

## Appendix D, D-5 Final Conditions of Award

In accordance with the terms and conditions of this RFT, the following documentation must be provided **within ten (10) business days of notice provided by the Region in the form of a contract award letter**. Failure to provide the required documentation will constitute a default by the Company.

- A Certificate of Insurance, as noted in **Appendix B – Contract Terms and Conditions**. A copy of the Region's form to be completed by your agent or broker or insurer is attached for this purpose.

The specific insurance requirements are as follows:

**Commercial general liability insurance** including personal injury, broad form contractual liability, owners and contractors protective, completed operations, and non-owned automotive liability in an amount of not less than **five million dollars (\$5,000,000.00)** applying to all contracts for claims arising out of one occurrence, and,

**Automobile liability Insurance** in respect to licensed vehicles owned and /or leased, with limits of not less than **two million dollars (\$2,000,000.00)** inclusive per occurrence for bodily injury, death and damage to property, and,

Where a Subcontractor is retained for work where Professional Liability coverage is a Contract requirement, the Consultant/Company must ensure the necessary insurance at the limits above is obtained.

The commercial general liability policy shall include the Region of Durham as an additional insured in respect of all operations performed by or on behalf of the Contractor in relation to the Contract requirements and be endorsed to provide the Owner with not less than thirty (30) days written notice in advance of any cancellation, change or amendment restricting coverage.

- A Certificate of Clearance from the WSIB, as noted in **Appendix B – Contract Terms and Conditions**
- An executed copy of Appendix A – Form of Agreement signed by an officer of the Company with the authority to bind the corporation.
- A signed copy of the Region’s Confirmation of Favourable Health and Safety Practice form
- A sample copy of company invoice required for payment setup purposes.
- A completed copy of the Direct Deposit Authorization form (as per attachments)



**Certificate of insurance**

**Proof of liability insurance will be accepted on this form only.**

**This form must be completed and signed by your agent, broker or insurer.**

**All insurers shown must be licensed to operate in Canada.**

**This is to certify that the Named Insured hereon is insured as described below**

Named insured	Address of the Named Insured
Location and operations of the Named Insured for which Certificate is issued: All operations performed for the Region of Durham	

**Automobile Liability Insurance**

Insuring company	Policy numbers	Limit of Coverage	Effective date	Expiry date
	Automobile Liability	Deductible, if any:	D/M/Y	D/M/Y
	Excess Liability (if applicable)		D/M/Y	D/M/Y

The above policy(ies) must cover all vehicles owned in whole or in part and licensed in the name of the insured including all vehicles leased on a long term basis for which the insured is required by contract to provide bodily injury and property damage insurance.

**Commercial General Liability**

Insuring company	Policy numbers	Limit of coverage	Effective date	Expiry date
	Commercial General Liability	Per Claim / Annual Aggregate  Deductible, if any:	D/M/Y	D/M/Y
	Excess Liability (if applicable)	Per Claim / Annual Aggregate	D/M/Y	

Provisions of Amendments or Endorsements of Listed Policy(ies)

**Professional Liability – Claims Made Basis – Yes/No**

Insuring company	Policy numbers	Limit of coverage	Effective date	Expiry date
	Professional Liability	Per Claim / Annual Aggregate  Deductible, if any:	D/M/Y	D/M/Y
	Excess Professional Liability (if applicable)	Per Claim / Annual Aggregate	D/M/Y	D/M/Y

- Is the limit inclusive of indemnity and claims expenses - **Yes/No**  
 - If the policy is on a claims made basis have there been any claims notices given for this policy term – **Yes/No**

**Environmental Liability – Claims Made Basis – Yes/No    Occurrence Basis – Yes/No**

Insuring company	Policy numbers	Limit of Coverage	Effective date	Expiry date
	Environmental Liability	Per Claim / Annual Aggregate  Deductible, if any:	D/M/Y	D/M/Y
	Excess Environmental Liability (if applicable)	Per Claim / Annual Aggregate	D/M/Y	D/M/Y

- Is the limit inclusive of indemnity and claims expenses - **Yes/No**  
 - if the policy is on a claims made basis have there been any claims notice given for this policy term – **Yes/No**

**Commercial General Liability** is issued on an ‘occurrence’ basis form and is extended to include Personal Injury Liability, Contractual Liability, Non-Owned Automobile Liability, Owner’s and Contractor’s Protective Coverage, Products/Completed Operations, Contingent Employer’s Liability, Cross Liability Clause and Severability of Interest Clause.

With respect to Commercial General Liability Insurance, **The Regional Municipality of Durham** is added as an Additional Insured but only with respect to its liability arising out of the operations of the Named Insured.

The policy(ies) identified above shall apply as primary insurance and not excess to any other insurance available to The Regional Municipality of Durham.

If cancelled or changed so as to reduce the coverage as outlined on this certificate, during the period of coverage as stated herein, thirty (30) days, prior written notice by registered mail will be given by the Insurer(s) to: **The Regional Municipality of Durham, Attention: Purchasing Section, Finance Department, 605 Rossland Road East, Whitby, ON, L1N 6A3**

I certify that the insurance is in effect as stated in this certificate and that I have authorization to issue this certificate for and on behalf of the insurer(s).

