



THE WOODLANDS TOWNSHIP – THE WOODLANDS FIRE DEPARTMENT

REQUEST FOR QUALIFICATIONS CONTRACT NUMBER C-2025-0168

Annual Firefighter/Dispatcher Medical Physicals/Wellness Exams

The Woodlands Township/The Woodlands Fire Department (the Township/WFD) invites you to present a Submittal in response to this “Request for Qualifications” to perform comprehensive annual medical physicals and wellness exams for its 185-emergency response/dispatcher personnel.

The Woodlands Fire Department is a full career fire department providing Fire Suppression, ALS First Response, Hazardous Material Response, Technical Rescue and Dispatch services to citizens of The Woodlands, Texas. For the past 19 years, the WFD has had a comprehensive and active employee wellness program which includes annual medical physicals and wellness exams/tests for all 185 of its emergency response personnel.

The Woodlands Township/WFD appreciates your time and effort in preparing a Submittal. Please note that all Submittals must be submitted in a sealed envelope or container that is marked on the outside of the envelope or container with: Medical Physical/Wellness Exam Services – The Woodlands Fire Department, Contract Number C-2025-0168 Submittals are to be mailed or delivered to:

**The Woodlands Fire Department
Emergency Training Center
Attn: Division Chief John Frost
16135 I-45 South
The Woodlands, TX 77385**

FACSIMILE AND EMAIL TRANSMITTALS WILL NOT BE ACCEPTED.

Submittals must be received on or before 2 p.m. (CST) on Tuesday, April 15, 2025. Submittals received after the Submittal date and time will not be considered.

By submitting a response to this RFQ, each firm acknowledges that they have read and fully understand this RFQ and have asked questions and received satisfactory answers from the Township/WFD regarding any provisions of this RFQ to which clarification was desired.

I. SUBMITTALS

Submittals shall be delivered in sealed envelopes or containers as noted on Page 1 and include one (1) original, three (3) complete copies and one (1) electronic copy (in PDF format) or flash drive. Submittals must be completed in ink or be typewritten. Submittals submitted by facsimile (fax), or email shall NOT be accepted. Late Submittals will NOT be accepted.

To be considered responsive, Submittal must include the information requested. Submittal should be organized in the order as shown below.

Submittal Information Order:

- Respondent Qualification Statement
- Respondent Information Form
- Certification Re: Debarment, Suspension, Ineligibility and Voluntary Exclusion
- Addenda Acknowledgement
- Client Reference Form
- Conflict of Interest Questionnaire (CIQ) (copy attached)

Submittals must be received on or before 2 p.m. (CST) on Tuesday, April 15, 2025. Submittals received after the Submittal date and time will not be considered.

II. ADDITIONAL SUBMITTAL INFORMATION

All Respondent communications, including questions and interpretations/clarifications of the requirements with regards to any portion of this RFQ should be directed in writing via mail or email to:

The Woodlands Fire Department
Attn: Division Chief John Frost
16135 I-45 South
The Woodlands, TX 77385
Fax: (936) 321-2114
jfrost@thewoodlandstowtnship-tx.gov

If a Respondent has a question or requires interpretations/clarifications about this RFQ, the Respondent should immediately notify the Division Chief by mail or email listed above.

Questions/interpretations/clarifications regarding this RFQ must be received, in writing, by the Division Chief on or before 2:00 p.m. on Tuesday, April 8, 2025.

Addendums relating to this RFQ will be available on the Township's website, www.thewoodlandstowtnship-tx.gov. by 4:00 p.m. on Friday, April 11, 2025. It shall be the Respondent's responsibility to ensure that they have received all Addenda in respect to this project. Respondents are advised that they must recognize, comply with, and attach a signed copy of the Addenda Acknowledgement.

A Respondent may withdraw a Submittal by providing written notice of the withdrawal to The Woodlands Fire Department, Division Chief, before the Submittal deadline. Written notice of withdrawal received after the Submittal deadline will require the Township/WFD written consent to withdrawal the Submittal.

