

# SCDOT/CAGC Joint Committee Meeting July 24, 2013 Minutes

#### **Attendees**

See attached list

The meeting was called to order by Charles Eleazer with introductions

#### **Old Business**

#### **Contractor Status**

See attached chart. 301 projects in the system, 198 projects or 65.8% are on time. 24 projects or 8% are between 10 and 25% behind schedule. 79 projects or 26.2% are over 25% behind schedule.

#### <u>Traffic Control Certification 9/1/13 Implementation</u>

The effective date will be the September Letting and will not be retro-active to existing projects. The only train the trainer is for Flagging. Any trainer who is certified to do flagger training will be acting on behalf of the organization from which they received their certification and not for the contractor. Any certificate issued by the trainer will be issued from the certifying organization. Supervisors for Temporary Traffic control have to attend one of the four approved sources for certification.

#### **NEW BUSINESS**

### **Safety Topic**

John Gather with SCDOT presented information on heat injury prevention. (see handouts) He also presented some different safety apparel for sun protection such as hats, bandanas, ventilated apparel and items for cooling purposes.

**Funding Update** 

\$41 million from vehicle sales taxes will be used to let projects in December and January for resurfacing

projects that were pulled from previous lettings. This will be in addition to the regular state and federal

resurfacing program.

\$50 million for bridges will be used as match for Federal Aid Bridge Program which will free up \$50

million of state money to use for bridge replacements on weight restricted and closed bridges.

\$500 million of SIB bonds will be used to let some of the larger projects on the priority list. These will

not show up in lettings for about 18 months.

**SCDOT Re-organization** 

Chief Engineer for Field Operations position was created to supervise the districts for consistency.

Brian Keys appointed to Director of Rights of Ways and moved under Ron Patton.

Environmental office and LPA office moved under Ron Patton.

Planning office moved to Mass Transit Division

**Inclement Weather Issues/Options** 

Rain fall has been excessive statewide and has impacted work schedules. Night time work has been impacted severely with regular thunder showers. Suggestions were made to try some daytime paving to get some of the work accomplished. Some of the projects being delayed are effecting the start of other projects. SCDOT reported that they will be trying to raise the vehicles per hour rate to 1200 on primary

and interstate projects to allow more hours available for work.

This is a statewide issue and the construction office will discuss with the districts to get suggestions on

how to get more hours of paving. Maybe try some days when the traffic counts are lower.

Subcommittees

Roadway Subcommittee: Did not meet

Bridge Subcommittee: Did not meet

Project Development Subcommittee: Did not meet

**Utility Subcommittee:** Did not meet

Supplier Subcommittee: Did not meet

**Design Build Subcommittee:** Meeting was postponed until August

# **Other Business**

# **Insurance Forms**

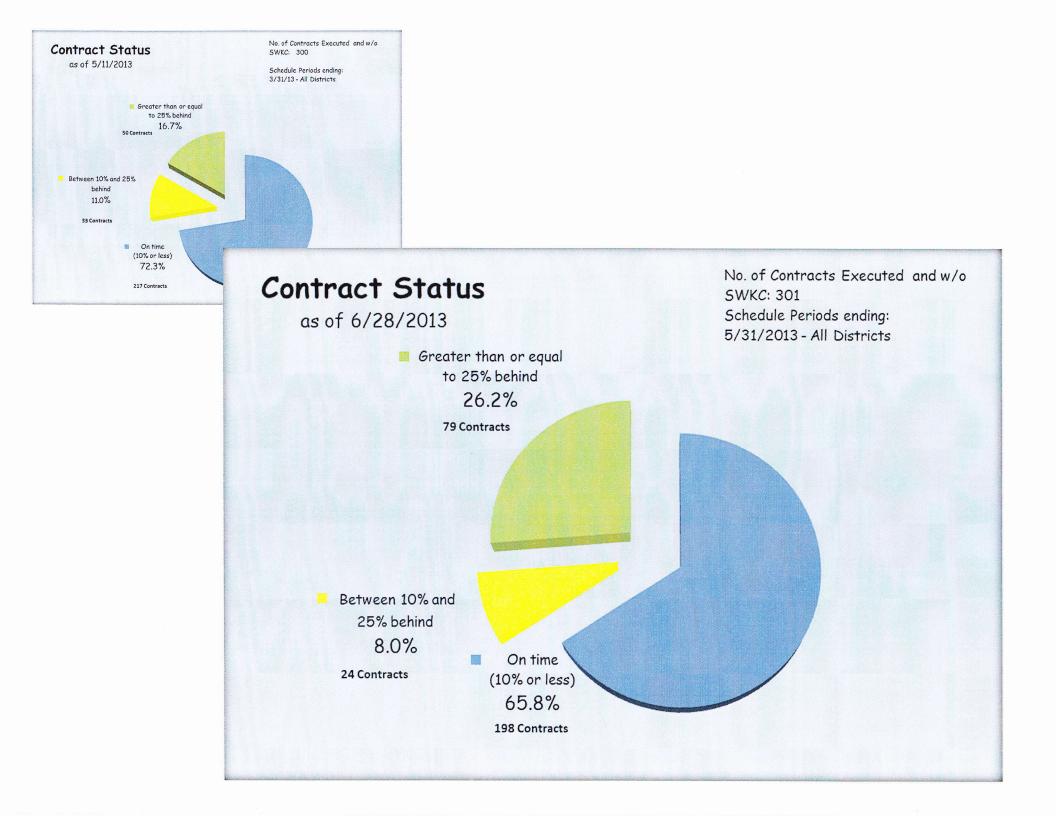
The SCDOT has not been receiving the proper insurance forms for Liability based on the standard specifications section 103.8 page 21. See attached forms.

