



**EXHIBIT A-1: MANDATORY REQUIREMENTS CHECKLIST**

**Instructions:** Complete this checklist to ensure the submission of individual items. Use this list prior to binding and submission. Proponent shall add the initials on the left side of each item confirming its inclusion of the document in the Request of the Proposal.

Proponent's Initials	Item No.	Document No.	Document Description
	1	-	Proponent Cover Page
	2	-	One (1) electronic copy of the Mandatory Requirements
	3	Exhibit A-1	Exhibit A-1: Mandatory Requirements Checklist
	4	-	Cover Letter /Executive Summary
	5	-	Organizational Documentation
	6	-	Financial Requirements: -Year-end Financial Statements -Interim Financial Statement -Line of Credit or Cash Availability -Pending Litigation Sworn Statement -No Bankruptcy Sworn Statement
	7	Exhibit C	Non-Conflict of Interest Certification
	8	Exhibit D	Non-Conflict of Interest on Existing or Pending Contracts Certification
	9	Exhibit E	Limited Denial of Participation (LDP)/Suspension or Debarment Status Affidavit
	10	Exhibit F	Non-Collusive Affidavit
	11	Exhibit G	Anti-Lobbying Certification

\_\_\_\_\_  
Respondent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respondent's Printed Name



**EXHIBIT A-2: TECHNICAL REQUIREMENTS CHECKLIST**

**Instructions:** Complete this checklist to ensure the submission of individual items. Use this list prior to binding and submission. Proponent shall add the initials on the left side of each item confirming its inclusion of the document in the Request of the Proposal.

Proponent's Initials	Item No.	Document No.	Document Description
	1	-	Proponent Cover Page
		-	One (1) electronic copy of the Statement of the Technical Requirements
	2	Exhibit A-2	Exhibit A-2: Technical Requirements Checklist
	3	Exhibit B	Exhibit B: Statement of Qualifications
	4	-	Technical Capability and Expertise
	5	-	Key Personnel Qualifications
	6	-	Staff Resume: -Lead Design and Permitting Manager -Project Coordinator
	7	-	Project Approach and Methodology
	8	-	Quality Assurance and Control Procedures
	9	Exhibit J	Cost Proposal
	10	-	Best Value Statement
	11	-	Preference of 5 points for Section 3 Business Concern and/or MWBE Business

\_\_\_\_\_  
Respondent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respondent's Printed Name





# Sociedad Española de Auxilio Mutuo

PO Bo 191227 · San Juan, PR · 00919-1227 · Tel 787.758.2000 · Fax 787.771.7955

Request for Proposal for  
A&E Design Services  
Roof and Ceiling Constructions of L1B4  
North Wing & LIB5 Central Wing Buildings  
AMH-2023-09-02.PF

**B. Respondent Officers and Directors.** Provide the names, telephone numbers, and email addresses of the officers, directors, members, and any partners of the Respondent.

Name	Telephone	Email	Officer	Director	Member	Partner
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**C. Summary of Similar Projects.** Identify no less than three (3) projects for which the Respondent (including all members of a joint venture) has in the past five (5) years or is currently providing services similar in scope and nature to the services to be contacted hereunder:

Client / Project Name	Brief Description of Services Performed	Contract Amount	Project Duration (in months)	Status of Contract	Completion Date	Client Contact Name, Telephone Number and Email Address

If Respondent is a joint venture, Proposal shall specify all projects in which the joint venture is currently or has worked together, including project name, contract amount, contact information and period of performance.



**D. Key Staff Members for Engagement:** Provide the following information for all Key Staff Members for the Project. **Only one name and the corresponding resume for each Key Staff Member position.**

Position	Resource Name	Education	Years of Experience	Resume & Certifications
Design and Permitting Manager				(See resume in Section ____)
Project Coordinator				(See resume in Section ____)
Structural Engineering (if necessary)				(See resume in Section ____)

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**E. References**

Identify three (3) separate references and contact information of past or current clients, preferably in the performance of services similar in size and scope to the services to be contracted under this RFP:

Client Name	Client Contact Name	Telephone Number	Email Address

**F. Record of Performance and Integrity**

Respondent shall answer each question in the space provided and provide additional information as may be required.

