

Solicitation Amendment No. 002

Page 1 of 1

To: Prospective Bidder/Offeror:		Date:	
Prospective Proposers		March 2, 2006	
Project Title:		Project No.:	
Temporary Personnel Agency Services		# 06-05	
<p>Description of Solicitation Amendment:</p> <p>The solicitation for Temporary Personnel Agency Services is hereby amended as set forth herein.</p> <p>I. <u>Attachment No. 14, Insurance Requirements:</u> The Insurance Requirements (Attachment No. 14) contained in the solicitation is hereby replaced with the amended insurance requirements dated March 2, 2006 (Attachment No. 14) attached hereto and made a part hereof.</p> <p>II. <u>Questions and Answers:</u> Houston Community College System responses to questions related to the solicitation are posted on the website at: www.hccs.edu</p>			
Acknowledgement of Amendment No. _____ by:		Date:	
Company Name (Bidder/Offerer):			
Signed by:			
Name (Type or Print):		Title:	

AMENDED: MARCH 2, 2006

**ATTACHMENT NO. 14
INSURANCE REQUIREMENTS**

**HOUSTON COMMUNITY COLLEGE SYSTEM
INSURANCE REQUIREMENTS FOR CONTRACTORS AND DESIGN FIRMS
WHO RENDER SERVICES FOR HCCS**

The following coverages and limits are the minimum limits that the Contractor / Design Firm is required to carry:

1. Commercial General Liability for Bodily Injury / Property Damage Limits:

Occurrence / Personal Injury / Advertising / Products / Completed Operations	\$1,000,000 CSL
Annual Aggregate	\$2,000,000 CSL
Products Aggregate	\$2,000,000 CSL
Fire, Lightning or Explosion	\$1,000,000 CSL
Medical Expense	\$5,000 Per Person

2. Professional Liability:

Occurrence / Aggregate	\$1,000,000
An Umbrella Liability policy is also required with Minimum Limits of	\$1,000,000

3. Workers Compensation:

Part B -	\$1,000,000 Each Accident
	\$1,000,000 Policy Limits
	\$1,000,000 Each Employee

The following endorsements are required on the Certificate of Insurance:

- 90 Day Notice of Cancellation
- HCCS be named as Additional Insured on all policies except the Workers Compensation (Prohibited by Law)
- Waiver of Subrogation added by endorsement on all policies

Certificate of Insurance to be furnished to HCCS Risk Management Office, PO Box 667517, Houston, TX 77266, fax # (713) 718-5177 indicating the limits and coverages as outlined above within **fourteen (14)** calendar days after receipt of a written purchase order or some other duly executed contract document issued by HCCS.