Next Meeting: September 25, 2013

Adjourned

JULY 24, 2013

	SCDOT/AGC JOINT MEETING
NAME	COMPANY/AGENCY
Dann Sheal	CAGC
Ben Whitston	Resolven Setter de
Ben'y HARDER	A.O. HACTER & SON INC.
Tim Hendersow	SCDOT
Davip GLENN	SCDOT
MERRINVANN	SCDOF
JAY AMUKINS	590
KEUM HARRINGTON	SCROT
KYLOF BETCRY	SCOOT
David Johnson	SCDOT
Myrill Zwanky	5000
John Gaither	SCDOT
RussTouchberry	SCDOT
Jim Porth	SCPOT
BILL TOMLINSON	LANE CONSTRUCTION
KEN ATKINSON	PALMETTO Corp.
TED GEDDIS	HRI Baidge Co
DAYID RISTER	SCDOT
John Jordan	Cherokee.
Casey Schwage	SLOAN
Claude Ipack	SCOOT HO Conste
Bill Mattison	SC. DoT
C SASON Sohnston	SCDOT-D4
DOUG MECLURE	SCPUT
AL BARNICK	SCDOT
Mike Hannah	SCOOT - Dist # 2
LEE NEILHBORS	SCDOT - DZ
POBBIE ISGETT	SCDOT - DIST.#1
Brian Jones	
MARK ASHMORS	ASHMORE BROS. INC.
Scott Fant	Shoan Const.
Grudy Wicker	Engle Constr. Ce.
Wary Meller	SCOOT DONNERSON COOR.
Charles Etrazer	5001



## IMPORTANT NOTICE FOR CONTRACTORS

## **Contractor's Liability Insurance Certificates**

Attached are two sample Certificate of Liability Insurance that are most commonly submitted to satisfy Subsection 103.8 of the 2007 SCDOT Standard Specifications for Highway Construction, which deals with Contractor's liability insurance requirements.

The first is a sample of an ACORD 25 Insurance Certificate, which is the most commonly used certificate. The second sample is the Liberty Mutual Insurance Certificate, which issued by Liberty Mutual. These sample certificates have the minimum coverage limits for Contractor's liability insurance, but they don't fully satisfy the requirements of the standard specifications. The standard specifications require several endorsements along with the certificate. The General Liability, Automobile Liability, and Umbrella policy must have two endorsements, one to name the SCDOT as an Additional Insured, and another endorsement to Waive Subrogation in favor of the SCDOT. The Workers Compensation policy only requires a Waiver of Subrogation endorsement. An endorsement for 30-Day Notice of Cancelation and 10-Day Notice of Cancelation for Non-payment should also be attached to the certificate when submitted.

A third document attached to this notice has a summary of the minimum required coverage for each policy and some information about the endorsements required and some sample endorsement forms.

I strongly suggest that you provide these documents to your insurance agents, and inform them that insurance certificates without the required notations shown on the samples and <u>eight</u> separate endorsements will not be accepted in SCDOT contracts. It is not acceptable to simply note the endorsements on the certificate. Failure to provide an acceptable insurance certificate will delay execution of your contract.

