



EXHIBIT "A"
SCOPE OF WORK

Bidder Designed Fire, Sprinkler, & Fire Alarm System

BID DATE: 10/23/2019 AT 1:00 PM (PT)

10/9/2019

Subject: European Wax Center
1440 S. Foothill DR. Suite #140
Salt Lake City, UT 84108

Please Note: These items are in addition to any information or requirements indicated within any plans, specifications, or other documents transmitted and are not intended to limit this subcontractor's responsibility to include all work, costs and other related items necessary to complete this scope of work for the entire project. If there is a conflict between this scope and other contract documents, that which indicates more, greater or better shall prevail and, in any case, this scope shall represent a minimum.

Any notes related to this scope of work referencing "General Contractor" or "Owner" shall be by this subcontractor.

Important: On your bid proposal please acknowledge receipt and inclusion of this scope of work. Please also acknowledge that you have reviewed and will comply with all insurance requirements. An example insurance certificate has been attached to this scope for your convenience. If you don't meet DA Bentley Construction's insurance requirements—Include the cost of insurance upgrade in your bid. Attached insurance documents are for sub-contracts of \$100,000.00 or less.

D. A. Bentley Construction, LLC
10709 NE Coxley Drive, Vancouver, WA 98662
Phone: 360.695.9234 Fax: 360.695.9634

BASE BID/WORK ORDER SUM

Site visit prior to bid required. Please Contact Glenn Reardon (greardon@dabentley.net) to arrange access.

Bidder Design Fire Sprinkler System:

1. Include all draining/demolition of existing system as needed in area of work. See attached plan sheets A0.0, A1.0, A2.0, and A3.0. **Include furnishing and installing protective sprinkler head caps/baskets prior to selective demolition.** Coordinate with GC and demolition contractor.
2. Furnish and install a complete bidder design fire sprinkler system in accordance with local and national code. Install new system as required and connect with existing system. Include ALL related and required lowering and raising of existing heads (If needed) to accommodate ceiling heights as shown on plan sheet A3.0.
3. Ensure that new room lay out includes minimum number of required sprinkler heads in reception/retail area, wax rooms, uni-sex restrooms, and storage 1, 2, and 3.
4. Include the cost of ALL related/required permitting for the Fire Sprinkler modifications in your lump sum proposal.
5. Include all related/required fire caulking in your lump sum proposal.
6. Includes all related/required mobilizations in order to complete this entire scope of work.
7. Includes stamped engineered drawings approved by the local authority having jurisdiction prior to start of Fire Sprinkler work.
8. Price to include all cost for entire and complete fire sprinkler system.

Bidder Design Fire Alarm System:

1. Design, permit and install a complete fire alarm system to meet local code. **Note: This electrical subcontractor to make a site visit prior to bid to verify the existing fire alarm system that serves the entire existing lease space. Please Contact Estimator/Glenn Reardon (360) 869-6506 to arrange access.**
2. Include the cost of ALL related/required permitting for the Fire Alarm System modifications in your lump sum proposal. Includes design drawings.

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Make on-site visit prior to submitting bid. Please Contact Glenn Reardon (greardon@dabentley.net) to arrange access.

Obtain and pay for a Salt Lake City business license prior to the project's start.

Review photos on Smartbid link provided with Invitation to Bid email.

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D A Bentley Construction LLC

Subcontractor Insurance Requirements

Contracts less than \$100,000.00

INSURANCE. Prior to the start of Subcontractor's Work, Subcontractor shall procure and maintain in force for the duration of the Work insurance coverage's outlined below, and provide evidence of such coverage by submitting to the Contractor and prior to start of the Work, an original and appropriate Certificate of Insurance. The insurance carrier or carriers must be rated at least "A-" or better by A.M. Best or an acceptable State Fund for Workers Compensation Coverage.

Workers Compensation: Copy of Contractors Exemption, if applicable must be submitted. Proof of coverage to be provided in the following limits:

Workers Compensation- Employers Liability Limits-	Statutory \$1,000,000 Each Accident \$1,000,000 Disease- Policy Limit \$1,000,000 Disease- Each Employee
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Commercial General Liability Insurance: Including Premise & Operations, Personal & Advertising Injury, Blanket Contractual Liability (no restrictive endorsements such as CG 2139, CG 2294 or CG 2295) and Products & Completed Operations.

