work out of which the damage arises was performed on you behalf by a subcontractor.

This exclusion only applies to that particular part of "your work" out of which the damage arises.

Under SECTION I, COVERAGES, the following are added:

**F. VOLUNTARY PROPERTY DAMAGE**

**1. Insuring Agreement**

We will pay, at your request, for "property damage" to property of others caused by you, or while in your procession, arising out of your business operations.

## 2. Exclusions

Coverage for Voluntary Property Damage does not apply to:

- a. "Loss" of property at premises owned, rented, leased, operated or used by you;
- b. "Loss" of property while in transit;
- c. "Loss" of property owned by, rented to, leased to, borrowed by or used by you;
- d. The cost of repairing or replacing;

(1) "Your work" defectively or incorrectly done by you; or

(2) "Your product" manufactured sold or supplied by you;

unless the "property damage" is caused directly by you after delivery of "your product" or completion of "your work" and resulting from a subsequent undertaking.

- e. "Loss" of property caused by or arising out of the "products-completed operations hazard."

The most we will pay under Voluntary Property Damage for "loss" arising out of any one "occurrence" is \$250. The most we will pay for the sum of all "losses" under this coverage is \$1,000

## 3. Deductible

We will not pay for "loss" in any one "occurrence" until the amount of "loss" exceeds \$250. We will then pay the amount of "loss" in excess of \$250, up to the applicable limit of liability.

## 4. Actual Cost

In the event of a covered "loss", you shall, if requested by us, replace the damaged property or furnish the labor and materials necessary for repairs thereto at your actual cost, excluding profit or overhead charges.

## G. CARE, CUSTODY OR CONTROL

### 1. Insuring Agreement

We will pay those sums the insured becomes legally obligated to pay as damages because of "property damage" to property of others while in your care, custody or control or property as to which you are exercising physical control if the "property damage" arises out of your business operations.

## 2. Exclusions

Coverage for Care, Custody and Control does not apply to:

- a. "Property damage" to property at any premises owned, rented, leased, operated or used by you;

- b. "Property damage" to property while in transit;

- c. The cost of repairing or replacing;

(1) "Your work" defectively or incorrectly done by you; or

(2) "Your product" manufactured or sold by you;

unless the "property damage" is caused directly by you after delivery of "your product" or completion of "your work" and resulting from a subsequent undertaking.

- d. "Property damage" to property caused by or arising out of the "products-completed operations hazard".

The most we will pay under Care Custody or Control for "property damage" is \$2,500 for each "occurrence". The most we will pay for the sum of all damages because of "property damage" under this coverage is \$5,000.

## 3. Deductible

We will not pay for "property damage" in any one "occurrence" until the amount of "property damage" exceeds \$250. We will then pay the amount of "property damage" in excess of \$250, up to the applicable limit of liability.

## 4. Actual Cost

In the event of covered "property damage" you shall, if requested by us, replace the property or furnish the labor and materials necessary for repairs thereto, at your actual cost, excluding profit or overhead charges.

## H. SUPPLEMENTARY PAYMENTS

Under SECTION I - SUPPLEMENTARY PAYMENTS COVERAGES A AND B, item 1.b. is replaced with the following:

- b. Up to \$2,500 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the "Bodily Injury" Liability Coverage applies. We do not have to furnish these bonds.

Under **SECTION I - SUPPLEMENTARY PAYMENTS COVERAGES A AND B**, item 1.d. is replaced with the following:

- d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$1,000 a day because of time off from work.

**I. ADDITIONAL INSURED - AUTOMATIC STATUS**

**SECTION II - WHO IS AN INSURED** is amended to include as an insured any person or organization (called additional insured) described in paragraphs a. through g. below whom you are required to add as an additional insured on this policy under a written contract or written agreement. However the written contract or written agreement must be:

- 1. Currently in effect or becoming effective during the term of the policy; and
- 2. Executed prior to the "bodily injury", "property damage" or "personal injury and advertising injury", but

Only the following persons or organizations are additional insureds under this endorsement and coverage provided to such additional insureds is limited as provided herein:

**a. State or Governmental Agency or Subdivision or Political Subdivisions**

A state or governmental agency or subdivision or political subdivision subject to the following provisions:

- (1) This insurance applies only with respect to the following hazards for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization in connection with premises you own, rent or control and to which this insurance applies;
  - (a) The existence, repair maintenance, erection, construction, or removal of advertising signs, awnings canopies, cellar entrances, coal holes, driveways, manholes marquees, hoistaway openings, sidewalk vaults, street banners, or decorations and similar exposures; or
  - (b) The construction, erection, or removal of elevators.

