

CONTRACTOR'S INSURANCE CHECKLIST

Commercial General Liability

Occurrence Policy
 Claims Made Policy (follow-up date _____)
 Each Occurrence \$1,500,000.00
 General Aggregate Including Umbrella \$3,000,000.00
 Products/Completed Operations Aggregate..... \$3,000,000.00

Coverages

Premises/Operations
 Products/Completed Operations
 Contractual Liability
 Underground
 Explosion and Collapse PER PROJECT AGGREGATE ENDORSEMENT
 Blasting
 Independent Contractors Coverages
 Broad Form Property Damage
 Personal Injury
 Property Damaged Deductible (not to exceed \$5,000.00) \$ _____
 Railroad Protective Policy

Commercial Automobile

All-owned, adequate limits including umbrella \$1,500,000.00
 Hired Automobile Liability including umbrella \$1,500,000.00
 Non-Owned Automobile Liability including umbrella..... \$1,500,000.00

Workers' Compensation

Occupational Accident/Disease Statutory
 Employer's Liability including umbrella \$1,500,000.00
 (Attach certificate)

Other Requirements

Company Rating (A.M. Best) B+ VI or Better
 30-Day Cancellation Clause

Additional Insureds

Owner/Architect/Engineer Named as Additional Insured (City of Billings requires that they be named as an additional insured.)

Owners and Contractors Protective

\$1,000,000.00 Each Occurrence, \$2,000,000.00 Aggregate
 Circle One (Endorsement) or (Separate Policy)
 A separate policy shall have the City of Billings as the named insured. Attach Certificate to this checklist.

CERTIFICATE OF INSURANCE

PROJECT: ●Name of Project as it appears on the Project Manual cover, including County and State●

This is to certify that the policies listed below have been issued to the insured named below by the Company(s) indicated below and are in force at this date. The insurance coverages listed will not be canceled, materially changed or renewal refused until at least thirty (30) days written notice has been given to the OWNER.

The holder of this certificate is a party to the Certificate of Insurance pursuant to Article 5 of the General Conditions to the contract and the City of Billings Standard Modifications.

COMPANIES AFFORDING COVERAGES

COMPANY A LETTER
AGENCY NAME:
ADDRESS:
SIGNATURE:
AUTHORIZED REPRESENTATIVE
DATE:

COMPANY C LETTER
AGENCY NAME:
ADDRESS:
SIGNATURE:
AUTHORIZED REPRESENTATIVE
DATE:

COMPANY B LETTER
AGENCY NAME:
ADDRESS:
SIGNATURE:
AUTHORIZED REPRESENTATIVE
DATE:

COMPANY D LETTER
AGENCY NAME:
ADDRESS:
SIGNATURE:
AUTHORIZED REPRESENTATIVE
DATE:

NAME AND ADDRESS OF INSURED:
NAME:
ADDRESS:
NAME AND ADDRESS OF CERTIFICATE HOLDER:
NAME: ●OWNER NAME●
ADDRESS: ●OWNER ADDRESS●

NAME(S) AND ADDRESS(S) OF ADDITIONALLY INSURED:
NAME: ●OWNER NAME●
ADDRESS: ●OWNER ADDRESS●
NAME: ●ENGINEER NAME●
ADDRESS: ●ENGINEER ADDRESS●
NAME:
ADDRESS:
NAME:
ADDRESS:

Company Letter	Type of Insurance	Policy Number	Policy Expiration Date	Limits of Liability in Thousands (000)	
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY			Statutory Each Acc Disease-Policy Limit Disease-Each Employee	
	MOTOR VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>			CSL	
				Bodily Injury (Per Person)	
				Bodily Injury (Per Accident)	
				Property	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GEN LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CONTRACTUAL LIABILITY <input type="checkbox"/> COMPLETED OPERATIONS			General Aggregate	
				Prods-Comp/Ops Agg.	
				Pers. & Advg. Injury	
				Each Occurrence	
				Fire Damage (Any One Fire)	
				Medical Expense (Any One Person)	
				Contractual Liability	
				Completed Operations	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM			Aggregate	Each Occurrence
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIALTIES

DATE ISSUED _____

INSURANCE AGENT SIGNATURE _____

SUSPEND WORK ORDER

Date _____

Project: _____

Under the terms of your Contract, dated _____, 20__, on the referenced project, you are hereby directed to SUSPEND WORK on this project for the following reason(s):

This notice is effective at the close of business on _____, 20__, at which time there remains ____ days in which to complete your Contract. A *Resume Work Order* will be issued when conditions are such that work can be performed in accordance with the specifications.

Please acknowledge your receipt of this Order in the space provided below and return a copy to this Department.