III. GENERAL

a. Confidential Information

Any information deemed to be confidential by the Respondent should be clearly noted on the pages where confidential information is contained; however, the Township cannot guarantee that it will not be compelled to disclose all or part of any public record under the Texas Public Information Act, since information deemed to be confidential by the Respondent may not be considered confidential under Texas Law, or pursuant to a Court order.

b. Conflict of Interest

CHAPTER 176 OF THE TEXAS LOCAL GOVERNMENT CODE: Updated through H.B. 1491, effective June 29, 2007, Chapter 176 of the Texas Local Government Code requires that any vendor or person considering doing business with a local government entity disclose in the Questionnaire Form CIQ (Conflict of Interest Questionnaire), the vendor or person's affiliation or business relationship that might cause a conflict of interest with a local government entity. A copy of the COI Questionnaire is attached as a matter of convenience; however, for more information about the code, visit <https://www.ethics.state.tx.us/forms/conflict/> Code=Local Government; Chapter=176.

IF YOU HAVE ANY QUESTIONS ABOUT COMPLIANCE, PLEASE CONSULT YOUR OWN LEGAL COUNSEL. COMPLIANCE IS THE INDIVIDUAL RESPONSIBILITY OF EACH PERSON OR AGENT OF A PERSON WHO IS SUBJECT TO THE FILING REQUIREMENT.

c. Form 1295 – Certificate of Interested Parties

In compliance with State of Texas Government Code, Section 2252.908, **the successful respondent awarded a contract by the Board of Directors of The Woodlands Township/WFD must complete Form 1295 – “Certificate of Interested Parties”**; and must provide a signed and notarized printed copy of the form and a separate certification of filing. The form can be found at <https://www.ethics.state.tx.us/filinginfo/1295/>

d. Confidentiality

It is a requirement of the WFD that medical information gathered from the physical exams remain confidential. Division Chief shall serve as the liaison with the Respondent. Communications regarding an individual's results as it pertains to the safety of the individual or the safety of coworkers within the department shall be shared with the Division Chief and shall include the information necessary for the WFD to maintain a safe and effective workplace. Specific results, especially any results falling outside normal limits, shall be shared as soon as possible with the individual.

Medical records shall remain confidential and be maintained by the Respondent. These records shall be used to establish on-going assessment and evaluation of individual progression from baseline data through time. This information will be accessible upon request by the individual.

e. The selected respondent will be required to enter into a three-year contract with The Woodlands Township/WFD and provide and maintain the minimum insurance coverages required under the contract. Minimum insurance requirements are included as part of this Request for Qualifications.

Extension - Within (180) days before the expiration of the Initial Term (June 1, 2028), The Woodlands Township may give written notice to Contractor of its desire to extend the Agreement (the "Renewal Notice") for an additional period of time. (the "Renewal Term"). If The Woodlands Township delivers the Renewal Notice, the Parties shall within thirty (30) days from the date of receipt of the Renewal Notice, use good faith efforts to negotiate the terms and conditions of the Renewal Term. Any agreed upon Renewal Terms shall be in writing and executed as a Modification of the Agreement. In the event the Parties are unable to agree upon the terms and conditions for the Renewal Term, then the Agreement shall expire upon the expiration of the current Term or otherwise terminate pursuant to the terms of the Agreement. Renewal Terms will be limited to a maximum of two (2), three (3) year renewal periods.

IV. SUBMITTAL EVALUATION

Written Submittals will be evaluated and rated by an Evaluation Committee made up of members of the Township/WFD staff. The Submittals will be evaluated using a point system (100) on the following categories:

- Firm's ability to deliver work as specified in the Scope of Services - (35)
- Firm's experience in providing similar services to fire departments of the size and complexity of The Woodlands Fire Department - (35)
- Level of expertise and experience of the proposed project team – (15)
- References - (15)

Upon Submittal evaluation and ranking, the Evaluation Committee will present a selection recommendation to the Township Board of Directors. Submittal selection will be subject to Board approval. If negotiations prove unsuccessful with selected Respondent, the next highest ranked firm will be contacted. The Township/WFD reserves the right to reject any or all Submittals.

V. SCOPE OF WORK

Respondent must commit to delivering the below noted services with trained and qualified personnel for approximately 185 WFD emergency response personnel. Services provided under Items 2 through 6 below must be performed at The Woodlands Fire Department designated facility or if local, within a 15-mile radius of The Woodlands Fire Department ETC.