1. Has the Respondent ever had any contract terminated for default? \_\_\_\_\_
2. Has a judgment been rendered against the Respondent or any of its officers, owners or directors by any court or agency of competent jurisdiction in the 5-year period prior to the Proposal Due Date? \_\_\_\_\_
3. Has the Respondent or any of its officers, owners or directors been under civil or criminal investigation by any government or regulatory agency at any time during the ten (10) years prior to the Proposal Due Date? \_\_\_\_\_

If you answered yes to any of the previous questions, Respondent shall provide for each such project, contract or investigation: (i) project name, type and location; (ii) name of contracting entity; (iii) name, title, telephone number and email address of contact person of client, owner or investigative agency; (iv) nature of the contracted or terminated work, contract date and amount, and reason for default, conviction or investigation; (v) cause of default; and (vi) date, nature and final resolution of termination, conviction, judgment or investigation, as applicable.

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**G. Schedule of Addenda**

Respondent acknowledges receipt of the Addenda hereinafter named, and declares that every modification, addition, deletion and clarification contained therein have been adequately considered in the preparation of the Proposal.

Addendum Number: \_\_\_\_\_ Date \_\_\_\_\_

Addendum Number: \_\_\_\_\_ Date \_\_\_\_\_

Addendum Number: \_\_\_\_\_ Date \_\_\_\_\_

Addendum Number: \_\_\_\_\_ Date \_\_\_\_\_

**H. Respondent Certifications Under Oath:**

By submission of the Proposal, the undersigned Respondent certifies as follows:

1. The Proposal has been duly and properly authorized for submission by the Respondent.
2. All information contained in the Proposal is true and complete.
3. Prices in this proposal have been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition.
4. Respondent has not and will not attempt to induce any other person or firm to submit a proposal for the purpose of restricting competition.
5. The person signing this Proposal is authorized to represent Respondent and is legally responsible for the price and all other information include in this Proposal.
6. Respondent will comply with all applicable local, state, federal regulations, policies, guidelines and requirements.
7. The rates and fees in this proposal have not been knowingly disclosed by the Respondent nor will they be disclosed prior to award.
8. In its preparation and development of the Proposal, the Respondent has not, directly or indirectly, solicited or received any advice, assistance, or information concerning the Proposal from any representative of the Church Entities, or its agents or contractors, which was not equally available to other Respondents, and which might contribute to an actual or potential competitive advantage for the Proposer.

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In witness thereof, the Respondent has executed this Statement of Qualifications, on this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

**If Respondent is a sole proprietorship or operates under a trade name:**

\_\_\_\_\_  
*(Printed Name of Firm)*

**By:**

\_\_\_\_\_  
*(Authorized Representative's Signature)*

\_\_\_\_\_  
*(Printed Name of Authorized Representative)*

\_\_\_\_\_  
*(Address Line 1)*

\_\_\_\_\_  
*(Address Line 2)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Zip Code)*

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AMH-2023-09-02.PF

In witness thereof, the Respondent has executed this Statement of Qualifications, on this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

**If Respondent is a partnership or joint venture:**

\_\_\_\_\_  
*(Printed Name of Partnership or Joint Venture)*

**By:**

\_\_\_\_\_  
*(Signature of General Partner)*

\_\_\_\_\_  
*(Printed Name of General Partner)*

\_\_\_\_\_  
*(Address Line 1)*

\_\_\_\_\_  
*(Address Line 2)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Zip Code)*

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AMH-2023-09-02.PF

In witness thereof, the Respondent has executed this Statement of Qualifications, on this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

**If Respondent is a corporation or LLC:**

\_\_\_\_\_  
*(Printed Name of Corporation)*

\_\_\_\_\_  
*(Corporate Address Line 1)*

\_\_\_\_\_  
*(Corporate Address Line 2)*

\_\_\_\_\_  
*(City)*                      *(State)*                      *(Zip Code)*

