

<b>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</b>				1. CONTRACT ID CODE <b>J</b>		PAGE OF PAGES <b>1   12</b>	
2. AMENDMENT/MODIFICATION NO. <b>0004</b>		3. EFFECTIVE DATE <b>16-Feb-2017</b>		4. REQUISITION/PURCHASE REQ. NO. <b>W45XMAGATEATTENDANTS</b>		5. PROJECT NO.(If applicable)	
6. ISSUED BY  US ARMY ENGINEER DISTRICT, FORT WORTH ATTN: CESWF-CT 819 TAYLOR ST, ROOM 2A17 FORT WORTH TX 76102-0300		CODE <b>W9126G</b>		7. ADMINISTERED BY (If other than item 6)  <b>See Item 6</b>			
8. NAME AND ADDRESS OF CONTRACTOR (No., Street, County, State and Zip Code)				X		9A. AMENDMENT OF SOLICITATION NO. <b>W9126G-17-T-0064</b>	
				X		9B. DATED (SEE ITEM 11) <b>17-Jan-2017</b>	
						10A. MOD. OF CONTRACT/ORDER NO.	
						10B. DATED (SEE ITEM 13)	
CODE		FACILITY CODE					
<b>11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS</b>							
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of offer <input checked="" type="checkbox"/> is extended, <input type="checkbox"/> is not extended.  Offer must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 8 and 15, and returning <u>1</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.							
12. ACCOUNTING AND APPROPRIATION DATA (If required)							
<b>13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14.</b>							
A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A.							
B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(B).							
C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF:							
D. OTHER (Specify type of modification and authority)							
E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office.							
14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.)  Solicitation #W9126G-17-T-0066 is hereby extended. This amendment is to extend the Proposal Due Date on specific Gate Attendant Locations (see Section 14 Continuation Page for Gate Attendant Park Location Information). If you have already provided a bid on any of these Gate Attendant locations, you only need to acknowledge this amendment by completing items number 8 and number 15 of this page and return one (1) copy. The extended Gate Attendant PROPOSALS MUST BE RECEIVED NO LATER THAN 01 MARCH 2017 12:00PM CST. All other Gate Attendant locations will close as originally posted, 16 February 2017 12:00PM CST.  The solicitation is extended until 15 March 2017 5:00PM. If additional selections for Gate Attendants are required, a forthcoming amendment will be issued prior to 15 March 2017 5:00PM CST.  Point of Contact (POC): Daisy Ciarlariello, Contract Specialist (817) 886-1051, Daisy.Ciarlariello@usace.army.mil  Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. NAME AND TITLE OF SIGNER (Type or print)				16A. NAME AND TITLE OF CONTRACTING OFFICER (Type or print)			
				TEL: _____ EMAIL: _____			
15B. CONTRACTOR/OFFEROR		15C. DATE SIGNED		16B. UNITED STATES OF AMERICA		16C. DATE SIGNED	
_____ (Signature of person authorized to sign)				BY _____ (Signature of Contracting Officer)		16-Feb-2017	

## SECTION SF 30 BLOCK 14 CONTINUATION PAGE

**SUMMARY OF CHANGES**

The following have been added by full text:

AMD#04

**Amd#04** -Solicitation #W9126G-17-T-0066 is hereby extended. This amendment is to extend the Proposal Due Date on specific Gate Attendant Locations (see Section 14 Continuation Page for Gate Attendant Park Location Information). If you have already provided a bid on any of these Gate Attendant locations, you only need to acknowledge this amendment by completing items number 8 and number 15 of this page and return one (1) copy. The extended Gate Attendant PROPOSALS MUST BE RECEIVED NO LATER THAN 01 MARCH 2017 12:00PM CST. All other Gate Attendant locations will close as originally posted, 16 February 2017 12:00PM CST.

The solicitation is extended until 15 March 2017 5:00PM. If additional selections for Gate Attendants are required, a forthcoming amendment will be issued prior to 15 March 2017 5:00PM CST.