1. Laboratory analysis must include: (must take place prior to physicals and reviewed during physicals):
 - a. Chem 24
 - b. Complete blood count
 - c. Total lipid panel
 - d. Thyroid panel
 - e. Hemoglobin A1C
 - f. Glucose
 - g. Urinalysis
 - h. Hep B surface antibody
 - i. HCV antibody

- j. Heavy metal urine – 36 Haz Mat Members Only
- k. Cholinesterase – 36 Haz Mat Members Only
- l. PSA prostate cancer marker – Men
- m. Testosterone metabolic marker – Men
- n. Ovarian cancer marker CA-125 – Women
- o. Colon Cancer Screening.
- p. Chest X-rays
- q. Vitamin D

Laboratory analysis should be completed in such a way for the results to be reviewed with the individual at the time of the exam. If multiple trips are involved, this should be identified in the Submittal for scheduling purposes.

- 2. Comprehensive medical exam to include:
 - a. Detailed medical history
 - b. Hands on physical exam
 - c. Vital signs
 - d. Occupational hearing and vision screening
 - e. TB skin test
 - f. Skin cancer screening
 - g. Consultation with review of results
- 3. Cardiopulmonary evaluation to include: (firefighters only)
 - a. Cardiac treadmill stress test with EKG
 - b. OSHA type respiratory questionnaire
 - c. Pulmonary function test
- 4. Ultrasound imaging to include:
 - a. Echocardiogram (heart with function)
 - b. Carotid arteries with CIMT vascular age
 - c. Aorta and aortic valve
 - d. Internal organs - liver, pancreas, gall bladder, kidneys, and spleen
 - e. Testicular and prostate – Men
 - f. Ovaries and uterus – Women
 - g. Bladder
 - h. Thyroid
- 5. Quantitative fit testing (for firefighters only)
 - a. SCBA Mask
- 6. Fitness Analysis
 - b. Metabolic analysis with body fat
 - c. Strength, endurance, and flexibility analysis
 - d. Diet and nutritional recommendations

- e. Personal exercise prescription
6. Written medical clearance issued to WFD for each individual to perform emergency response services in compliance with National Fire Protection Association Standard 1582.
7. (Firefighter only) Written respiratory protection clearance issued to WFD for each individual to wear positive and negative pressure respiratory protection in compliance with OSHA respiratory protection standard, 29CFR1910.134.

VI. QUALIFICATION STATEMENTS

To the extent possible, Submittals should be prepared on 8-1/2" x 11" paper and bound or stapled and should not exceed 20 pages (resumes not included in the page limit). Supplemental information and examples of aggregate and or individual report formats may be attached to the Submittal as appendices.

A cover letter should be included with the Submittal identifying one contact person by name, address, telephone number, fax number and email address, who will be designated as customer service representative, and briefly outline how the firm will meet the needs for conducting Annual Firefighter/Dispatcher Medical Physicals/Wellness Exams for The Woodlands Fire Department.

Submittals should include a historical summary of the firm's experience in conducting Fire Service specific baseline medical evaluations and key business data about the firm.

The Respondent will identify the staff (including all subcontractors) that will provide the services defined in this RFQ.

Ensure the physician(s) administering the physicals is a licensed Doctor of Medicine, F.N.P., P.A. or osteopathy who has completed residency training in an accredited medical training program and/or is American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Board certified or international equivalent.

Identify a Project Manager as a primary contact with the Division Chief for the duration of the contract, and a consistent point of contact for scheduling exams and other work scope matters.

For each member of the team, describe the role that she/he will serve. Indicate those members of the team who will work closely with Division Chief.

Please indicate the members of your project team who are sub-contractors (if any) to your organization. Include the ratio of staff to subcontractors in your proposed project team.

Provide a short resume for each of the key medical and management project staff members and medical providers as appendices. Resumes should be no longer than one (1) page and should contain the following information about each project member:

- Position with the Company and work location
- Years with the Company
- Education, Licenses, and Certifications

- Work experience related to the Scope of Work presented in this RFQ

Submittals shall outline:

- Proven practices and procedures that will be used to perform the services
- Assurance of primary Health Care Provider qualification
- Plan detail of evaluation activities, including confidentiality of records
- Program or procedure(s) recommendations
- Plan for maintaining written documentation regarding follow-up/referral, program, or procedure(s) recommendation
- Provide a separate document, signed by the official representative of the provider, of assurance that confidentiality requirements are acknowledged and shall be met.
- Explain any relationships with local specialists such as cardiologists for rapid post assessment follow up and return to work evaluation.