If you have any questions concerning the liability insurance requirements, please call Greg Peck, Contract Engineer, 803-737-1434.

Leland D Colvin
Director of Construction

# (See attached sheet for minimum policy requirements and Endorsements)

# CORD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

certificate holder in lieu of such endorsement(s).					
PRODUCER	CONTACT NAME:	2			
Agency or Producer Company Name	PHONE   FAX   (A/C, No, Ext): (A/C, No):				
Street Address	E-MAIL ADDRESS:	***************************************			
City, State Zip	INSURER(S) AFFORDING COVERAGE	NAIC#			
City, State Zip	INSURER A: ABC Insurance Company	NAIC No			
INSURED	INSURER B: DFG Insurancy Company, if necessary	NACI No.			
ABC Contractor	INSURER C: HIJ Insurance Company, if necessary	NAIC No.			
Street Address	INSURER D: KLM Insurance Company, if necessary	NAIC No,			
City, State Zip	INSURER E:				
	INSURER F:	=			
COVERAGES CERTIFICATE NUMBER:	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,					

VSR TR	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
	GENERAL LIABILITY  COMMERCIAL GENERAL LIABILITY	Υ	Υ				EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$
A	CLAIMS-MADE OCCUR			Policy Number	MM/DD/YYY	MM/DD/YYY	MED EXP (Any one person)	\$
7				Toney Ivamber			PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	POLICY X PRO- JECT LOC							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000
	ANY AUTO	Υ	Y	Policy Number	MM/DD/YYY	/ MM/DD/YYY	BODILY INJURY (Per person)	\$
	X ALL OWNED SCHEDULED AUTOS		*	r oney rramber			BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
		-						\$
	X UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$ 5,000,000
	EXCESS LIAB CLAIMS-MADE	Y	Y	Policy number	MM/DD/YYY	MM/DD/YYY	AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	Y	Policy Number	MM/DD/YYY	MM/DD/YYY	E.L. EACH ACCIDENT	\$ 100,000
	(Mandatory in NH)			•			E.L. DISEASE - EA EMPLOYEE	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Project: SC File No. 48.123456

Y - Required Endorsement attached.

CERTIFICATE HOLDER
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South Carolina Department of Transportation (SCDOT)

Attention Contract Administration

955 Park Street / PO Box 191

Columbia, SC 29201 / Columbia, SC 29202

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# (See attached sheet for minimum policy requirements and Endorsements)

#### Certificate of Insurance

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON YOU THE CERTIFICATE HOLDER. THIS CERTIFICATE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW, POLICY LIMITS ARE NO LESS THAN THOSE LISTED, ALTHOUGH POLICIES MAY INCLUDE ADDITIONAL SUBLIMITALIMITS NOT LISTED BELOW.

#### This is to Certify that

**ABC Contractor** Street Address City, State Zip

NAME AND ADDRESS OF INSURED



is, at the issue date of this certificate, insured by the Company under the policy(ies) listed below. The insurance afforded by the listed policy(ies) is subject to all their terms, exclusions and Conditions and is not altered by any requirement, term or condition of any contract or other document with respect to which this certificate may be issued.

TYPE OF POLICY	EXP DATE CONTINUOUS EXTENDED POLICY TERM	POLICY NUMBER	LIMIT OF LIABILITY
WORKERS COMPENSATION	Policy Eff. Date: MM/DD/YYYY  Policy Exp. Date: MM/DD/YYYY	Policy Number	COVERAGE AFFORDED UNDER WC LAW OF THE FOLLOWING STATES:  SC  EMPLOYERS LIABILITY  Bodily Injury by Accident \$100,000 Esch Accident Bodily Injury By Disease \$500,000 Policy Limit Bodily Injury By Disease \$100,00 Each Person
COMMERCIAL GENERAL LIABILITY OCCURRENCE CLAIMS MADE PROJECT	Policy Eff. Date: MM/DD/YYYY  Policy Exp. Date: MM/DD/YYYY  RETRO DATE	Policy Number	General Aggregate \$2,000,000  Products / Completed Operations Aggregate \$2,000,000  Each Occurrence \$1,000,000  Personal & Advertising Injury Per Person / Organization  Other Other
AUTOMOBILE LIABILITY   Owned  Non-owned  Hired  OTHER  UMBRELLA	Policy Eff. Date: MM/DD/YYYY  Policy Exp. Date: MM/DD/YYYY  Policy Eff. Date: MM/DD/YYYY  Policy Exp. Date: MM/DD/YYYY	Policy Number  Policy Number	\$1,000,000  Each Accident—Single Limit B.I. And P.D. Combined  Each Person  Each Accident or Occurrence  Each Accident or Occurrence  \$5,000,000 Each Ocurrence

