



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
800 BAY ROAD
P.O. BOX 778
DOVER, DELAWARE 19903

JENNIFER COHAN
SECRETARY

April 4, 2016

Mr. William Conway
Century Engineering, Inc.
4134 N. DuPont Highway
Dover, DE 19901

Dear Mr. Conway:

Congratulations! On behalf of the Delaware Department of Transportation, I would like to thank you for your firm's participation as a candidate in the competition for providing consulting services for **Agreement No. 1769 – I-95 and SR 896 Interchange**.

Your firm will be given the opportunity to negotiate a contract with us for the above referenced Agreement. To begin the process, the following items are needed:

Certificate of General Liability Insurance evidencing regular Liability, Property Damage, Worker's Compensation, and Automobile insurance coverage from an insurance company authorized to do business in the State of Delaware. The minimum amounts of coverage for property damage and personal injury shall be:

- Worker's Compensation and Employer's Liability Insurance in accordance with applicable law, and
- Comprehensive General Liability - \$1,000,000.00 per occurrence/\$3,000,000 general aggregate, and
- Miscellaneous Errors and Omissions - \$1,000,000.00 per occurrence/\$3,000,000 general aggregate, and
- If required to transport state employees, Automotive Liability Insurance covering all automotive units used in the work with limits of not less than \$100,000 each person and \$300,000 each accident as to bodily injury and \$25,000 as to property damage to others.

A current Certified Payroll for the individuals that may be assigned to work on this Agreement. This must be certified by an officer of your company, and returned both electronically and by hard copy. The hard copy must contain an original signature; the electronic copy should show the signature as well.

Copy of your firm's Delaware Business License.

Submit a list of any potential Direct Costs - Please forward a list of any non-payroll direct expenses you anticipate may be invoiced during this Agreement.



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Consultant Billing Rate Initial Request - Please complete this form for any employees that may work on this agreement and are not listed on the approved billing rates document. This must be returned electronically as a spreadsheet.

Confirmation of the attached cost limitations document.

Copy of your firm's Certificate of Authorization.

Review and confirm receipt of the document titled DBE notification.

Confirmation of receipt of the attached Approved Billing Rates for your company.

Submit Subconsultant Agreements - Please forward original, signed agreements you have with subconsultants listed as participants on this agreement in your submitted Expression of Interest. We suggest structuring the agreements to allow for multiple tasks.

Please send all requested items (with the exception of subconsultant agreements, as subconsultants may be added following execution of the agreement) no later than **April 18, 2016** to the attention of Susan Robinson, at susanh.robinson@state.de.us, or via US mail at the address listed above.

The staff at Delaware DOT is looking forward to working with your firm on this contract.

Sincerely,

~Signature on File~

Shelly K. Alia
Consultant Control Coordinator
DeIDOT Contract Administration
(302) 760-2033