The above RFP is amended as follows. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

The purpose of this addendum is to provide responses to questions submitted.

Respondents are required to acknowledge receipt of this addendum in their proposal response. Failure to acknowledge receipt of this addendum by the respondent may result in rejection of their proposal response. Acknowledgement of receipt can be indicated by signing Appendix B and returning with your submission.

*** THIS ADDENDUM CONSISTS OF 3 PAGES. ***

**Question 1:** The request asks that we submit an original plus 5 copies plus an electronic version (CD or USB) for both the Technical and Financial Proposals and that it be delivered to your offices in Centreville, Maryland. Have these requirements been modified, perhaps to a PDF email submission, given the current situation?

**Answer:** Given the current Pandemic situation, an electronic copy of your RFP submission to meet the deadline will be accepted. However, 5 hardcopies should still follow via U.S. Mail, FedEx or UPS.

The electronic submission via email must contain the following:

The Email Subject must state: OFFICIAL Legal Services Request For Proposal submission

The attached files (technical and financial) must be separate have the date embedded into the file name.

Examples: (Lawfirmname_Legal Svcs Technical RFP_QACPS_mm.dd.yy) and (Lawfirmname_Legal Svcs Financial RFP_QACPS_mm.dd.yy)

Electronic copies must be sent to jacy.earls@qacps.org and to finance@qacps.org before 2:00 pm on May 1, 2020.

**Question 2:** Our firm has the requisite Professional Liability Insurance outlined in the request. Are we required to maintain the additional types and amounts of insurance outlined in the same paragraph in order to be considered?

**Answer:** An updated Appendix G with insurance requirements is attached. Please review. This will replace Appendix G.
APPENDIX G - CERTIFICATE OF INSURANCE COVERAGE **UPDATED**
(TO BE SUBMITTED WITH TECHNICAL PROPOSAL)

RFP #2020-02

QUALIFIED LAW FIRM OR INDIVIDUAL TO PROVIDE SERVICES AS COUNSEL FOR
THE QUEEN ANNE’S COUNTY BOARD OF EDUCATION

CONTRACTOR NAME: ________________________________________________________
ADDRESS: __________________________________________________________________
____________________________________________________________________________

NAME OF SURETY: (TYPE OR PRINT) ___________________________________________
NAME OF AGENT: (TYPE OR PRINT) ___________________________________________
AGENT’S PHONE NO:   _______________________________________________________

The below signed hereby certifies that the following information is true and correct.

<table>
<thead>
<tr>
<th>TYPE OF COVERAGE</th>
<th>MINIMUM REQUIRED LIMITS</th>
<th>POLICY OR BINDER NUMBER</th>
<th>ACTUAL LIMITS PROVIDED</th>
<th>EXPIRATION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMERCIAL GENERAL LIABILITY OCC</td>
<td>$1,000,000</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>COMMERCIAL GENERAL LIABILITY AGG</td>
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<td></td>
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<tr>
<td>BUSINESS AUTOMOBILE LIABILITY</td>
<td>$1,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WORKER’S COMP &amp; EMPLOYER’S LIABILITY</td>
<td>AS REQUIRED BY STATUTORY REGULATIONS 500,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROFESSIONAL LIABILITY, ERRORS &amp; OMISSIONS</td>
<td>$1,000,000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[ Page 40 of original RFP ]
The following additional clauses will be considered a part of the above policy(s), the same as if specifically written therein, as pertains to the above stated contract.

- The Board of Education of Queen Anne’s County is hereby named as Additional Insured.
- The policy(s) cannot be reduced or cancelled without at least forty-five (45) days prior written notice to the Board of Education of Queen Anne’s County.
- The insurance company is prohibited from pleading government function in the absence of any specific written authority by the Board of Education of Queen Anne’s County.
- The policy(s) will be automatically included and cover all phases of work, equipment, persons, et cetera which are normally covered while performing work under the above contract, whether specifically written therein or not.
- The Board of Education of Queen Anne’s County is hereby granted authority to contact the agency directly to confirm Board of Education of Queen Anne’s County information or obtain copies of certificates of insurance. The Board of Education of Queen Anne’s County bears no responsibility for premiums or other cost of insurance. If policy(s) is not currently in effect, it will be written immediately upon notice of award, and a copy of binder or certificate will be sent directly to the Board of Education of Queen Anne’s County. A properly executed copy of this document shall be legally binding as a Carrier Certificate of Insurance Form.

The successful bidder will be required to provide insurance coverage as shown in General Conditions of RFP and Contract, prior to beginning any work. This insurance coverage must be maintained throughout the life of the contract. PROOF THAT COVERAGE IS EITHER CURRENTLY IN PLACE OR WILL BE PROVIDED MUST BE SUBMITTED WITH THE BID. This can be done by one of the two following methods:

Complete form “CERTIFICATION OF INSURANCE COVERAGE” or

Submit a Certificate of Insurance on a form provided by your Insurance Agent. This form must include the following clauses:

The Board of Education of Queen Anne’s County is hereby named as Additional Insured.

The policy(s) cannot be reduced or canceled without at least forty-five (45) days’ prior written notice to The Board of Education of Queen Anne’s County.

The insurance company is prohibited from pleading government function in the absence of any specified written authority from The Board of Education of Queen Anne’s County.

The policy(s) will automatically include and cover all phases of work, equipment, persons, et cetera which are normally covered while performing work under the above contract, whether specifically written therein or not.

Regardless of the method used, the form MUST be totally complete, MUST show that all Limits of Insurance are or will be met, and MUST be signed by the Agent.

Failure to provide the required insurance coverage by either of the two (2) methods described above when the RFP is submitted may result in rejection of your RFP as being non-responsive.

(AUTHORIZED AGENT’S SIGNATURE) (DATE)