Point of Contact (POC): Daisy Ciarlariello, Contract Specialist (817) 886-1051,  
[Daisy.Ciarlariello@usace.army.mil](mailto:Daisy.Ciarlariello@usace.army.mil)

**EXTENDED GATE ATTENDANT LOCATIONS ARE AS FOLLOWS:**

- 1) Stillhouse Hollow Park Shift B – Stillhouse Hollow Lake
- 2) Temple Lake Park Shift A – Belton Lake
- 3) Temple Lake Park Shift B – Belton Lake
- 4) Wilson H. Fox Park Shift B – Granger Lake
- 5) Russell Park Shift A – Lake Georgetown
- 6) Canyon Park Shift B – Canyon Lake
- 7) Potters Creek Park Shift A – Canyon Lake
- 8) North Park – Canyon Lake
- 9) Potters Creek Park Shift B – Canyon Lake
- 10) Comal Park Shift B – Canyon Lake
- 11) Canyon Beach Park Shift A – Canyon Lake

**The extended Gate Attendant location proposals must be received no later than 12:00PM CST, 1 March 2017. The solicitation is extended until 5:00pm CST, 15 March, 2017. **Amd#04****

**INSTRUCTIONS TO OFFERORS****OFFEROR DUE DATE/LOCAL TIME: SEE SF1449 BLOCK 8****POINT OF CONTACT: Daisy Ciarlariello Phone: (817)886-1051****EMAIL your proposal to: [CIV-OPS.Proposals@usace.army.mil](mailto:CIV-OPS.Proposals@usace.army.mil)**

Quotes shall be accepted via **“EMAIL ONLY,”** no fax, mail, express mail, or hands carry, **“NO EXCEPTIONS.” Subject line of email must include the solicitation number.**

For additional help contact your local **Procurement Technical Assistance Centers (PTAC)**. Centers were created by Congress to assist businesses seeking to compete on federal contracts. Services are generally free; however, a small fee may be charged for certain services. Please use website <http://www.ptac-us.org/new/> to contact a center to assist you in the preparation for a federal contract, registering in SAM or other required systems.

**SYSTEM FOR AWARD MANAGEMENT (SAM)** is REQUIRED to receive an award on all federal government contracts. Therefore, contractors are encouraged to begin this process sooner rather than later. If already registered, please ensure your registration is ACTIVE. The website to register with SAM is: [www.sam.gov](http://www.sam.gov).

**DATA UNIVERSAL NUMBERING SYSTEM (DUNS)** is REQUIRED. Dun & Bradstreet (D&B) provides a DUNS Number, a unique nine digit identification number, for each physical location of your business. DUNS Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants in the System for Award Management (SAM see below). Click [here](#) to request your D-U-N-S Number via the Web. The website to obtain your DUNS number: <http://fedgov.dnb.com/webform> For technical difficulties, contact [govt@dnb.com](mailto:govt@dnb.com)

**ONLINE REPRESENTATIONS AND CERTIFICATIONS APPLICATIONS (ORCA)** allows contractors to complete a one-time certification and representations for your use on any solicitation. The website to complete ORCA is available at the System for Award Manager (SAM): [www.sam.gov](http://www.sam.gov). The information previously maintained in CCR, FedReg and ORCA now is contained within the Entity Management area in SAM. Legacy EPLS information resides in the Performance Information area of SAM.

**ATTENTION TO OFFEROR(S)/CONTRACTOR(S):** On July 14, 2014, Small Business Administration (SBA) increased the monetary-based industry size standards to account for inflation. You must update your Representations (Reps) and Certifications (Certs) for the impacted North American Industry Classification System (NAICS) codes identified with an exclamation point"!" next to the "Small Business" value in the System for Award Management (SAM). Please log into SAM, review, and resubmit your registration to apply the new size standard.

**WAGE RATES:** The Service Contract Act applies (see attached wage rates in Section J).  
*Note: Does not apply to Contractors registered in System for Award Management (SAM) as Sole Proprietorships.*

**Contractor Information Sheet****\*\*COMPLETE AND RETURN WITH YOUR QUOTE\*\***

☐ I am submitting on several gate attendant contracts. The team below shall be available for all.