The Submittal should identify a minimum of three (3) references, with a maximum of five (5), from other governmental agencies, particularly other fire departments, for similar scope of work services within the past five (5) years. Utilizing the Reference Form provided, include contact names and telephone numbers, indicate how long your firm has provided occupational medical exam services to these clients, and the approximate number and type of exams conducted in each organization.

[REMAINDER OF PAGE INTENTIONALLY LEFT BLANK]

RESPONDENT INFORMATION FORM

Full Legal Company Name: _____

Company Street Address: _____

Company Mailing Address: _____

Company Telephone Number: _____ Fax Number: _____

County: _____ Minority Owned: _____ No. of Employees: _____

Corporation ____ Partnership ____ Proprietorship ____ L.L.C. ____ L.L.P. ____

Year Established _____ No. of Years in Business _____ Federal ID No. _____

Principals:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

Indicate in the appropriate box which statement applies to the covered potential contractor:

- The potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal department or agency or by the State of Texas.

- The potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification

The undersigned certifies that the potential contractor will not knowingly enter into any subcontract with a person who is excluded, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by The Woodlands Fire Department, Texas. The undersigned further certifies that the potential contractor will include this section regarding exclusion, debarment, suspension, ineligibility, and voluntary exclusion without modification in any subcontracts or solicitations for subcontracts.

The undersigned swears that he/she is authorized to legally bind the prospective contractor to the above-described certification and is fully aware that this certification is made under penalty of perjury under the laws of the State of Texas.

Signature/Authorized Certifying Official

Typed Name and Title

Prospective Contractor/Firm

Date Signed

RESPONDENT ADDENDA ACKNOWLEDGEMENT

Respondent has read and fully understands this RFQ and has asked questions and/or for interpretations/clarifications and received satisfactory answers from the Township/WFD regarding any provisions of this RFQ to which interpretation/clarification was desired.

Respondent must initial next to each addendum to verify receipt:

Addendum #1: _____

Addendum #2: _____

Addendum #3: _____

Signature

Email

Name (please print)

Date

Company

Phone

CLIENT REFERENCE FORM

REFERENCE ONE	
Entity Name	
Contact Person	
Telephone Number	
E-mail Address	
Provided services to this entity for how long?	
Approx. number & type of exams conducted for this entity? <i>(You may write about this on a separate sheet and attach it)</i>	

REFERENCE TWO	
Entity Name	
Contact Person	
Telephone Number	
E-mail Address	
Provided services to this entity for how long?	
Approx. number & type of exams conducted for this entity? <i>(You may write about this on a separate sheet and attach it)</i>	

REFERENCE THREE	
Entity Name	
Contact Person	
Telephone Number	
E-mail Address	
Provided services to this entity for how long?	
Approx. number & type of exams conducted for this entity? <i>(You may write about this on a separate sheet and attach it)</i>	

CLIENT REFERENCE FORM CONTINUED

REFERENCE FOUR	
Entity Name	
Contact Person	
Telephone Number	
E-mail Address	
Provided services to this entity for how long?	
Approx. number & type of exams conducted for this entity? <i>(You may write about this on a separate sheet and attach it)</i>	

REFERENCE FIVE	
Entity Name	
Contact Person	
Telephone Number	
E-mail Address	
Provided services to this entity for how long?	
Approx. number & type of exams conducted for this entity? <i>(You may write about this on a separate sheet and attach it)</i>	

CONFLICT OF INTEREST QUESTIONNAIRE**FORM CIQ****For vendor doing business with local governmental entity**

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

1 Name of vendor who has a business relationship with local governmental entity.

OFFICE USE ONLY

Date Received

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

Local Government Code § 176.001(1-a): "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

Local Government Code § 176.003(a)(2)(A) and (B):

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

(2) the vendor:

- (A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that:
 - (i) a contract between the local governmental entity and vendor has been executed; or
 - (ii) the local governmental entity is considering entering into a contract with the vendor;
- (B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:
 - (i) a contract between the local governmental entity and vendor has been executed; or
 - (ii) the local governmental entity is considering entering into a contract with the vendor.