- (2) This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

This insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality.

**b. Controlling Interest**

Any person or organizations with a controlling interest in you but only with respect to their liability arising out of:

- (1) Their financial control of you; or
- (2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for such additional insured.

**c. Managers or Lessors of Premises**

A manager or lessor of premises but only with respect to liability arising out of the ownership, maintenance or use of that specific part of the premises leased to you and subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of such additional insured.

**d. Mortgagee, Assignee or Receiver**

A mortgagee, assignee or receiver but only with respect to their liability as mortgagee, assignee or receiver and arising out of the ownership, maintenance, or use of a premises by you.

This insurance does not apply to structural alterations, new construction or demolition operations performed by or for such additional insured.

**e. Owners Or Other Interests From Whom Land Has Been Leased**

An owner or other interest from whom land has been leased by you but only with respect to liability arising out of the ownership, maintenance or use of that specific part of the land leased to you and subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to lease that land; or
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of such additional insured.

**f. Co-owner of Insured Premises**

A co-owner of a premises co-owned by you and covered under this insurance but only with respect to the co-owners liability as co-owner of such premises.

**g. Lessor of Equipment**

Any person or organization from whom you lease equipment. Such person or organization are insureds only with respect to their liability arising out of the maintenance, operation or use by you of equipment leased to you by such person or organization. A person's or organization's status as an insured under this endorsement ends when their written contract or written agreement with you for such leased equipment ends.

With respect to the insurance afforded these additional insureds, the following exclusions apply:

This insurance does not apply:

- (1) To any "occurrence" which takes place after the equipment lease expires; or
- (2) To "bodily injury", "property damage", or "personal and advertising injury" arising out of the sole negligence of such additional insured.

Any insurance provided to an additional insured designated under paragraphs a. through g. above does not apply to "bodily injury" or "prop-

erty damage" included within the "products-completed operations hazard".

**h. Vendors**

Any person(s) or organization(s) with whom you agree in a written contract or agreement to name as an additional insured but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendors business, subject to the following additional exclusions:

- (1) The insurance afforded the vendor does not apply to:

- (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;

- (b) Any express warranty unauthorized by you;

- (c) Any physical or chemical change in the product made intentionally by the vendor;

- (d) Repackaging, except when unpacked solely for the purpose of inspection demonstration, testing, or the substitution of parts under instructions from the manufacturer, and the repackaged in the original container;

- (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertake to make in the usual course of business in connection with the distribution or sale of the products;

- (f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

(g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a contained, part or ingredient of any other thing or substance by or for the vendor; or

(h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

(i) The exceptions contained in subparagraphs 4 and 6; or

(ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertake to make in the usual course of business, in connection with the distribution or sale of the products.

(2) This insurance does not apply to any insured person or organization from whom you have acquired such products, or any ingredient, part or contained, entering into accompanying or containing such products.

As respects the coverage provided under this provision, Paragraph 4.b.(1) of **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS** is deleted and replaced with the following:

#### 4. Other Insurance

##### b. Excess Insurance

(1) This insurance is excess over:

Any other insurance naming the additional insured as an insured whether primary, excess, contingent or on any other basis unless a written contract or written agreement specifically requires that this insurance be either primary or primary and noncontributing. Where required by written contractor written agreement, we will consider any other insurance maintained by the additional insured

for injury or damage covered by this endorsement to be excess and noncontributing with this insurance.

#### J. WHO IS AN INSURED BROADENED

Under **SECTION II - WHO IS AN INSURED** the following is added to item 1:

##### f. Joint Ventures / Partnership / Limited Liability Company Coverage

You are an insured when you had an interest in a joint venture, partnership or limited liability company which is terminated or ended prior to or during this policy period but only to the extent of your interest in such joint venture, partnership or limited liability company. This coverage does not apply:

(1) Prior to the termination date of any joint venture, limited liability company or partnership; or

(2) If there is other valid and collectible insurance purchased specifically to insure the joint venture, legal liability company or partnership.

Under **SECTION II - WHO IS AN INSURED, 2.a.(1)(d)** is deleted and replaced with the following:

(d) Arising out of his or her providing or failing to provide professional health care services.

This does not apply to nurses, emergency medical technicians or paramedics employed by you to provide health care services, but only if you are not in the business or occupation of providing such professional services.