☐ I am submitting on several gate attendant contracts and this **team only applies to:**

\_\_\_\_\_ (identify the Lake) \_\_\_\_\_ (identify the Park)

**Team Members- Data is required for (2) Team Members**

**NAME:** Person #1 \_\_\_\_\_ **SSN/TIN:** \_\_\_\_\_  
(Last, First Middle) (Social Security Number)

-

Person #2 \_\_\_\_\_ **SSN/TIN:** \_\_\_\_\_  
(Last, First Middle) (Social Security Number)

**IN THE EVENT OF AWARD, ISSUE CONTRACT TO:**

**NAME** \_\_\_\_\_  
(Last, First Middle)

**ADDRESS** \_\_\_\_\_  
(Number & Street) (City, State and Zip)

**HOME PHONE NUMBER** \_\_\_\_\_ **MOBILE** \_\_\_\_\_  
(Area code and number) (Area code and number)

**REQUIRED ACTIVE EMAIL ADDRESS** \_\_\_\_\_

**DUNS NUMBER** \_\_\_\_\_ **CAGE CODE NUMBER** \_\_\_\_\_

**SSN/TIN NUMBER or firm's Tax ID Number (TIN)** \_\_\_\_\_

Below is a checklist to assist you to ensure all the proper documents are returned for consideration on this solicitation. Only those items checked below as "required" must be returned

<u>Required</u>	<u>Contractor</u>	<u>Item</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Complete page 1 of Solicitation. Block 17a Company Name & Address, Cage Code, Telephone No., Complete Blocks 30a – 30c ( <b>this also applies to any amendments to the solicitation.</b> )
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Complete Bid Schedule(s) Must include Base and Option Years Pricing <i>Fill out bid schedules "Separately" when bidding multiple Park Positions</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Complete Contractor Information Sheet below: Include your SSN or firm's Tax ID Number (TIN) and active email address. <i>You will be notified of your selection by this method!!!</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Offerors shall complete electronically ORCA profile on line in SAM: Clause 52.212-3 ( <i>Section K- Representation, Certifications and Other Statements of Offerors</i> ), paragraph (b) of solicitation AND submit complete ORCA profile.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Offerors shall submit an active SAM registration ( <i>Attach first page</i> ). The <b>System for Award Management</b> (SAM) is the Official U.S. Government system that consolidated the capabilities of CCR/FedReg, ORCA and EPLS. Website: <a href="http://www.sam.gov">www.sam.gov</a> <b>You must have an active SAM registration prior to award.</b>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Add NAICS Code <b><u>721211</u></b> to your <i>Representations and Certification</i> in SAMS.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Provide three (2) <b>Past Performance Questionnaires (PPQ)</b> completed by employer/s or references who can vouch for your work capability, and have them send the PPQ's to <a href="mailto:CIV-OPS.Proposals@usace.army.mil">CIV-OPS.Proposals@usace.army.mil</a> and the CT Specialist. <i>Please ensure that references submit the form to the specified email addresses and make sure they reference the solicitation number in the email subject line.</i> PPQ forms must be submitted by proposal due date to be considered for evaluation.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Scan all documents into a single.pdf file. (For Help contact your local Library, copy centers or PTACs- <a href="http://www.aptac-us.org/new/">http://www.aptac-us.org/new/</a> )
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>EMAIL your proposal to:</b> <a href="mailto:CIV-OPS.Proposals@usace.army.mil">CIV-OPS.Proposals@usace.army.mil</a> & <a href="mailto:Daisy.Ciarlariello@usace.army.mil">Daisy.Ciarlariello@usace.army.mil</a> <b>Subject line of email must include the solicitation number and Company Name.</b>