Sincerely,

(Owner/Consultant)

Receipt Acknowledged:	Contract Data:
Contractor _____	Stipulated Contract Days _____
Signature _____	Authorized Extension Days _____
Title _____	Total Contract Days _____
Date _____	Days Used To Date _____
	Days Remaining _____

RESUME WORK ORDER

Date _____

Re Project: _____

Under the terms of your Contract, dated _____, 20__, on the referenced project, you are hereby directed to RESUME WORK on this project effective 12:01 a.m. on _____, 20____.

According to our records, _____ calendar days were authorized to complete the Contract. You have used _____ days, leaving _____ days in which to complete your Contract, beginning on and including the effective date listed above.

Please acknowledge your receipt of this Order in the space provided below and return a copy to this Department.

Sincerely,

(Owner/Consultant)

Receipt Acknowledged:	Contract Data:
Contractor _____	Stipulated Contract Days _____
Signature _____	Authorized Extension Days _____
Title _____	Total Contract Days _____
Date _____	Days Used To Date _____
	Days Remaining _____

MATERIAL STORAGE CERTIFICATION

Re Project: _____

The project material is stored at _____

We warrant the OWNER has received the materials free and clear of all liens, charges, security, interests and encumbrances (referred to as "liens" in contract General Conditions). List material below or attach a list.

Signature: _____ Contractor: _____

Material in storage has been examined, is properly stored, and meets specifications.

Signature: _____ Engineer: _____

Project No. _____ Date: _____

Insert Example Pay Estimate

**APPLICATION FOR SUBSTITUTION OF
SECURITIES IN LIEU OF CASH RETAINAGE**

The CONTRACTOR seeks to withdraw retainage held by the City in respect to the Project Contract and substitute Qualified Securities in lieu thereof as provided in MCA 18-1-301, et seq. The City seeks adequate protection to assure timely and satisfactory performance of the Project Contract and to assure the City of convenient recourse to the Qualified Securities. In consideration of an expedited release of retainage, the CONTRACTOR agrees and consents to the following procedures to implement MCA 18-1-301, et seq.:

THEREFORE, the CONTRACTOR agrees as follows:

1. Definitions – (See attached Schedule A)
2. The CONTRACTOR seeking to deposit securities in lieu of cash retainage shall obtain Qualified Securities and deposit such Qualified Securities with the City Finance Office under the following conditions:
 - (a) The CONTRACTOR executing this application recognizes that, while it has the right to withdraw sums otherwise due it from the City of Billings and which are retained by the City pursuant to the terms of that certain Construction Contract between CONTRACTOR and the City of Billings, dated the ____ day of _____, 20____, CONTRACTOR must deposit specified obligations under Section 18-1-301, MCA, in a value at least equal to the amount so withdrawn. The CONTRACTOR further understands that Section 18-1-304, MCA provides for reduction of amounts pursuant to the construction contract first from retained payments held by the City of Billings for which no obligations pursuant to Section 18-1-301, MCA, et seq. The CONTRACTOR further understands that the Construction Contract is the underlying document, which controls the deductions from the retained payments and substituted obligations and governs the ultimate release of the substituted obligations.
 - (b) The deposit of securities in lieu of cash retainage shall be terminated and all securities upon deposit shall be returned to the CONTRACTOR only upon satisfactory completion of the Project Contract.
3. Upon deposit, the CONTRACTOR shall submit to the City a request for release of cash retainage equal to the securities deposited. Such request shall include a Schedule of Securities identifying the securities deposited.
4. The CONTRACTOR shall indemnify and hold the City harmless against all expenses, and any legal or administration expenses that the City or the CONTRACTOR may incur in the event the City is required to take legal action to obtain funds from any deposited securities pursuant to Section 18-1-304, MCA.
5. Nothing in this Application shall be construed to in any way alter or amend CONTRACTOR'S obligations under the Project Contract and if the CONTRACTOR is or later becomes in default or in breach of the Project Contract, the City reserves the right to refuse to accept securities in lieu of cash retainage, notwithstanding the provisions of this Application.

CONTRACTOR

By _____

SCHEDULE A

1. Definitions

a) City – City of Billings, Montana

b) Contractor - _____

Address - _____

c) Project Contract - _____

d) Qualified Securities – Securities as defined in Montana Code Annotated, Section 18-1-301 (a) – (d).

e) List of Securities which contractor proposed to deposit with the City:

READ AND APPROVED:

BY: _____
Contractor

FORCE ACCOUNT REPORT

Project: _____ Date: _____
 Work Order Number: _____ Contractor: _____
 Work Address: _____
 Description of Work: _____