SC Project No. 48.123456

SCDOT is named as additional insured for all policies except Workers Compensation policy by the attached Endorsements. Subrogation is waived in favor of SCDOT for all policies by the attached Endorsements.

NOTICE OF CANCELLATION: (NOT APPLICABLE UNLESS A NUMBER OF DAYS IS ENTERED BELOW.) BEFORE THE STATED EXPIRATION DATE THE COMPANY WILL NOT CANCEL OR REDUCE THE INSURANCE AFFORDED UNDER THE ABOVE POLICIES UNTIL AT LEAST DAYS NOTICE OF SUCH CANCELLATION HAS BEEN MAILED TO:

Liberty Mutual Insurance Group

Certificate

South Carolina Department of Transportation (SCDOT) Attention Contract Administration

955 Park Street / PO Box 191

Columbia, SC 29201 / Columbia, SC 29202

Agency or Producer Company Name AUTHORIZED REPRESENTATIVE Street Address, City, State Zip

OFFICE

PHONE

DATE ISSUED

<sup>.</sup> If the certificate expiration date is continuous or extended term, you will be notified if coverage is terminated or reduced before the certificate expiration date.

# SCDOT CONTRACTOR LIABILITY INSURANCE MINIMUM LIMITS AND ENDORSEMENTS

	Minimum Coverage	Policy Requirements
Commercial General Liability (Per Project)	<ul> <li>\$1,000,000 per Occurrence</li> <li>\$2,000,000 Aggregate</li> <li>\$2,000,000 Completed Operations</li> </ul>	<ul> <li>Endorsement Required Naming SCDOT as Additional Insured for On-going and Completed Operations – CG 20 37 10 01 (see attached) or equivalent</li> <li>Endorsement Required Waiving Contractor's Rights of Subrogation in favor of SCDOT</li> <li>No limitations due to explosions, collapse or underground damage</li> </ul>
Business Auto Liability	<ul> <li>\$1,000,000 per Occurrence</li> <li>Owned autos,</li> <li>Hired autos, and</li> <li>Non-owned autos</li> </ul>	<ul> <li>Endorsement Required Naming SCDOT as Additional Insured CA 20 48 02 99 (see attached) or equivalent</li> <li>Endorsement Required Waiving Contractor's Rights of Subrogation in favor of SCDOT</li> </ul>
Umbrella Policy	<ul> <li>\$5,000,000 per Occurrence</li> <li>(or Sum of CGL Aggregate</li> <li>+ Bus. Auto + Umbrella</li> <li>must equal \$5,000,000)</li> </ul>	<ul> <li>Endorsement Required Naming SCDOT as Additional Insured</li> <li>Endorsement Required Waiving Contractor's Rights of Subrogation in favor of SCDOT</li> </ul>
Workers Compensation	<ul> <li>A. Statutory</li> <li>B. \$100,000 each Accident \$100,000 Disease, each Employee \$500,000 Policy limit</li> </ul>	<ul> <li>Endorsement Required Waiving Contractor's Rights of Subrogation in favor of SCDOT</li> </ul>

#### **NOTES:**

The Contractors policies shall be Primary, and Non-Contributory as respect to the work performed on the project.

Endorsement for 30 Notice of Cancellation and 10 day Notice of Cancelation for Non-payment required Endorsement - IL 60 35 60-38.

Insurance company must be acceptable to SCDOT and qualified to transact business under the state laws and conform to the requirements of SC Code of Laws Section 38-1-10.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

Name of Person or Organization:	
Location And Description of Completed Operations:	
Additional Premium:	
·	

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Section II — Who Is An Insured is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

# THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# **DESIGNATED INSURED**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM MOTOR CARRIER COVERAGE FORM TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned B	y:
Named Insured:		(Authorized Representative)
	SCHEDULE	(Addionzed Representative)
Name of Person(s) or Organization(s):		
d.		

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.