



IFB ADDENDUM #2

To: All Bidders

From: Rita V. Brousseau, Chief Procurement Officer

Date: August 16, 2023

Re: IFB 2023-9 Vehicle Insurance

This Addendum modifies and forms a part of the Bid Set documents dated August 9, 2023.

This Addendum consists of the following: One (1) typed page and three (3)-page attachment.

Where any items called for in the bid documents are supplemented here, the supplemental requirements shall be considered as added thereto. Where any original item is amended, voided, or superseded here, the other provisions of such items not specifically amended, voided, or superseded shall remain in effect.

THE NUMBER OF THIS ADDENDUM MUST BE ENTERED IN THE APPROPRIATE SPACE PROVIDED ON "GENERAL BID FORM."

Answers to Bidder's Questions

1. **Question:** Can you please provide the cost new for each vehicle with comp and collision?

Answer: See attached.

END OF ADDENDUM

Previous Policy Number
A 9108916

Policy Number
A 9108916

MASSACHUSETTS BUSINESS AUTOMOBILE COVERAGE DECLARATION

Policy Effective Date: October 1, 2022 Coverage Effective Date: OCTOBER 1, 2022
Business of Named Insured: MUNICIPAL HOUSING

Item Two - SCHEDULE OF COVERAGES AND COVERED AUTOS. This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

Coverage Schedule

Coverages	Covered Autos Symbols	Limit		Premium
		The Most We Will Pay for Any One Accident or Loss		
Compulsory Bodily Injury	7	\$20,000	Each person	\$5,861.00
		\$40,000	Each accident	
Personal Injury Protection	7	\$8,000	Each person	\$309.00
Liability	7	SEE MM9918	Each accident	\$25,953.00
Auto Medical Payments			Each person	
Uninsured Motorists -	7	\$20,000	Each person	\$64.00
(Compulsory Limits \$20,000/\$40,000)		\$40,000	Each accident	
Underinsured Motorists	7	\$20,000	Each person	INCL.
		\$40,000	Each accident	
Physical Damage Comprehensive Coverage	7	Actual Cash Value or Cost of Repair, whichever is less minus any applicable deductible shown on the Auto Schedule for Each Covered Auto.		\$4,095.00
Physical Damage Specified Causes of Loss Coverage		Actual Cash Value or Cost of Repair, whichever is less minus any applicable deductible for Each Covered Auto.		
Physical Damage Collision Coverage	7	Actual Cash Value or Cost of Repair, whichever is less minus any applicable deductible shown on the Auto Schedule for Each Covered Auto.		\$12,012.00
Physical Damage Towing and Labor Coverage		for Each Disablement of a Private Passenger Auto.		

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Auto Schedule

No.	Trade Name	Year	Body Type Truck Size	Vehicle Id. No. (VIN)	Size Class	Use / Class / Radius Code	List Symbol	Purchased by Insured		Cost
								Year	N/U	
1	BOBC	05	OTHER	52502072000000000		790600				\$28,005
2	BOBC	06	OTHER	530314476XXXXXXXX		790600				\$23,657
4	FORD	04	ECONOLINE	1FTSE34L84HA07530	L	S/014990/L				\$25,375
5	BIG	11	30SA	16VAX0817B2A97354		684990/L				\$1,445

CONTINUED ON SCHEDULE: CA-7779

No.	Terr.	Compulsory Bodily Injury	P.I.P.	Optional Bodily Injury	Property Damage	Med. Paymts. Prem.	Uninsured Motorists	Underinsured Motorists
1	018	212	11	477	462		2	
2	018	212	11	477	462		2	
4	018	170	9	382	370		2	
5	018	17	1	38	46			

Totals \$

Physical Damage Insurance

No.	Comprehensive		Specified Causes of Loss		Collision		Limited Collision		Towing Prem.
	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.	
1	500	85			500	230			
2	500	74			500	198			
4	500	104			500	231			
5	500	15			500	38			

Totals \$

Item Three - Schedule of Covered Autos You Own (see Auto Schedule)- Loss Payee Subject to Loss Payable Clause:
Vehicle No. Name and Address of Loss Payee

Total Premium
\$49,984.00
(This premium may be subject to adjustment.)

CA-7777 (07/07)