**\*\*Please see FAR Clause 52.228-5 Insurance and Insurance Requirements within the solicitation.**

**\*\*Please see FAR Clause 52.212-2 for proposal evaluation criteria**

NAVFAC/USACE PAST PERFORMANCE QUESTIONNAIRE (Form PPQ-0)	
<b>CONTRACT INFORMATION (Contractor to complete Blocks 1-4)</b>	
<b>1. Contractor Information</b> Firm name: _____ CAGE Code: _____ Address: _____ DUNS Number: _____ Phone Number: _____ Email Address: _____ Point of Contact: _____ Contact Phone Number: _____	
<b>2. Work Performed as:</b> <input type="checkbox"/> Prime Contractor <input type="checkbox"/> Sub Contractor <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Explain) Percent of Project work performed: _____ If subcontractor, who was the prime (Name/Phone #): _____	
<b>3. Contract Information</b> Contract Number: _____ Delivery/Task Order Number (if applicable): _____ Contract type: <input type="checkbox"/> Firm Fixed Price <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Other (please specify): _____ Contract Title: _____ Contract Location: _____  Award Date (mm/dd/yy): _____ Contract Completion Date (mm/dd/yy): _____ Actual Completion Date (mm/dd/yy): _____ Explain Differences: _____  Original Contract Price (Award Amount): _____ Final contract Price (to include all modifications, if applicable): _____ Explain Differences: _____	
<b>4. Project Description:</b> Complexity of Work <input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Routine How is this project relevant to project of submission? (Please provide details such as similar equipment, requirements, conditions, etc.) _____	
<b>CLIENT INFORMATION (Client to complete Blocks 5-8)</b>	
<b>5. Client Information</b> Name: _____ Title: _____ Phone Number: _____ Email Address: _____	
<b>6. Describe the client's role in the project:</b> _____	
<b>7. Date Questionnaire was completed (mm/dd/yy):</b> _____	
<b>8. Client's Signature:</b> _____	

NOTE: NAVFAC/USACE REQUESTS THAT THE CLIENT COMPLETES THIS QUESTIONNAIRE AND SUBMITS DIRECTLY BACK TO THE OFFEROR. THE OFFEROR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO USACE WITH THEIR PROPOSAL, AND MAY DUPLICATE THIS QUESTIONNAIRE FOR FUTURE SUBMISSION ON USACE SOLICITATION. CLIENTS ARE HIGHLY ENCOURAGED TO SUBMIT QUESTIONNAIRES DIRECTLY TO THE OFFEROR. HOWEVER, QUESTIONNAIRES MAY BE SUBMITTED DIRECTLY TO USACE. PLEASE CONTACT THE OFFEROR FOR USACE POC INFORMATION. THE GOVERNMENT RESERVES THE RIGHT TO VERIFY ANY AND ALL INFORMATION ON THIS FORM.

**AFTER COMPLETION, PLEASE EMAIL TO:** [CIV-OPS.Proposals@usace.army.mil](mailto:CIV-OPS.Proposals@usace.army.mil) Ensure the former employer references the solicitation number in the email subject line.

*ADJECTIVE RATINGS AND DEFINITIONS TO BE USED TO BEST REFLECT  
YOUR EVALUATION OF THE CONTRACTOR'S PERFORMANCE*

<b>RATING</b>	<b>DEFINITION</b>	<b>NOTE</b>
<b>(E) Exceptional</b>	Performance meets contractual requirements and exceeds many to the Government/Owner's benefit. The contractual performance of the element or sub-element being assessed was accomplished with few minor problems for which corrective actions taken by the contractor was highly effective.	An Exceptional rating is appropriate when the Contractor successfully performed multiple significant events that were of benefit to the Government/Owner. A singular benefit, however, could be of such magnitude that it alone constitutes an Exceptional rating. Also, there should have been NO significant weaknesses identified.
<b>(VG) Very Good</b>	Performance meets contractual requirements and exceeds many to the Government/Owner's benefit. The contractual performance of the element or sub-element being assessed was accomplished with some minor problems for which corrective actions taken by the contractor were effective.	A Very Good rating is appropriate when the Contractor successfully performed a significant event that was a benefit to the Government/Owner. There should have been no significant weaknesses identified.
<b>(S) Satisfactory</b>	Performance meets contractual requirements and exceeds many to the Government/Owner's benefit. The contractual performance of the element or sub-element contains some minor problems for which corrective actions taken by the contractor appear or were satisfactory.	A Satisfactory rating is appropriate when there were only minor problems, or major problems that the contractor recovered from without impact to the contract. There should have been NO significant weaknesses identified. Per DOD policy, a fundamental principle of assigning ratings is that contractors will not be assessed a rating lower than Satisfactory solely for not performing beyond the requirements of the contract.
<b>(M) Marginal</b>	Performance meets contractual requirements and exceeds many to the Government/Owner's benefit. The contractual performance of the element or sub-element being assessed reflects a serious problem for which the contractor has not yet identified corrective actions. The contractor's proposed actions appear only marginally effective or were not fully implemented.	A Marginal is appropriate when a significant event occurred that the contractor had trouble overcoming which impacted the Government/Owner.