Under **SECTION II - WHO IS AN INSURED** the following is added:

4. For **COVERAGE A** and **COVERAGE B** only, the owner of any building leased to you, but only if the building owner is a shareholder in your corporation or a partner in your partnership insured by this policy, and only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you. However, this insurance does not apply:

a. To any "occurrence" or offense which takes place after you cease to be a tenant in the premises; or



- b. To structural alterations, new construction or demolition operations performed by or on behalf of the building owner.

Under **SECTION II - WHO IS AN INSURED, 3.a.** is deleted and replaced with the following:

- a. Coverage under this provision is afforded only until the end of the policy period or the next anniversary of this policy's effective date after you acquire or form the organization whichever is earlier.

Under **SECTION II - WHO IS AN INSURED** the last paragraph in this section is deleted and replaced with the following:

Except as provided in 3. above, no person or organization is an insured with respect to the conduct of any current or past joint venture, limited liability company or partnership that is not shown as a named insured in the Declarations.

**K. KNOWLEDGE AND NOTICE OF OCCURRENCE**

Under **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 2. Duties in the Event of Occurrence, Offense, Claim Or Suit,** the following is added:

- e. The requirement in Condition 2.a. applies only when the "occurrence" or offense is know to:
  - (1) You, if you are an individual;
  - (2) A partner, if you are a partnership;
  - (3) An "executive officer" or insurance manager, if you are a corporation; or
  - (4) A manager, if you are a limited liability company.
- f. The requirement in Condition 2.b. will not be breached unless the breach occurs after such claim or "suit" is know to:
  - (1) You, if you are an individual;
  - (2) A partner, if you are a partnership;
  - (3) An "executive officer" or insurance manager, if you are a corporation; or
  - (4) A manager, if you are a limited liability company.
- g. Your rights under this Coverage Part will not be prejudiced if you fail to give us notice of an "occurrence," offense, claim, or "suit" and that failure is solely due to your reason-

able belief that the "bodily injury" or "property damage" is not covered under this Coverage Part. However, you shall give written notice of this "occurrence," offense, claim, or "suit" to us as soon as you are aware this insurance may apply to such "occurrence," offense, claim, or "suit."

**L. OTHER INSURANCE CONDITION AMENDED**

When required by written contract with any additional insured owner, lessee, or contractor to provide insurance on a primary and noncontributory basis, **Condition 4. of Section IV - Commercial General Liability Conditions** is deleted and replaced by the following:

**4. Other Insurance**

If other valid and collectible insurance is available for a loss we cover under Coverage **A** or **B** of this Coverage Part, our obligations are limited as follows:

**a. Primary Insurance**

This insurance is primary and non-contributory except when **b.** below applies.

**b. Excess Insurance**

This insurance is excess over any of the other insurance, whether primary, excess, contingent, or on any other basis:

- (1) That is Fire, Extended Coverage, Builders Risk, Installation Risk, or similar coverage for "your work";
- (2) That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner; or
- (3) If the loss arises out of the maintenance or use of aircraft, "autos," or watercraft to the extent not subject to Exclusion **g.** of Section 1 - Coverage **A.**
- (4) If the loss is caused by the sole negligence of any additional insured, owner, lessee, or contractor.

When this insurance is excess, we will have no duty under Coverage **A** or **B** to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit." If no other defends, we will undertake to do so, but we will be entitled to the other insured's rights against all those other insurers.

When this insurance is excess over other insurance, we will pay only our share of the amount of loss, if any, that exceeds the sum of:

- (1) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (2) The total of all deductibles and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the limits of Insurance shown in the declarations of this Coverage Part.

**M. UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS**

Under **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, item 6. **Representations**, the following is added:

- d. Your failure to disclose all hazards or prior "occurrences" existing as of the inception date of this policy shall not prejudice the coverage afforded by this policy, provided such failure to disclose all hazards or prior "occurrences" is not intentional.

**N. WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US AUTOMATIC STATUS**

Under **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, item 8. **Transfer Of Rights Of Recovery Against Others To Us** is deleted and replaced by the following:

We waive any right of recovery we may have against any person or organization with respect to which the insured has waived its right of recovery.

It is further agreed that work commenced under letter of intent or work order, subject to subsequent reduction to writing, with customers whose customary written contracts would require a waiver of recovery rights against them also falls within this blanket waiver of recovery rights.

**O. LIBERALIZATION**

If we adopt a change in our forms or rules which would broaden coverage for contractors under this coverage form without an additional premium charge, your policy will automatically provide the additional coverages as of the date the broadened coverage is effective in your state.

**P. DEFINITIONS**

Under **SECTION V - DEFINITIONS**, item 3. is deleted and replaced with the following:

3. "Bodily Injury" means bodily injury, disability, sickness, or disease sustained by a person, including death resulting from any of these at any time. "Bodily injury" includes mental anguish or other mental injury resulting from "bodily injury".