**By:**

\_\_\_\_\_  
*(Signature of Officer)*

\_\_\_\_\_  
*(Printed Name of Officer)*

\_\_\_\_\_  
*(Title of Officer)*

**Attest:**

\_\_\_\_\_  
*(Secretary)*

**[CORPORATE SEAL]**

\_\_\_\_\_  
*(Jurisdiction of Incorporation)*



**EXHIBIT C: NON-CONFLICT OF INTEREST CERTIFICATION**

I, \_\_\_\_\_, of legal age, \_\_\_\_\_(civil status), \_\_\_\_\_  
(occupation), a resident of \_\_\_\_\_, authorized representative of  
\_\_\_\_\_ (company name) hereby CERTIFY that:

1. No person either natural or corporate, other than the Proponent, has or will have any interest or share in this Proposal or in the proposed Agreement.
2. There is no collusion or arrangement between the Proponent and any other Proponent(s) in connection with this Project.
3. The Proponent has no knowledge of the contents of other Proposals and has made no comparison with any other party in connection with the making of the Proposal.

In witness whereof, I sign this statement under oath.

By: \_\_\_\_\_

Authorized Representative

Affidavit No.: \_\_\_\_\_

Subscribed and sworn to before me in the city of \_\_\_\_\_, \_\_\_\_\_, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ of legal age,  
\_\_\_\_\_ (civil status), \_\_\_\_\_(occupation) and resident of  
\_\_\_\_\_, \_\_\_\_\_, in his/her capacity as \_\_\_\_\_  
of Offeror. Who I personally know or have identified by his/her  
\_\_\_\_\_.

\_\_\_\_\_

Public Notary



**EXHIBIT D: NON-CONFLICT OF INTEREST CERTIFICATION ON EXISTING OR PENDING CONTRACTS**

I, \_\_\_\_\_, of legal age, of marital status (married/single), and a resident of \_\_\_\_\_, have been designated as the authorized representative of \_\_\_\_\_ ("the Proposer") for the **Request for Proposal for Architecture & Engineering Services- Roof Construction of L1B4 North Wing San Vicente & LIB5 Central Wing Buildings/AMH-2023-09-02.PF** procurement process ("Procurement Process"). In such regard, I hereby certify that:

1. There are no relevant facts or circumstances that could give rise to an organizational or personal conflict of interest for the Proposer or its staff with respect to the Procurement Process with the Procuring Entity. Nonetheless, the Proposer recognizes that situations may arise that may appear to be, or are, conflicts -or potential conflicts- of interest. The term "potential conflict" means a reasonably foreseeable conflict of interest.
2. The Proposer will disclose to the Procuring Entity any relevant information of an apparent, potential, or actual conflict of interest that may appear to exist regardless of their opinion that such information would not impair their objectivity.
3. As per 2 C.F.R. § 200.318(c)(1), a conflict of interest would arise when "the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract".
4. In the case in which the Proposer discloses to the Procuring Entity an apparent, potential, or actual conflict of interest, the Procuring Entity will take the appropriate measures to address the disclosure by taking the following actions, which include but are not limited to, eliminating, mitigating or neutralizing the apparent, potential or actual conflict, when appropriate, through such means as ensuring a balance of views, disclosure with the appropriate disclaimers, or by restricting or modifying the work to be performed to avoid or reduce the apparent, potential, or actual conflict.
5. If an apparent, potential, or actual conflict of interest is discovered by the Proposer after the Procurement Process concludes, it will make a full disclosure in writing to the contracting officer. This disclosure shall include a description of actions that the Proposer has taken or proposes to take to avoid, mitigate, or neutralize the apparent, potential, or actual conflict of interest.
6. The Proposer has no present or currently planned interests (financial, contractual, organizational, or otherwise) relating to the contract or task order that may result from this Procurement Process that would create any apparent, actual, or potential conflict of interest (including conflicts of interest for immediate family members: spouses, parents, children) that would impinge on its ability to render impartial, technically sound, and objective assistance or advice or result in it being given an unfair competitive advantage.
7. The Proposer has exercised and will continue to exercise, due diligence in avoiding, identifying, removing or mitigating any apparent, potential or actual conflicts of

interests to the Procuring Entity's satisfaction.