INSURED'S COPY

Coverage Effective Date
OCTOBER 1, 2022

Policy Number
A 9108916

MASSACHUSETTS BUSINESS AUTOMOBILE SCHEDULE

Auto Schedule										
No.	Trade Name	Year	Body Type Truck Size	Vehicle Id. No. (VIN)	Size Class	Use / Class / Radius Code	List Symbol	Purchased by Insured		Cost
								Year	N/U	
6	FORD	11	F250	1FTBF2B65BED08551	L	S/014990/L				\$54,374
7	FORD	11	F250	1FTBF2B63BED08550	L	S/014990/L				\$54,374
8	FORD	15	F250	1FTBF2B62FEA16071	L	S/014990/L				\$58,025
9	BOBC	10	OTHER	A3KY36504XXXXXXXX		790600				\$21,397
10	WELC	94	TRAILER	1W9US1211RN189090		684990/L				\$3,499
11	BOBC	01	OTHER	512261692XXXXXXXX		790600				\$19,043
12	FORD	16	F250	1FTBF2B63GEB33353	L	S/014990/L				\$58,881
13	FORD	17	T250	1FTYR2CM8HKA29281	L	S/014990/L				\$57,307
14	FORD	17	F250	1FTBF2B61HEF23286	L	S/014990/L				\$59,750
15	FORD	17	F250	1FTBF2B62HEF50741	L	S/014990/L				\$59,750
16	FORD	18	F250	1FTBF2B67JEB40619	L	S/014990/L				\$60,975
17	FORD	18	F-150	1FTMF1EB1JFA84540	L	S/014990/L				\$36,395
18	JOHN	18	XUV835M	1M0835MDKJM010298		790600				\$22,295
19	JOHN	18	XUV835M	1M0835MDKJM011967		790600				\$22,295
20	FORD	19	F250	1FTBF2B65KEE36918	L	S/014990/L				\$63,813
21	FORD	19	F250	1FTBF2B67KEE36919	L	S/014990/L				\$63,813
22	FORD	19	F250	1FTBF2B63KEE36920	L	S/014990/L				\$63,813
23	FORD	19	RANGER	1FTER1FH4KLA20865	L	S/014990/L				\$29,415
24	FORD	19	F350	1FD8X3H65KEE36921	M	S/214990/L				\$72,971
25	FORD	19	F250	1FTBF2B66KEG57430	L	S/014990/L				\$63,813

No.	Terr.	Compulsory Bodily Injury	P.I.P.	Optional Bodily Injury	Property Damage	Med. Paymts. Prem.	Uninsured Motorists	Underinsured Motorists
6	018	170	9	382	370		2	
7	018	170	9	382	370		2	
8	018	170	9	382	370		2	
9	018	212	11	477	462		2	
10	018	17	1	38	46			
11	018	212	11	477	462		2	
12	018	170	9	382	370		2	
13	018	170	9	382	370		2	
14	018	170	9	382	370		2	
15	018	170	9	382	370		2	
16	018	170	9	382	370		2	
17	018	170	9	382	370		2	
18	018	212	11	477	462		2	
19	018	212	11	477	462		2	
20	018	170	9	382	370		2	
21	018	170	9	382	370		2	
22	018	170	9	382	370		2	
23	018	170	9	382	370		2	
24	018	187	10	420	407		2	
25	018	170	9	382	370		2	

Totals \$

Physical Damage Insurance									
No.	Comprehensive		Specified Causes of Loss		Collision		Limited Collision		Towing Prem.
	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.	
6	500	114			500	282			
7	500	114			500	282			
8	500	114			500	282			
9	500	74			500	198			
10	500	15			500	38			
11	500	62			500	173			
12	500	135			500	386			
13	500	135			500	386			
14	500	135			500	386			
15	500	135			500	386			
16	500	135			500	386			
17	500	123			500	312			
18	500	88			500	265			
19	500	88			500	265			
20	500	158			500	486			
21	500	158			500	486			
22	500	158			500	486			
23	500	144			500	389			
24	500	131			500	423			
25	500	158			500	486			

Totals \$

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Coverage Effective Date
OCTOBER 1, 2022

Policy Number
A 9108916

MASSACHUSETTS BUSINESS AUTOMOBILE SCHEDULE

Auto Schedule										
No.	Trade Name	Year	Body Type Truck Size	Vehicle Id. No. (VIN)	Size Class	Use / Class / Radius Code	List Symbol	Purchased by Insured		Cost
								Year	N/U	
26	FORD	20	F-150	1FTMF1E52LFA31830	L	S/014990/L				\$41,220
27	FORD	19	TRANSIT CO	NM0LS7E26K1396388	L	S/014990/L				\$28,000
28	FORD	19	TRANSIT CO	NM0LS7E2XK1425147	L	S/014990/L				\$25,100
29	FREI	21	M2 106	3ALACWFC5MDMK9684	M	S/214990/L				\$120,493
30	MERL	21	LOADER	B4SC11601XXXXXXXXX		793400				\$39,800
31	FORD	21	F250	1FTBF2B6XMEC10957	L	S/014990/L				\$65,869
32	FORD	21	F250	1FTBF2B61MEC10958	L	S/014990/L				\$65,869
33	FORD	21	F350	1FDRF3H64MEC10959	M	S/214990/L				\$69,609
34	MELR	20	SKIDSTEER	B4TY12239XXXXXXXXX		793400				\$39,800
35	GMC\	22	2500	1GCWGAFP4N1185848	L	S/014990/L				\$36,210
Totals \$										

No.	Terr.	Compulsory Bodily Injury	P.I.P.	Optional Bodily Injury	Property Damage	Med. Paymts. Prem.	Uninsured Motorists	Underinsured Motorists
26	018	170	9	382	370		2	
27	018	170	9	382	370		2	
28	018	170	9	382	370		2	
29	018	187	10	420	407		2	
30	018	212	11	477	462		2	
31	018	170	9	382	370		2	
32	018	170	9	382	370		2	
33	018	187	10	420	407		2	
34	018	212	11	477	462		2	
35	018	170	9	382	370		2	
Totals \$		5,861	309	13,174	12,779		64	

Physical Damage Insurance									
No.	Comprehensive		Specified Causes of Loss		Collision		Limited Collision		Towing Prem.
	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.	Ded.	Prem.	
26	500	158			500	486			
27	500	144			500	389			
28	500	144			500	389			
29	500	140			500	505			
30	500	116			500	388			
31	500	175			500	562			
32	500	175			500	562			
33	500	131			500	423			
34	500	116			500	388			
35	500	144			500	440			
Totals \$		4,095				12,012			

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