Labor and Fringe Benefits

Laborer	Hours	Rate	Fringe Benefits	Amount

Daily Labor Total: \$ _____
 Daily Fringe Benefit Total: \$ _____

Equipment

Equipment	Hours	Blue Book Rate	Amount

Daily Equipment Total: \$ _____

Materials

Material	Quantity	Unit Price	Amount

Daily Material Total: \$ _____

- | | |
|---|----------|
| 1. Daily Labor Total..... | \$ _____ |
| 2. Daily Labor Add On (Line 1 X .35)..... | \$ _____ |
| 3. Daily Fringe Benefit Total..... | \$ _____ |
| 4. Daily Equipment Total (Non-Rental)..... | \$ _____ |
| 5. Daily Materials Total..... | \$ _____ |
| 6. Subtotal (Sum of lines 1,2,3,4 and 5)..... | \$ _____ |
| 7. Overhead and Profit @ 15% (5% for subcontract work)..... | \$ _____ |
| 8. Daily Equipment Rental (Rental)..... | \$ _____ |
| 9. Subtotal (Sum of lines 6,7 and 8)..... | \$ _____ |
| 10. 1% GRT..... | \$ _____ |
| 11. TOTAL COST..... | \$ _____ |

By: _____
 Contractor

By: _____
 Inspector

By: _____
 Subcontractor

WORK LOCATION _____

PROJECT _____

CITY

_____ Accepted
_____ Accepted with change/conditions: _____

_____ Denied
Comments: _____

Signed By _____ Date _____

CONSULTANT

CONTRACTOR

Firm Name _____
Address _____
Phone (_____)
City Task Director _____
Project Manager _____
Phone _____ Home _____

Field Inspector _____
Mobile _____

Total # Pages Attached _____

Public Notification(s) will be let and/or disbursed:

(Date)

Reviewed and:

_____ Approved
_____ Approved with changes/conditions: _____
_____ Denied

Comments: _____

By _____
(Project Manager)

Date _____

Firm Name _____
Address _____
Phone (_____)
Job Foreman _____
Mobile # (_____) Phone (_____)

Subcontractor _____
Mobile # (_____) Phone (_____)

Traffic Control Sub. _____
Mobile # (_____) Phone (_____)
Home (_____)

Project Description/Construction Information:
Exact R.O.W. requested for use _____

Specific work to be done _____

TCP Page #s _____ (Attach Plans)
Starting Date _____ Time _____
Ending Date _____ Time _____
Daily Work Hours _____
Extension _____ Extension _____

Notification provisions: (Attach a copy of flyers and/or new release) _____

Private access provisions: _____

Submitted by: _____
Date: _____

CONSTRUCTION TRAFFIC CONTROL SPECIAL PROVISIONS

1. Contractor will comply with OSHA and MUTCD standards.
2. Contractor is required to carry liability insurance per Section 22-222 of Billings Municipal Code or the contract documents, whichever is applicable.
3. Notifications:
 - a) City Communication Center will be notified of **ALL** alley, street/intersection, and complete direction of travel closures and openings.
 - b) MET Transit and School District No. 2 Transportation (during school times) will be notified of **ALL** street/intersection and complete direction of travel closures and openings.
 - c) Solid Waste Division (657-8260) or BFI, as appropriate, will be notified of all alley closures.
 - d) News releases/handouts and personal contact requirements will be determined by the City. (News media list is available through the City Traffic Engineer's Office.) Telephone numbers are: Central Communications Center – 657-8200; MET – 657-8221; School District No. 2 – 255-3575.
4. New closures will not be implemented during adverse weather conditions, unless special approval has been granted.
5. All existing, non-conflicting traffic control devices will remain visible to the public, unless special approval has been granted. All damages to existing traffic control will be reported and then repaired to City standards.
6. All traffic control devices will comply with MUTCD standards and shall be in good condition and monitored throughout their use.
7. Sign supports, barricades, and other devices placed in or near the roadway shall be crash worthy and meet the applicable requirements of the AASHTO Roadside Design Guide. Only sandbags resting on the ground should be used if ballast is required to keep signs or barricades upright.
8. High level signage is required on all heavily congested roadways, and where otherwise deemed necessary.
9. Traffic control devices and equipment will be placed in a way that they do not cause vision obstructions/hazards for drivers or pedestrians. Sign and barricade supports shall not block sidewalks or crosswalks that are open to pedestrian travel.
10. Work time allowed by City Noise Ordinance is 8:00 a.m. – 8:00 p.m. (Deviations must have prior approval.)
11. High level signage – 7' from bottom of sign to its base. Variations require prior approval.
12. Warning lights complying with MUTCD requirements are required on all construction zones from dusk to dawn or where poor visibility exists.
13. Advertising on barricades shall be done in one color and be **nonreflective** with letters not to exceed one (1) inch in height.
14. Pedestrian walkways will not block existing traffic control devices.
15. The use of metered parking spaces will be shown on the TCP with the meter numbers indicated. Meter bags may be obtained from the Police Department. Waiver of meter bags will be determined by the Traffic Engineer's Office.
16. The general contractor will make parking provisions for all subcontractors.