---

Signature of Proposer's Authorized Representative

---

Date

---

Printed Name of Proposer's Authorized Representative



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Wing & LIB5 Central Wing Buildings  
AMH-2023-09-02.PF

## EXHIBIT E: LIMITED DENIAL OF PARTICIPATION (LDP)/SUSPENSION OR DEBARMENT STATUS AFFIDAVIT

By signing this Certification, the Proposer certifies that the firm, business or person submitting the Proposal has not been LDP, suspended, debarred or otherwise lawfully precluded from participating in any public procurement activity with any Federal, State or local government. Signing this Certification without disclosing all pertinent information about a debarment or suspension shall result in the rejection of the proposal or cancellation of a contract. The **Sociedad Española de Auxilio Mutuo y Beneficencia de Puerto Rico** also may exercise any other remedy available by law.

In \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ of 20 \_\_\_\_\_.

\_\_\_\_\_  
(Name of Entity)

**By:** \_\_\_\_\_  
(Authorized Representative)

\_\_\_\_\_  
(Printed Name of Authorized Representative)

\_\_\_\_\_  
(Position)

Affidavit No. \_\_\_\_\_

Subscribed and sworn to before me in the city of \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, by \_\_\_\_\_ of legal age, \_\_\_\_\_ (civil status), \_\_\_\_\_ (occupation) and resident of \_\_\_\_\_, \_\_\_\_\_, in his/her capacity as \_\_\_\_\_ of Proposer, who I personally known or have identified by his/her \_\_\_\_\_.

\_\_\_\_\_  
Public Notary



# Sociedad Española de Auxilio Mutuo

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North Wing & LIB5 Central Wing  
Buildings  
AMH-2023-09-02.PF

## EXHIBIT F: NON-COLLUSIVE AFFIDAVIT

\_\_\_\_\_ certifies that in relation to Request for Proposal for Architecture & Engineering Services (AMH-2023-09-01.PF):

1. The prices in the offer have been arrived at independently without directly or indirectly mediating any type of consultation, communication or agreement with any other competitor relating to i) prices, ii) intention to submit an offer, or iii) the methods or factors used to calculate the proceed offered;
2. Prices in the offer have not been and will not be knowingly disclosed by the offeror, directly or indirectly, to any other offeror or competitor before bid opening or contract award unless otherwise required by law;
3. No attempt has been made or will be made by the offeror to induce any other competitor to/not to submit an offer for the purpose of restricting competition.

The signatory below is the person in the offeror's organization responsible for determining the prices being offered and has not participated and will not participate in any action contrary to paragraphs (1) through (3) above.

**By:**

\_\_\_\_\_  
*Authorized Representative  
Name*

\_\_\_\_\_  
*Signature*

Affidavit No: \_\_\_\_\_

Subscribed and sworn to before me in the city of \_\_\_\_\_, \_\_\_\_\_,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ of legal age,  
\_\_\_\_\_ (civil status), \_\_\_\_\_(occupation) and resident of  
\_\_\_\_\_, \_\_\_\_\_, in his/her capacity as  
\_\_\_\_\_ of Offeror. Who I personally know or have identified  
by his/her \_\_\_\_\_.

\_\_\_\_\_  
*Public Notary*





**EXHIBIT G: ANTI-LOBBYING CERTIFICATION**

The undersigned certifies, to the best of his/her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of the Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated fund have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLC, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of the fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Proponent, \_\_\_\_\_ certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Proponent understands and agrees that the provisions of 31 U.S.C.

\_\_\_\_\_  
Signature of Proponent's Authorized Official  
(If Corporation, signed and sealed)

\_\_\_\_\_  
Name and Title of Proponents' Authorized Official



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## EXHIBIT H: QUESTIONS & REQUESTS FOR CLARIFICATION FORM

<b>Project:</b>	
<b>Bid Number:</b>	
<b>Questions Due Date:</b>	

QUESTIONS	
<b>Date:</b>	
<b>Company:</b>	
<b>RFI Number:</b>	

No.	Question	RFP Section or Document	RFP or Document Page No.
1.			
2.			
3.			
4.			
5.			



