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| AMENDMENT OF SOLICITATION | | 1. CONTRACT ID CODE | | PAGE OF PAGES 1/3 | |
| 2. AMENDMENT NO. A001 | | 3. EFFECTIVE DATE 3/3/2015 | | 4. REQUISITION/PURCHASE REQ. NO. | |
| 5. PROJECT NO. (If applicable) N/A | | 6. ISSUED BY | | 7. ADMINISTERED BY (If other than Item 6) | |
| CODE Department of State - American Embassy - Asunción JOINT ADMINISTRATIVE ORGANIZATION GENERAL SERVICES OFFICE 1776 Mcal. López Ave. Asunción - Paraguay | | CODE Same a block #6 | | | |
| 8. NAME AND ADDRESS OF CONTRACTOR (NO., street, city, county, State, and ZIP Code) | | | 9a. AMENDMENT OF SOLICITATION NO. SPA100-15-Q-0008 | | |
| | | | X 9b. DATED (SEE ITEM 11) 3/2/2015 | | |
| | | | 10a. MODIFICATION OF CONTRACT/ORDER NO. | | |
| | | | 10b. DATED (SEE ITEM 13) | | |
| 11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS | | | | | |
| <p><input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in Item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended, <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>1</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers.</p> <p>FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.</p> | | | | | |
| 12. ACCOUNTING AND APPROPRIATION DATA (If required) | | | | | |
| 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. | | | | | |
| A. THIS CHANGE ORDER IS ISSUED PURSUANT TO: (Specify authority) THE CHANGES SET FORTH IN ITEM 14 ARE MADE IN THE CONTRACT ORDER NO. IN ITEM 10A. | | | | | |
| B. THE ABOVE NUMBERED CONTRACT/ORDER IS MODIFIED TO REFLECT THE ADMINISTRATIVE CHANGES (such as changes in paying office, appropriation date, etc.) SET FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103(b) | | | | | |
| C. THIS SUPPLEMENTAL AGREEMENT IS ENTERED INTO PURSUANT TO AUTHORITY OF: | | | | | |
| D. OTHER (Specify type of modification and authority) | | | | | |
| E. IMPORTANT: Contractor <input type="checkbox"/> is not, <input type="checkbox"/> is required to sign this document and return _____ copies to the issuing office. | | | | | |
| 14. DESCRIPTION OF AMENDMENT/MODIFICATION (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) | | | | | |
| The purpose of this Amendment is to extend the level of coverage of Personal Injury Protection (items #2 and #3) to the Mercosur and to update the level of coverage by vehicle per year instead of by event. | | | | | |
| Except as provided herein, all terms and conditions of the document referenced in Item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect. | | | | | |
| 15A. NAME AND TITLE OF SIGNER (Type or print) | | | 16A. NAME OF CONTRACTING OFFICER | | |
| | | | Tyler Johnston, GSO | | |
| 15B. NAME OF CONTRACTOR/OFFEROR | | 15C. DATE SIGNED | | 16B. UNITED STATES OF AMERICA | |
| BY _____ (Signature of person authorized to sign) | | | | BY _____ (Signature of Contracting Officer) | |
| | | | | 3/16/15 | |

NSN 7540-01-152-8070

30-105

 STAFF
 Prescribed by
 FAR 101-11.30 (V. 10-83)


This Solicitation is amended as follows:

1. See updated level of coverage below;

CONTRACTOR’S INSURANCE POLICY (IES)

Third Party Liability – Responsabilidad Civil

| Nº | (A) Third Party Liability – Responsabilidad Civil | Up to Gs | |
|-----------------------|--|-------------|----------------------|
| 1 | Death or bodily injury of one or more than one person, up to | 150,000,000 | Per vehicle per year |
| 2 | Third party property (including animal) damages up to | 75,000,000 | Per vehicle per year |
| 3 | Bodily injury to US Government employees (not in a vehicle insured under this contract at the time of the accident) whether on or off Embassy premises, when the injury is determined to be the fault of vehicle insured under this contract. | 150,000,000 | Per vehicle per year |
| 4 | Damage to personal property of US Government employees (not in a vehicle insured under this contract at the time of the accident) whether on or off Embassy premises, when the damage is determined to be the fault of a vehicle insured under this contract. | 75,000,000 | Per vehicle per year |
| 5 | Loss of Income when the accident results in a third party being unable to earn or collect his/her normal income. | 5,000,000 | Per vehicle per year |
| Total Annual Premium: | | | |

Personal Injury Protection (injury/death of passengers and drivers) PIP

| | | | |
|-----------------------|---|-------------|----------------------|
| 1 | In case of death of the driver or passenger/s. <u>This coverage is valid within any of the MercoSur countries, not just within Paraguay.</u> | 150,000,000 | Per vehicle per year |
| 2 | In case of permanent disability of the driver or passenger/s. <u>This coverage is valid within any of the MercoSur countries, not just within Paraguay.</u> | 150,000,000 | Per vehicle per year |
| 3 | Medical costs of driver or passenger/s resulting from injury incurred during the accident. In the case of emergency medical attention, the injured person will be taken to the closest available medical facility (public or private) and the insurer shall cover those costs, regardless of the medical facility, up to..... <u>This coverage is valid within any of the MercoSur countries, not just within Paraguay.</u> | 30,000,000 | Per vehicle per year |
| Total Annual Premium: | | | |

Towing services – Unlimited inside the country

| | | | |
|-----------------------|--|-----------|----------------------|
| 1 | Unlimited number of services and kilometers inside the country | Unlimited | Per vehicle per year |
| Total Annual Premium: | | | |

International Carta Verde Insurance valid for one year

The kind of coverage is standard provided by GRUPO CO-ASEGURADOR to anyone who requests it. The carta verde coverage must be subject to the Mercosur Law No. 1205 which makes it compulsory the purchase of the CARTA VERDE when a vehicle crosses the Paraguayan border.

| | | | |
|-----------------------|---|---|----------|
| 1 | Carta Verde coverage for 30 vehicles. <u>This coverage is valid within any of the MercoSur countries.</u> | - | Per year |
| Total Annual Premium: | | | |
| Grand Total: | | | |

| | | | |
|---|------------------|---------------------------|---|
| SUMAS ASEGURADAS Y LIMITES DE RESPONSABILIDAD POR VEHICULO Y EVENTO. IMPORTANCIAS SEGURADOS E LIMITES MAXIMOS DE RESPONSABILIDADE POR VEICULO E EVENTO. DANOS A TERCEROS NO TRANSPORTADOS - DANOS A TERCEIROS NÃO TRANSPORTADOS | | | |
| Muerte y/o Daños Personales Morte e/ou Danos Personales | U\$S 40.000.00.- | Por Persona Por Pessoa | Limite Máximo por Evento Limite Máximo por Evento U\$S 200.000.00.- |
| Daños Materiales Danos Materiais | U\$S 20.000.00.- | Por Bien Por Bem | Limite Máximo por Evento Limite Máximo por Evento U\$S 40.000.00.- |
| Observación: En caso de siniestro del Asegurado deberá contactar con el representante de la Aseguradora en el país donde ocurrió el hecho. Observação: No caso de sinistro deve haver contato com o representante da Seguradora no país onde ocorreu o fato. | | | |

REMARK: The US government will consider the possibility of doing a recapitalization according to Embassy needs. Offerors are requested to provide a summary of their Companies' Recapitalization Policy.

NOTHING FOLLOWS