<b>(U) Unsatisfactory</b>	Performance does not meet most contractual requirements and recovery is not likely in a timely manner. The contractual performance of the element or sub-element contains serious problem(s) for which the contractor's corrective actions appear or were ineffective.	An Unsatisfactory rating is appropriate when multiple significant events occurred that the contractor had trouble overcoming and which impacted the Government/Owner. A singular problem, however, could be of such serious magnitude that it alone constitutes an unsatisfactory rating.
<b>(N) Not Applicable</b>	No information or did not apply to your contract	Rating will be neither positive or negative.



**TO BE COMPLETED BY CLIENT**

<b>PLEASE CIRCLE THE ADJECTIVE RATING WHICH BEST REFLECTS YOUR EVALUATION OF THE CONTRACTOR'S PERFORMANCE.</b>					
<b>1. QUALITY</b>					
a) Quality of technical data/report preparation efforts	E N	VG	S	M	U
b) Ability to meet quality standards for technical performance	E N	VG	S	M	U
c) Timeliness/effectiveness of contract problem resolution without extensive customer guidance.	E N	VG	S	M	U
d) Adequacy/effectiveness of quality control program and adherence to contract quality assurance requirements (without adverse effect on performance)	E N	VG	S	M	U
<b>2. SCHEDULE/TIMELINESS OF PERFORMANCE:</b>					
a) Compliance with contract delivery/completion schedules including any significant intermediate milestones. <i>(If liquidated damages were assessed or the schedule was not met, please address below)</i>	E N	VG	S	M	U
b) Rate the contractor's use of available resources to accomplish tasks identified in the contract	E N	VG	S	M	U
<b>3. CUSTOMER SATISFACTION:</b>					
a) To what extent were the end users satisfied with the project?	E N	VG	S	M	U
b) Contractor was reasonable and cooperative in dealing with your staff (including the ability to successfully resolve disagreements/disputes; responsiveness to administrative reports, businesslike and communication)	E N	VG	S	M	U
c) To what extent was the contractor cooperative, businesslike, and concerned with the interests of the customer?	E N	VG	S	M	U
d) Overall customer satisfaction	E N	VG	S	M	U
<b>4. MANAGEMENT/PERSONNEL/LABOR</b>					
a) Effectiveness of on-site management, including management of subcontractors, suppliers, materials, and /or labor force?	E N	VG	S	M	U
b) Ability to hire, apply, and retain qualified workforce to this effort	E N	VG	S	M	U
c) Government Property Control	E N	VG	S	M	U
d) Knowledge/expertise demonstrated by contractor personnel	E N	VG	S	M	U
e) Utilization of Small Business concerns	E N	VG	S	M	U
f) Ability to simultaneously manage multiple projects with multiple disciplines	E N	VG	S	M	U
g) Ability to assimilate and incorporate changes in requirement and/or priority, including planning, execution and response to Government changes	E N	VG	S	M	U