Limits:	\$1,000,000 Each Occurrence \$2,000,000 Products/Completed Operations Aggregate \$2,000,000 General Aggregate
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D A Bentley Construction LLC and Project Owner will be named as an "Additional Insured" including "Completed Operations Liability" and endorsed to your policy. The use of a combination of ISO CG 20 10 11 85 or CG 2010 & CG 2037 10/01 are acceptable or their blanket equivalent. If the Additional Insured Endorsement does not accompany the certificate of insurance, the certificate of insurance must list the form numbers/edition dates for the Additional Insured Endorsement being used and the actual Endorsement must be mailed when received. The Additional Insured Endorsement including Completed Operations is required to be maintained for 2 years upon completion of your work on the project

Primary and non contributory wording required

Blanket Waiver of Subrogation required:

Per Project Aggregate Endorsement required:

Professional Liability: (check block if required) ☐ Required

Limits:	\$1,000,000	Each Claim
	\$1,000,000	Annual Aggregate

Pollution Legal Liability: (check block if required) ☐ Required

Limits:	\$1,000,000	Contractors Legal Liability per Occurrence
	\$2,000,000	Contractors Legal Liability- Aggregate

Name Company and Project Owner ☐ as an Additional Insured- including Completed Operations

Automobile Liability:

Limits:	Owned Autos	\$1,000,000 Each Accident
	Hired/Non-Owned Autos	\$1,000,000 Each Accident

Name Company and Project Owner ☐ as an additional insured

Umbrella Policy: \$1,000,000



Contracts less than \$100,000.00

DABENTL-01

JMSMITH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/2017

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 have ADDITIONAL INSURED provisions or 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 Spokane Office PayneWest Insurance, Inc. 501 N. Riverpoint Blvd., Ste 403 Spokane, WA 99202	CONTACT NAME:	
	PHONE (A/C, No, Ext): (509) 838-3501	FAX (A/C, No): (509) 838-3511
INSURED Sample Contractor	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Continental Ins Co	NAIC # 35289
	INSURER B: American Casualty Co of Reading PA	20427
	INSURER C: Continental Casualty Company	20443
	INSURER D:	
	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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X		03/15/2017	03/15/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG STOP GAP WA/OH	\$ 1,000,000 \$ 100,000 \$ 15,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000 \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired AUTOS ONLY Deductible \$0 <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X		03/15/2017	03/15/2018	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ 1,000,000 \$ \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$	X	X		03/15/2017	03/15/2018	EACH OCCURRENCE AGGREGATE	\$ 1,000,000 \$ 1,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	X			<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ 1,000,000 \$ 1,000,000 \$ 1,000,000

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

RE: Project Number and Description

D.A. Bentley Construction, LLC and Project Owner are listed as Additional Insured including completed operations with Waiver of Subrogation. Primary and NonContributory wording applies. Umbrella policy is following form, or specific Additional Insured and Waiver of Subrogation forms are attached.

CERTIFICATE HOLDER

CANCELLATION

D.A. Bentley Construction, LLC
10709 N.E. Coxley Drive
Vancouver, WA 98662

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



10/9/19

FORMAL BID SUBMISSION:

Please Include this form with your Bid Submission.

PROJECT: European Wax Center TI—1440 S Foothill Dr, STE #140, Salt Lake City, Utah 84108

CHECK ALL TRADE SPECIFIC SCOPE(S) INCLUDED IN BID THAT APPLY:

- ☐ Final Cleaning Scope – Exhibit “A” Scope of Work dated 10/9/2019.
- ☐ Select Interior Demolition – Exhibit “A” Scope of Work dated 10/9/2019.
- ☐ Finish Carpentry Exhibit “A” Scope of Work dated 10/9/2019.
- ☐ Insulation Exhibit “A” Scope of Work dated 10/9/2019.
- ☐ Roof Patching and Repair Exhibit “A” Scope of Work dated 10/9/2019.
- ☐ Doors, Frames and Hardware Exhibit “A” Scope of Work dated 10/9/2019.
- ☐ Storefront, Glass, and Glazing Exhibit “A” Scope of Work dated 10/9/2019.
- ☐ Drywall, Metal Framing, and ACT Exhibit “A” Scope of Work dated 10/9/2019.
- ☐ Floor and Wall Tile Exhibit “A” Scope of Work dated 10/9/2019.
- ☐ Interior Paint and Wall Covering Exhibit “A” Scope of Work dated 10/9/2019.
- ☐ Bidder Designed Fire Sprinkler and Fire Alarm Exhibit “A” Scope of Work dated 10/9/2019.
- ☐ Plumbing Exhibit “A” Scope of Work dated 10/9/2019.
- ☐ HVAC/Refrigeration Exhibit “A” Scope of Work dated 10/9/2019.
- ☐ Electrical Exhibit “A” Scope of Work dated 10/9/2019.

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If my company _____ is awarded the subcontract for the
aforementioned project, I acknowledge receipt of all related trade specific Exhibit "A"
scope(s) of work documents. My company has bid and has included all related work to
complete the entire scope of work as written by DA Bentley Construction, LLC, and as
shown on the EWC plan set dated: 08-30-2019. I acknowledge receipt of DA Bentley,
LLC. insurance requirements and will comply. If my insurance does not meet your
company's requirements, I have included the cost of insurance upgrade in my bid.

Signature_____

Date:_____