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
All persons or organizations when you have agreed in writing in a contract or agreement that such persons or organizations be added as an additional insured.	All Locations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

- A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
1. Your acts or omissions; or
  2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.
- However:
1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
  2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:
- This insurance does not apply to "bodily injury" or "property damage" occurring after:
1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
  2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.
- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:
- If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
1. Required by the contract or agreement; or
  2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.
- This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

\*Blanket Waiver of Subrogation Applies\*

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

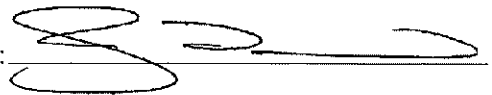
Date Prepared: April 25, 2018

Carrier: Bridgefield Casualty Insurance Company

Effective Date of Endorsement: April 15, 2018

Policy Number: 196-45921

Countersigned by:

A handwritten signature in black ink, appearing to be a stylized name, written over a horizontal line.

Insured: Chase Reline, Inc.

**WC 00 03 13 (Ed. 4-84)**



# AIA<sup>®</sup> Document A310<sup>™</sup> – 2010

## Bid Bond

**CONTRACTOR:**

*(Name, legal status and address)*

Chase Reline, Inc.  
P.O. Box 21428  
Chattanooga, TN 37424

**SURETY:**

*(Name, legal status and principal place of business)*

North American Specialty Insurance  
Company  
1150 Sanctuary Parkway Ste 425  
Alpharetta, GA 30009

**OWNER:**

*(Name, legal status and address)*

Habersham County GA  
130 Jacob's Way Ste 302  
Clarksville GA 30523

**BOND AMOUNT:** \$ 5% of the bid amount

**PROJECT:**

*(Name, location or address, and Project number, if any)*

Project No: CR342-2019-1  
(137)  
36" CMP Rehabilitation

**ADDITIONS AND DELETIONS:**

The author of this document has added information needed for its completion. The author may also have revised the text of the original AIA standard form. An *Additions and Deletions Report* that notes added information as well as revisions to the standard form text is available from the author and should be reviewed. A vertical line in the left margin of this document indicates where the author has added necessary information and where the author has added to or deleted from the original AIA text.

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

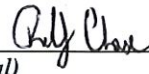
Init.

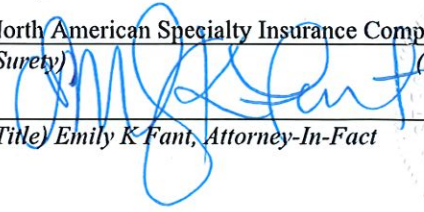
When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

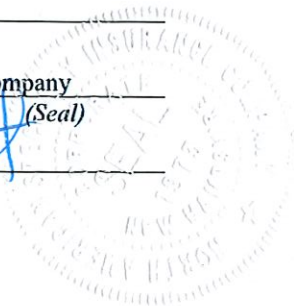
Signed and sealed this 20th day of November, 2019

\_\_\_\_\_  
(Witness)

  
\_\_\_\_\_  
(Witness)

Chase Reline Inc.   
(Contractor as Principal) (Seal)  
Vice President  
\_\_\_\_\_  
(Title)

North American Specialty Insurance Company  
(Surety) (Seal)  
  
\_\_\_\_\_  
(Title) Emily K Fant, Attorney-In-Fact



NAS SURETY GROUP

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY

GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Manchester, New Hampshire, and Washington International Insurance Company, a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Schaumburg, Illinois, each does hereby make, constitute and appoint:

MARK R. BROCK, PATRICIA S. KLEEHAMMER, CECIL RAY VAUGHAN III, T. MICHAEL LANGLEY,
DANA KEITH DAVIS, MARK RAMSEY BROCK JR., EMILY K. FANT, TUCKER H. COMPTON and JOHN D. BROCK

JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:
FIFTY MILLION (\$50,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 9th of May, 2012:

"RESOLVED, that any two of the Presidents, any Managing Director, any Senior Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."



By [Signature]
Steven P. Anderson, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company



By [Signature]
Michael A. Ito, Senior Vice President of Washington International Insurance Company
& Senior Vice President of North American Specialty Insurance Company

IN WITNESS WHEREOF, North American Specialty Insurance Company and Washington International Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 15th day of June, 2017.

North American Specialty Insurance Company
Washington International Insurance Company

State of Illinois
County of Cook ss:

On this 15th day of June, 2017, before me, a Notary Public personally appeared Steven P. Anderson, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and Michael A. Ito, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.