h) Effectiveness of overall management (including ability to effectively lead, manage and control the program)	E N	VG	S	M	U
<b>5. COST/FINANCIAL MANAGEMENT</b>					
a) Ability to meet the terms and conditions within the contractually agree price(s)?	E N	VG	S	M	U
b) Contractor Proposed innovative alternative methods/processes that reduced cost, improved maintainability or other factors that benefited the client	E N	VG	S	M	U
c) If this is/was a Government cost type contract, please rate the Contractor's timeliness and accuracy in submitting monthly invoices with appropriate back-up documentation, monthly status reports. Budget variance reports, compliance with established budgets and avoidance of significant and/or unexplained variances (under runs or overruns)	E N	VG	S	M	U
d) In the Contractor's accounting system adequate for management and tracking of costs? <i>If no, please explain in Remarks section.</i>	NO YES				
e) If this is/was a Government contract, has/was this contract been partially or completely terminated for default or convenience or are there any pending terminations? <i>Indicate if show cause or cure notices were issued, or any default action in comment section below.</i>	NO YES				
f) Have there been any indication that the contractor has had any financial problems? <i>If yes, please explain below.</i>	NO YES				
<b>6. SAFETY/SECURITY</b>					
a) To What extent was the contractor able to maintain an environment of safety, adhere to its approved safety plan, and respond to safety issues? (Includes: following the users rules, regulations, and requirements, regarding housekeeping, safety, correction of noted deficiencies, etc.)	E N	VG	S	M	U
b) Contractor complied with all security requirements for the project and personnel security requirements.	E N	VG	S	M	U
<b>7. GENERAL</b>					
a) Ability to successfully respond to emergency and/or surge situations (including notifying COR, PM or Contracting Officer in a timely manner regarding urgent contractual issues)	E N	VG	S	M	U
b) Compliance with contractual terms/provisions ( <i>explain if specific issues</i> )	E N	VG	S	M	U
c) Would you hire or work with this firm again? ( <i>If no, please explain below</i> )	NO YES				
d) In Summary, provide an overall rating for the work performed by this contractor.	E N	VG	S	M	U

AFTER COMPLETION, PLEASE EMAIL TO: [CIV-OPS.Proposals@usace.army.mil](mailto:CIV-OPS.Proposals@usace.army.mil)

Please provide responses to the questions above (*if applicable*) and/or additional remarks. Furthermore, please provide a brief narrative addressing specific strengths, weaknesses, deficiencies, or other comments which may assist our office in evaluating performance risk (*Please attach additional pages in necessary*):

## INSURANCE

Prior to commencement of work, the Contractor shall furnish the original of his Insurance Certificate directly to the Contracting Officer, Fort Worth District, Corps of Engineers, ATTN: CESWF-CT-S, P.O. Box 17300, Fort Worth, Texas 76102-0300 and one copy directly to the Lake and Project Office. The Contractor shall maintain, during the entire period of his performance under this contract, the following minimum insurance requirements:

Submit a copy of Insurance Certificate directly to:

US Army Corp of Engineers  
Belton Lake Office  
ATTN: Ronnie Bruggman  
3740 FM 1670  
Belton, Texas 76513

Or email to: [Daisy.Ciarlariello@usace.army.mil](mailto:Daisy.Ciarlariello@usace.army.mil) Phone: (817) 886-1051 Fax: (817)886-6403

### **REQUIRED INSURANCE – In accordance with FAR 52.228-5**

**Prior to commencement of work, the Contractor shall furnish the original of his Insurance Certificate directly to the lake office. The Contractor shall maintain, during the entire period of his performance under this contract, the minimum insurance requirements of the State of Texas: \$30,000 for each injured person, up to a total of \$60,000 per accident, and \$25,000 for property damage per accident. This basic coverage is called 30/60/25 coverage.**

**An endorsement to the effect that any cancellation or any material change adversely affecting the Government's interest shall not be effective until 30 days after the insurer or the Contractor gives written notice to the Contracting Officer.**

#### NOTE:

(1) It is recommended that the contractor furnish a copy of the foregoing requirements to his insurance company in order to assure that an Insurance Certificate is issued meeting the minimum requirements shown. **The Insurance Certificate shall also show the contract number to which it applies as well as a brief description and location of the work.**

(End of Summary of Changes)