



## ADDENDUM No. 1 Request for Quote RFP No. 2023-016B

Date: **November 17, 2023**

Project Name: **Repair and Replace Insulation at 1910 Ave. C**

**Addendum No. 1** for the above referenced project has been published. This addendum is available only by electronic delivery on the Mobile Airport Authority website. Please find attached the Documents for the above referenced **Addendum No. 1**.

This Addendum is hereby made a part of the Contract Documents and Specifications of the above referenced project. All other requirements of the original Contract Documents and Specifications shall remain effective in their respective order.

**Acknowledge receipt of this addendum by including this addendum with your quote.**

### **ITEM NO. 1:**

#### **Questions and Answers**

1. (Q) Does spray foam count as an acceptable substitute in the areas that need to be replaced? If so, what kind of spray foam and what R-value is acceptable?
  - (ANS) Yes. The Contractor shall still tape up the existing fiberglass insulation as noted, but they are permitted to use spray foam where the insulation needs to be replaced (including areas where the existing insulation must be removed and replaced). The Contractor is approved to use open cell spray foam at an R-13 value, and they must apply a thermal coating as well. If the contractor elects to not use spray foam, then they must specify their plan to adhere the new insulation to the exterior walls.
2. (Q) Does the insulation that needs to be replaced need to match existing insulation?
  - (ANS) Yes or an equivalent. This applies if the contractor elects to vinyl faced insulation as opposed to spray foam (see question/answer above).
3. (Q) The RFQT references a vendor form, but it is not included. Can you supply it?
  - (ANS) Please see the attachments for access to the vendor form.
4. (Q) What is required to document insurance?
  - (ANS) Please see the attachments for access to our COI requirements.

5. (Q) Is it possible to work outside the hours of MON-FRI 7am – 5 pm?
  - (ANS) No. Contractor shall quote to adhere to the timeline set forth in the RFQT.
6. (Q) Is the Certificate of Insurance due at the time of the bid?
  - (ANS) Yes.
7. (Q) Is an on-site visit mandatory?
  - (ANS) No.
8. (Q) Can I bid on 016A and 016C as well?
  - (ANS) Yes. However, if a contractor bids on multiple RFQs, their price needs to stand on its own for each RFQ. They will be treated as separate contracts.
9. (Q) Is there a requirement to submit product data?
  - (ANS) Yes. Please submit product data on the insulation & thermal barrier being installed.

**ITEM NO. 2:**

**Warranty**

The finished spray foam product must be warrantied for 180 days. The taped insulation must hold up a minimum of 90 days.

If you have any questions, please contact us.

Sincerely, \_\_\_\_\_

**MOBILE AIRPORT AUTHORITY**

Rita L. Barren  
Procurement Officer

Attachments: Attachment 1 – Vendor Form  
Attachment 2 – W-9  
Attachment 3 – Insurance Requirements

cc: Mobile Airport Authority File

**- End of Addendum No. 1 -**

# Attachment 1

## VENDOR DATA FORM

***THIS PAGE MUST BE COMPLETED AND SUBMITTED WITH YOUR PROPOSAL RESPONSE***

**TYPE OF APPLICANT:**       **NEW**       **CURRENT VENDOR**

Legal Contractual Name of Corporation: \_\_\_\_\_

Contact Person for Agreement: \_\_\_\_\_

Corporate Mailing Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person for Proposals: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Is your business: (Check one)

DBE/ACDBE Certified       Non-DBE/ACDBE Certified

Signature of Authorized Representative: \_\_\_\_\_

Representative's Name: \_\_\_\_\_ Title: \_\_\_\_\_

# Attachment 2

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

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

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

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <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.</small>	<input type="checkbox"/> S Corporation
<input type="checkbox"/> Other (see instructions) ► _____	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust/estate	5 Address (number, street, and apt. or suite no.) See instructions.
6 City, state, and ZIP code	Requester's name and address (optional)
7 List account number(s) here (optional)	

### 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.

<b>Social security number</b>	
OR	
<b>Employer identification number</b>	

### 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.

**Sign Here**

Signature of  
U.S. person ►

Date ►

## 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.*

# Attachment 3

## MOBILE AIRPORT AUTHORITY

### Insurance Requirements

Company **MUST** agree to insurance requirements as outlined below, as well a complete vendor agreement. Evidence of all required coverage to be furnished in the form of a Certificate of Insurance stating that policy shall not be canceled, changed, allowed to lapse or allowed to expire without 30 days written notice. The policies shall be endorsed to stipulate that the insurance afforded the additional insureds shall apply as primary insurance and that any other insurance or self-insurance maintained by Mobile Airport Authority shall be excess only. Company shall ensure that its subcontractors of any tier shall procure and maintain insurance that complies with the requirements set forth.

A copy of each endorsement shall be attached to the Certificate of Insurance. The Certificate shall indicate the Certificate Holder as:

Mobile Airport Authority  
1891 9<sup>th</sup> Street  
Mobile, AL 36615

Where appropriate, copies of endorsements should be attached to the Certificate of Insurance (COI).

- \*\*Waiver of Subrogation must be indicated "YES"**
- \*\*"Mobile Airport Authority" must be listed on the bottom left of the COI form**
- \*\*Must specify MAA as insured**
- \*\*The MAA must always keep a current policy on file**

The following is a list of the minimum requirements for the Mobile Airport Authority. Please note, that each project is different and the minimum insurance requirements may change without notice.

	Commercial General Liability	General Aggregate	Auto Liability	Umbrella	Worker's Compensation
Non-Airside <\$100,000	\$1,000,000	\$2,000,000	\$500,000	\$0	State Law
Non-Airside \$100,001-\$500,000	\$1,000,000	\$2,000,000	\$1,000,000	\$0	State Law
Non-Airside \$500,001-\$2,000,000	\$1,000,000	\$2,000,000	\$1,000,000	\$2,000,000	\$1,000,000
Non-Airside >\$2,000,000	\$1,000,000	\$2,000,000	\$1,000,000	\$5,000,000	\$1,000,000
Service Vendor	\$1,000,000	\$2,000,000	Exposure Dependent	\$0	State Law
Terminal/Non-Airside	\$1,000,000	\$2,000,000	\$1,000,000	\$5,000,000	\$1,000,000
FAA Projects/Airside	\$1,000,000	\$2,000,000	\$1,000,000	\$9,000,000	\$1,000,000

Company shall indemnify, defend and hold harmless Mobile Airport Authority and its affiliates, and all of their employees, officers, directors, shareholders, etc. (collectively "Indemnitees") from and against any and all claims, demands, losses, damages, liabilities, expenses, obligations, judgments, recoveries and deficiencies, arising out of or resulting from the performance of the services provided.

The Mobile Airport Authority has a right to terminate the contract for non-compliance with insurance requirements.



# Mobile Airport Authority

Repair and Replace Insulation at 1910 Ave. C  
RFP No. 2023-016B

## SITE VISIT SIGN-IN SHEET

**DATE/TIME:** Thursday, November 16 @ 10 am (Local)

**LOCATION:** 1910 Avenue C, Mobile, AL 36615

	Name (Please Print)	Company	Email
1.	Jason Carter	Integrity Maintenance LLC	integritym17@gmail.com
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			