Local Government Code § 176.006(a) and (a-1)

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

- (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
- (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

- (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
- (B) that the vendor has given one or more gifts described by Subsection (a); or
- (C) of a family relationship with a local government officer.

INSURANCE REQUIREMENTS

Contractor agrees to procure and maintain at all times, at Contractor's sole cost and expense, during the performance of the Work and for so long as this Contract remains in effect, policies of insurance with carriers reasonably acceptable to the Township in the minimum amounts outlined below:

- a. Worker's compensation and employer's liability coverage complying with the applicable laws of the State of Texas, covering all employees, agents and representatives of Contractor and all Subcontractors engaged in any manner in performance of the Work. Employer's liability coverage shall have a minimum limit of \$1,000,000 for liability arising out of any accident related to the Work.
- b. Comprehensive general liability insurance, including Contractor's protective liability, in Contractor's name, with combined bodily injury and property damage of not less than \$1,000,000 per occurrence, and will include, without limitation, the following coverages:
 - (1) XCU Coverage,
 - (2) Contractual Liability Coverage,
 - (3) Completed Operations and/or Products Liability Coverage, commencing with issuance of Final Certificate for Payment, and extending for at least two (2) years from that date, and
 - (4) (X), (C) and (U) exclusions shall be removed.
- c. Comprehensive Automobile Liability Insurance, with combined single limit bodily injury and property damage of not less than \$1,000,000 per occurrence. Such coverage shall include owned, hired and non-owned vehicles of Contractor or Contractor's employees, agents, representatives or Subcontractors.
- d. Cyber Risk Insurance (including professional oversight liability) covering acts, errors, and omissions arising out of operations or services with minimum limits of \$1,000,000 per occurrence, \$2,000,000 annual aggregate.
- e. All insurance policies required by this Paragraph 7 shall contain a clause waiving any right of subrogation against The Woodlands Township. Insurance policies under (b), and (c), shall include The Woodlands Township as an additional insured.
- f. With reference to the foregoing insurance requirement, Contractor shall specifically endorse applicable insurance policies as follows:
 - (1). The Woodlands Township shall be named as an additional insured with respect to General Liability and Automobile Liability.
 - (2). Additional insured for The Woodlands Township should be on a primary and non-contributory basis.
 - (3). All liability policies shall contain no cross-liability exclusions or insured versus insured restrictions.
 - (4). A waiver of subrogation in favor of The Woodlands Township shall be contained in the Workers Compensation and all liability policies.
 - (5). All insurance policies shall be endorsed to require the insurer to immediately notify The Woodlands Township of any material change in the insurance coverage.
 - (6). All insurance policies shall be endorsed to the effect that The Woodlands Township will receive at least thirty- (30) days' notice prior to cancellation or non-renewal of the insurance.

- (7). All insurance policies, which name The Woodlands Township as an additional insured, must be endorsed to read as primary coverage regardless of the application of other insurance.
- (8). Required limits may be satisfied by any combination of primary and umbrella liability insurances.
- (9). Contractor may maintain reasonable and customary deductibles, subject to approval by The Woodlands Township.
- (10). Insurance must be purchased from insurers that are financially acceptable to The Woodlands Township.
- (11). Transmittal of proof of insurance should reference the Woodlands Township contract number (as listed in the footer below).

All insurance must be written on forms filed with and approved by the Texas Department of Insurance. Certificates of Insurance shall be prepared and executed by the insurance company or its authorized agent and shall contain provisions representing and warranting the following:

- a. Sets forth all endorsements and insurance coverages according to requirements and instructions contained herein.
- b. Shall specifically set forth the notice-of-cancellation or termination provisions to The Woodlands Township.
- c. All contractors and Subcontractors must be meeting minimum OSHA safety requirements as applicable to their operations.

Contractor shall, before the Contract is signed, and at any time following execution thereof at the request of the Township, furnish the Township with a certificate and proof of such additional endorsements or other documentary evidence that the aforementioned insurance policies have been procured with such additional endorsements, that premiums have been paid and that such policies remain in place. Such certificate or other evidence shall bear an agreement that the Township will be given thirty (30) days prior written notice by the Insurance Company furnishing the certificate before the insurance is cancelled or changed in any manner or for any reason during the period of coverage as stated on the certificate.

The Township reserves the right to change the type of insurance required, limits required, and/or endorsements required as the Township sees fit.