Date	Name, Address, Fax and Telephone Number of Certifying Party	Signature of Authorized Representative or Official
		Print Name of above Authorized Representative or Official

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## Appendix A – Form of Agreement

### 1. Agreement with the Regional Municipality of Durham

#### Commitment to Terms and Conditions

The Contractor, \_\_\_\_\_, agrees and commits to supply to The Regional Municipality of Durham the goods and/or services as stipulated in bid document RFT-555-2024, including any and all addenda and appendices to the bid document.

I have the authority to bind the Corporation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of the Firm

**To be signed and submitted by the successful bidder**



## **Confirmation of favourable health and safety practice form**

### **To Contractor(s):**

The Region of Durham is committed to:

1. The prevention of workplace injury and illness to all workers at Regional work locations.
2. The belief that contractor safety is compatible with the safety policy of the Region and is good business.
3. Reserving the right to cite contractors for any violation of the contract.

To ensure the Regional workplace is a healthy and safe working environment, contractors, constructors and sub-contractors must have knowledge of and operate in compliance with the Occupational Health and Safety Act (OHSA) and any other legislation pertaining to employee health and safety.

For long term contracts, or contracts involving pre-selected contractors, the Region reserves the right to cancel (or place on probation) the contract of any contractor who is charged and/or convicted of offences under the OHSA while carrying out any part of a project with the Region.

### **Contractor's Statement of Responsibility**

As a contractor retained to perform work for the Region of Durham, I/we accept the following health and safety responsibilities:

1. I/we confirm compliance with all procedures and requirements of the OHSA, Regional safety policies and procedures, department and site specific policies and procedures, and all applicable legislation and regulations.
2. I/we agree to work safely with skill and care so as to prevent accidental injury to ourselves, fellow employees and all other persons on the site of the work.
3. For contracts or sub-contracts that involve commercial motor vehicles as defined by the Highway Traffic Act, I/we confirm possession of a current Carrier CVOR abstract with one of the following safety ratings: Excellent; Satisfactory; Conditional; or Satisfactory - Unaudited. I/we confirm the Carrier CVOR abstract will be maintained throughout the entire term of the contract.
4. I/we will advise the Region if the CVOR safety rating of our firm is changed to "Unsatisfactory" at any time during the course of the contract and, upon request, will

Confirmation of favourable health and safety practice form continued

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provide the Region with a copy of the most recent Carrier CVOR abstract indicating the sanctions imposed by the Ministry of Transportation.

5. I/we certify that I/we have all statutorily required policies and programs in place in accordance with the OHSA, including but not limited to a current and valid Health and Safety Policy Statement in accordance with section 25(2)(j).
6. I/we certify that all required equipment, materials, and protective devices, along with related procedures, are provided, used, and maintained in good condition, in accordance with the OHSA.
7. I/we certify that all staff are apprised of and will comply with legislation, public health guidelines and the Region's procedures as they relate to COVID-19. It is understood that the Region may request that Company/Contractor Staff be replaced if they are not complying with these policies and procedures and the Company/Contractor shall promptly facilitate the replacement.
8. I/we verify that individuals working on Regional contracts are strongly encouraged, but are not required at this time, to be vaccinated against COVID-19 in accordance with current provincial guidelines. As part of the Region's obligations under the Occupational Health and Safety Act, the Region retains the right to implement a mandatory vaccination policy for Regional Contractors where it is deemed to be a reasonably necessary measure to protect the health and safety of workers and the public. Such a determination will be made in consideration of the recommendations or requirements of the Durham Medical Officer of Health, the Chief Medical Officer of Health, and any other applicable Public Health recommendation(s) in place at the time. Note: the current vaccine guidance can be found on the [Ministry of Health Ontario's website COVID-19 Vaccine Guidance - 2023-03-29 \(gov.on.ca\)](https://www.health.gov.on.ca/en/public/COVID-19/VaccineGuidance-2023-03-29).

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Name of Person Signing for Contractor

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Signature of Contractor

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Date



The Regional Municipality of Durham  
 Finance Department – Expenditure Management  
 PO Box 710  
 605 Rossland Road East  
 Whitby, ON L1N 0A9  
 905-668-7711 x2237

## Direct Deposit Authorization Application

### Company Contact Information

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_ Title/Position \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_  
 HST/GST Registration # \_\_\_\_\_ Contact E-mail \_\_\_\_\_  
 Effective Date (mm/dd/yy) \_\_\_\_\_ Remittance E-mail \_\_\_\_\_

### Banking Information

**Attach original “voided” cheque.**

Financial Institution Name \_\_\_\_\_  
 Financial Institution Address \_\_\_\_\_  
 Bank Number \_\_\_\_\_ Transit Number \_\_\_\_\_  
 Account # \_\_\_\_\_

**I hereby authorize The Regional Municipality of Durham to make deposits to my bank account and to send the advice of payments to the EFT remittance email address specified above. This authorization will remain in effect until cancelled or changed in writing.**

### CEO/Owner/Signing Officer Authorization

Print Name & Signature \_\_\_\_\_  
 Title \_\_\_\_\_  
 Contact Email and Phone \_\_\_\_\_  
 Date (mm/dd/yy) \_\_\_\_\_

Information is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used to deposit payments to your account. Questions about this information should be addressed to the Expenditure Management, Finance Dept. The Regional Municipality of Durham, PO Box 710, 605 Rossland Road, East, Whitby, Ontario, L1N 0A9.