ATTACH TRAFFIC CONTROL DIAGRAM

TRAFFIC CONTROL DIAGRAM

INDICATE NORTH

NEWS MEDIA AND PUBLIC SERVICES CONTACT LIST

Services

911 Communications Center
Phone: 657-8200
Fax: 248-5464

Fire Department
Phone: 657-8423
Fax: 657-8456

Police Department
Phone: 657-8200
Fax: 657-8417

Solid Waste Division
Phone: 657-8260
Fax: 247-8626

School District No. 2
Email: bakers@billingssschools.org
Fax: 255-3582

First Student Bus Service
Phone: 248-3667
Fax: 248-5822

MET Transit
Phone: 657-8218
Phone (Alt.): 237-6253
Fax: 657-8419

American Medical Response
Phone 259-9601
Fax: 245-8800

Media

Jon Arneson
Roadwatch Montana
Phone: 628-8488
Cell: 672-1527 (prefers call on cell)
Fax: 628-8838
(Announces on KCTR, KKBR,
KURL, KMHK, KCMT Radio)

Connoisseur Media
KBLG, KPLN, KRZN, KRKX, KWMY
Attn: Scott Fredricks
Phone: 248-7777
Fax: 248-8577

New Northwest Broadcasters
KRSQ, KGHL AM/FM, KQBL, KRPM
Phone: 238-1000
Fax: 238-1038

KULR-8 Television
Phone: 656-8000
Fax: 652-8207

Community 7 Television
Phone: 281-5077
Fax: 281-6194

The Billings Gazette
Phone: 657-1241
Fax: 657-1208
Email: citynews@billingsgazette.com

NOTE: All alley closures require notification of the Solid Waste Division.

Contact the following if significant traffic impacts on a principal arterial are expected or if directed by the Engineering Division.

MT Department of Transportation
Phone: 252-4138
Fax: 256-6487

Montana Highway Patrol
Phone: 896-4351

City Administrator's Office
Phone: 657-8433
Fax: 657-8390

SAFETY PERFORMANCE AND PROGRAM SUMMARY

(To be used, when requested, for Water and Wastewater Treatment Plant Facility Projects Only)

Information can be compiled from OSHA's Form 300A

Project Being Bid: _____

Business Name: _____

Address: _____

Contact Person: _____

In the last five years:

Total Number of Deaths _____

Total Number of cases with days away from work _____

Total number of cases with job transfer or restriction _____

Total number of other recordable cases _____

Total number of days of job transfer or restriction _____

Total number of days away from work _____

Total number of injuries _____

Annual average number of employees _____

Total hours worked by all employees per year _____

Years Reported: _____

Frequency of safety meetings: _____

Summary of topics covered: _____

*I certify that I have examined this document and that to the best of my knowledge
the entries are true, accurate and complete.*

Company Executive

Title

Phone

Date

VALVE OPERATION REQUEST FORM

FORM REQUIREMENTS:

1. Contractor to complete this form in triplicate and submit to Engineer.
2. Engineer to submit completed form to the Water Department a minimum of 48 hours (2 working days) prior to the time of desired valve operation by the City of Billings.
3. Valve Requests not completed within 24 hours of date and time of requested shut down, shall require a resubmittal of the valve request with the 48 hour minimum notification period in effect.

I. GENERAL

PROJECT _____

CONTRACTOR _____

TIME/DAY OF RECEIPT _____

(Filled in & ok'd by Engineer)

(Project Engineer's Signature)

TIME/DAY REQUESTED FOR SHUTDOWN:

ESTIMATED DURATION OF VALVE SHUTDOWN:

PURPOSE OF VALVE OPERATION:

CONTACT NUMBER AND PERSON (IN CASE OF QUESTIONS):

LOCATION OF REQUIRED VALVE/HYDRANT OPERATION:

GENERAL ZONE: _____

PRIMARY VALVE NUMBERS _____

(TO BE FILLED IN BY CONTRACTOR) _____

PRE-CHECK BY OWNER _____

SECONDARY VALVES _____

(FOR PUD USE ONLY) _____

II. ITEMS TO BE COMPLETED PRIOR TO VALVE SHUTDOWN:

<u>CHECKLIST</u>	<u>CONTRACTOR (INITIAL)</u>	<u>COMMENTS</u>
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1. Notices issued to residential services 24 hours in advance	_____	_____
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2. Temporary service (Commercial Customers)	_____	_____
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3. Notice issued to Fire Department	_____	_____
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1) AN INCOMPLETE CHECKLIST WILL BE CAUSE FOR DELAYING THE VALVE SHUTDOWN UNTIL ALL REQUIREMENTS ARE COMPLETE.

2) The contractor shall issue pre-printed notice forms to residential services 24 hours prior to shutdown.

3) Flushing operations that will discharge to either the City storm water system or a State receiving water shall comply with 3.4.C.4b Dechlorination, in the Standard Modifications.