[Signature]
M. Kenny, Notary Public

I, Jeffrey Goldberg, the duly elected Assistant Secretary of North American Specialty Insurance Company and Washington International Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company and Washington International Insurance Company, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 20th day of November, 2017.

Jeffrey Goldberg, Vice President & Assistant Secretary of
Washington International Insurance Company & North American Specialty Insurance Company



TN BUREAU OF WORKERS' COMPENSATION

MAY 10 2019

Tennessee Bureau of Workers' Compensation  
220 French Landing Drive, I-B  
Nashville, TN 37243-1002

DRUG-FREE  
WORKPLACE PROGRAM

Phone: 615-532-1321 FAX: 615-253-5265 Email: [DFW.Program@tn.gov](mailto:DFW.Program@tn.gov)

<https://www.tn.gov/workforce-injuries-at-work/employers/employers/drug-free-workplace-program.html>

2019061030

DRUG FREE WORKPLACE PROGRAM APPLICATION

1. This application must be complete, legible and signed or it will be RETURNED.
2. This application must be resubmitted anytime the employer changes insurance carriers.
3. This form must be submitted to the Bureau. Please include the completed original copy of this form plus one photocopy, a copy of PROOF OF COVERAGE and two pre-addressed, stamped envelopes:
  - a. one addressed to your Workers' Compensation Insurance Carrier and
  - b. one addressed to the employer named below.
4. THIS APPLICATION MUST BE RENEWED ANNUALLY.

Check one:  New application  Renewal application  Changed Insurance Carrier

Company Name: Chase Reline, Inc. FEIN: 81-1868702  
 Mailing Address: Po Box 21428 City Chattanooga State & Zip TN 37424  
 Business Address: 6101 Airways Blvd. City Chattanooga State & Zip TN 37421  
 Phone # (423) 713-7201 Fax # (423) 713-7951 Email becky@chasereline.us

Name of Substance Abuse Program Administrator Becky Chase  
Nature of Business Pipe Rehabilitation Total # of FT & PT employees 15

Workers' Compensation Insurance Carrier RSS Insurance  
Lab Certification (circle one): Other NRCME

Name of Test Laboratory Nova Medical City Chattanooga State TN ZIP 37421  
Name of Medical Review Officer (MRO) \_\_\_\_\_ Phone # \_\_\_\_\_

Have all employees hired prior to the date of this application been provided at least one hour of substance abuse training?  Yes  No  
 Have all employees hired prior to the date of this application been informed of your company's drug free program policies?  Yes  No  
 Effective date of your program 03/15/2016

Renewal applicants only:  
 Number of tests performed in past 12 months for each of the following:  
 Applicants: Total 10 Positive 0 Routine Fitness for Duty: Total 0 Positive 0  
 Work accident: Total 0 Positive 0 EAP Follow-up: Total 0 Positive 0  
 Reason (optional): Total 5 Positive 1 Reasonable Suspicion Total 0 Positive 0

Have all employees that have undergone substance abuse training acknowledged, in writing, their attendance at that training and the existence of your company's drug free program policies? Yes No

I hereby certify that all provisions and requirements of the Tennessee Drug-Free Workplace Program as established by T.C.A. have been met and implemented. (To be signed by all applicants)

Becky Chase President  
 Owner/Officer's Signature and title  
 Becky Chase  
 Printed name  
 05/01/2019  
 Date  
 Accepted Date

Bureau of Workers' Compensation Representative Signature \_\_\_\_\_ Title \_\_\_\_\_  
 LB-11 (REV 8/16) RDA 10183





**Office of County Commissioners**  
130 Jacobs Way, Suite 302, Clarkesville, GA 30523  
706-839-0200 Fax: 706-839-0219  
[www.habershamga.com](http://www.habershamga.com)

---

---

Addendum No. 1 TO  
Request for Bids

PROJECT NO. CR 342-2019-1 (137)

36" CMP Rehabilitation

TO: ALL PROSPECTIVE BIDDERS

DATE: November 8, 2019

This Addendum forms a part of the RFP and modifies the original documents as noted below. Acknowledge receipt of this Addendum in the space provided in Project Description and General Notes page of RFP.

This Addendum includes the following:

Innerflow has been purchased by a company with a very similar product, SnapTite. Below is the SnapTite website for further information. The Innerflow product name will no longer get to be used and for this current project and will need to be replaced with the 30" OD SnapTite liner.

<https://culvert-rehab.com/literature/>

This concludes Addendum No. 1