**EXHIBIT I: INSURANCE REQUIREMENTS**

With the exception of Professional Liability and Workers Compensation/Employer's Liability policies, a Certificate of Insurance, including **Sociedad Española de Auxilio Mutuo y Beneficencia de Puerto Rico (SEAM)** as additional insured will be required at the time of award of the contract. The Proponent must provide insurance against accidents and loss to manage any risk inherent in completing the projects as outlined in 40 CFR 35.6590 (a) and (b). The Certificate of Insurance must list the type of insurance coverage and limits acceptable to **Sociedad Española de Auxilio Mutuo y Beneficencia de Puerto Rico (SEAM)**, which include:

**1. State Insurance Fund Workers' Compensation Insurance Policy**

In accordance with the Workmen's Compensation Act No. 45, to facilitate its acquisition, the SEAM shall provide a letter to the successful bidder addressed to the State Insurance Fund.

**2. Commercial General Liability, including the following insurance coverage:**

<b>COVERAGE</b>	<b>LIMIT</b>
<b>A. Commercial General Liability:</b>	
Each Occurrence	\$1,000,000
General Aggregate	\$1,000,000
Products & Complete Operations	\$1,000,000
Personal Injury & Advertising	\$1,000,000
Special Cover Lead Removal Contamination	N/A
Fire Damage	\$100,000 (Any one fire)
Medical Expense	\$5,000.00 (Any one person)
<b>B. Employer's Liability Stop Gap:</b>	
Bodily Injury by Accident	
Each Employee	\$1,000,000
Each Accident	\$1,000,000

**3. Comprehensive Automobile Liability Form including the following insurance coverages**

<b>COVERAGE</b>	<b>LIMIT</b>
Auto Liability	\$1,000,000
Physical Damages	\$1,000,000
Medical Payments	\$5,000

The Commercial Auto cover consists of the following symbols:

- Liability Coverage – 2 or 7
- Physical Damages – 7
- Hired – Borrowed Auto – 8
- Non-Owned Auto Liability – 9

#### 4. Professional Liability Insurance

<b>COVERAGE</b>	<b>LIMIT</b>
Each Occurrence	\$1,000,000
Aggregate	\$1,000,000
Deductible	\$10,000

The policies shall be obtained with following endorsements including Sociedad Española de Auxilio Mutuo y Beneficencia de Puerto Rico (SEAM) as additional insured:

- a. Breach of warranty
- b. Waiver and / or Release of Subrogation
- c. Additional Insured Clause
- d. Hold Harmless Agreement
- e. 30 Days Cancellation Clause
- f. Letter of Payment Certification

Our insurance carrier or carriers, which will present said certificates of insurance, have at least a rating according to the Best Rating Guide.



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## EXHIBIT J: COST FORM

**Project Name:** A&E Design Services- Roof and Ceiling Constructions of L1B4 North Wing & LIB5 Central Wing Buildings

**Design Firm:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

### Special Notes:

1. The Cost Form must support the Scope of Services contained in the RFP and fully encompass all activities in the Proponent's Proposal.
2. Cost figures must be submitted for each line item.
3. If no cost is projected against any line item, indicate that situation by inserting the word "NONE".
4. Do not combine two or more line-item costs into a single line item.
5. All quantities and unit costs must be completed wherever required.
6. All project components must be classified whether completely or partially within the items shown herein so that the total sum of all the items equals the cost of the complete work as required in the construction documents.
7. Please be advised that any additional services requested beyond the scope outlined in this bid will not be included in the total bid amount. Such services will be subject to separate negotiations and pricing.
8. Costs that are not included in this RFP and were not initially considered will not be approved or reimbursed under any circumstances.

SECTION	QTY (each)	UNITS	UNITS COST	AMOUNT
Site Assessment & As-Built Drawings		LS		
Design Development		LS		
Construction Documents		LS		
Permitting		LS		
Bidding Package & Assistance		LS		
	<b>Sub-Total</b>			
	<b>B2B Tax</b>			
	<b>TOTAL</b>			

SECTION	QTY (each)	UNITS	UNITS COST
Supervision	1	Monthly	
Additional Services (Consultants)	1	Hourly	