

Invitation for Bids
Navajo Nation Department of Justice Office of the Attorney General
HVAC SERVICES- for Office of the Prosecutor District Offices
Invitation Bid No. 24-013228SB

Bid Open: January 24, 2024
Bid Close: January 31, 2024
Invitation: Authorized HVAC Services

Background:

The Department of Justice and Office of the Attorney General provides legal services the three (3) branches of the Navajo Nation Tribal government. The Department is issuing this Request for Proposal (RFP) in an effort to receive proposals from qualified vendors to provide HVAC Services for our Office of the Prosecutor's District Offices.

It is the responsibility of the Offeror to identify themselves as a certified vendor under the Navajo Nation Business Opportunity Act. The Offerors must visibly mark on the outside of the sealed bid, if applicable, the offeror's priority status under the Navajo Nation Business Opportunity Act.

Bid Schedule

- Tuba City District Prosecutor Office-Justice District Complex 2519 Main Street Tuba City, AZ 86045
- Crownpoint District Prosecutor Office-Dine Justice Center 2925 Eastern Navajo Dine Justice Center North Highway 371 Becenti, NM 87313
- Chinle District Prosecutor Office-Chinle Justice Complex N7, Chinle Complex, Building C Chinle, AZ 86503

	IFB Schedule of Activities	Date
1.	Issue of Invitation for Bids	January 24, 2024
2.	RFP- Questions Due Email: Brittany Tso (Senior Programs & Project Specialist, SPPS) btso@nndoj.com	February 2, 2024
3.	NNDOJ RFP Proposals Due	February 6, 2024
4.	Official Opening of NNDOJ Proposals; A. Evaluation and Selection Begins	February 9, 2024
5.	Notice of Selection	February 13, 2024

This RFP describes the technical and performance specifications for HVAC services for our Office of the Prosecutor District Offices. Additionally, it contains an overview of the general terms and conditions under which the HVAC services is to be provided.

SECTION I

Offeror Requirements:

All OFFERORS must have a minimum, the capabilities listed herein, and the bid proposals submitted must reflect in detail the inclusion of these services as well as the additional forms required in Section II. OFFEROR should also provide technical information of delivery of services required in this RFP.

All services need to comply with NNOSHA Standards and other applicable building and safety codes to ensure the health and safety of all building occupants.

SCOPE OF WORK:

The contractor shall be able to provide personnel who have been fully trained in all phases of HVAC Air vents and duct systems operations, maintenance, adjustment and repair. Contractor's personnel should also have familiarity with all types of components including controllers, electrical components, general preventative maintenance, repairs, and new installations of a variety of brands and models. The contractor and staff shall have expertise and experience in HVAC management to include the following but not limited to:

Assessments and approvals needed for the Office of the Prosecutors District Offices sites:

1. Complete an assessment on the condition of the all HVAC units, air vents, and ducts consistent with applicable industry code and compliance standards.
2. Upgrade and install HVAC units and the repair/replacement/cleaning of air vents and ducts in accordance with applicable industry code and compliance standards, upon NNDOJ/OAG approval.
3. Provide a scope of work and quote needed for all repairs
4. The constructor shall ensure a work order is provided and approved by NNDOJ/OAG before services are started.
5. All waste, parts and supplies should be properly disposed in accordance with NNEPA regulations.

Work:

6. Provide routine preventative HVAC maintenance services including air vents and duct services.
7. Major and minor repairs on the HVAC air vents and duct systems
8. Provide services when needed.
9. Provide new materials used on all HVAC, air vents and duct systems and shall be free of defects and pass inspection.
10. Provide labor, supplies, parts and equipment for the HVAC, air vents and duct services.

11. Provide a schedule and detail of each location within the district of what needs repairs and upgrades.
12. Provide a timeline of when work is complete longer than 24 hours, dependent upon the supplies needed for work.
13. Provide start up and inspections before start of services and after services have been completed.
14. Provide a sticker for HVAC system to verify service date
15. Routine maintenance and repairs shall be done in accordance with federal and Navajo Nation regulations and codes.
16. Services to be performed and completed in accordance with industry acceptable standards.
17. Ensure the work order is signed and returned to the NNDOJ/OAG
18. Warranty Service: Extended warranty parts and labor (define maximum number of years available).
19. Dispose of all hazardous materials and waste when repairing or changing any HVAC units in accordance with Navajo EPA regulations.
20. Must comply with all Federal and Navajo Nation Regulations.

Payments:

21. Provide labor and parts for all Office of the Prosecutor's District Offices.
22. Invoice NNDOJ/OAG under this contract.
23. Understands that additional NNDOJ/OAG facilities may become operational or closed with the contract period. Contract can be amended to address additional or decrease of District Offices as necessary.
24. Ensure service cost such as labor, travel time, mileage, parts, and supplies are reasonable and are for the work completed for applicable NNDOJ facilities.
25. Each scope of work shall include all applicable taxes associated with each project that include 6% taxes for the Navajo Nation and 7% taxes for Tuba City.
26. Contract is subject to available of funds.

All services shall be coordinated with SPPS at btso@mndoj.org or by telephone 928-871-6928.

SECTION II

Submit Bids, Mail or Deliver to:

The Navajo Nation Purchasing Services Department

Attn: Roberta Benally

Admin. 1 2559, Window Rock Blvd., Window Rock, AZ

PO Box 3150, Window Rock AZ, 86515-3150

(928) 871-6320

BID NO. 24-01-3228SB

The following documents are required and must be submitted

1. Navajo Nation Certification Regarding Debarment & Suspension (attached)
2. Federal Form (W-9)
3. Licensed, bonded and current General Liability Insurance

Proposal Format:

1. OFFEROR(s) must indicate if they are priority one or two vendor with the Navajo Nation.
2. All proposals must be typewritten on standard 8-1/2 X 11 paper and placed within a binder with tabs delineating each section. Larger paper permissible for charts, maps, or the like.
3. An original RFP response and three (3) copies must be provided in sealed envelope.
4. The proposal must be organized and indexed in the following format:
 - a. A Letter of transmittal
 - b. Statement of Qualifications
 - c. Proposal on Contract approach
 - d. Proposed Cost (Sealed in Separate Envelope)
5. Each Proposal must be accompanied by a letter of transmittal. The letter of transmittal must:
 - a. Provide background on company:
 - b. Identify the name of person responding to the RFP:
 - c. Identify the name, title, and telephone numbers of person authorized to negotiate on behalf of the organization (s):
 - d. Identify the names, files, and telephone numbers of person to contact for clarification:
 - e. Explicitly indicate acceptance of the conditions governing this procurement:
 - f. Be signed by the person responding to the RFP; and
 - g. Acknowledge receipt of any and all amendments to the RFP.
6. THE OFFEROR must submit a statement of qualifications to include:
 - a. Resume
 - b. Number of years of experience working with Navajo Nation government or other government entities.
 - c. Provide three (3) references. Each reference must include the name, address, and telephone number of a contact person who can describe, in some detail, the quality, quantity and substance of services provided. These references should include past and present clients, including names and contact information.
 - d. Field related Degree and/or certification
 - e. Safety Certification
 - f. The OFFEROR must provide a Certificate of Liability Insurance
7. OFFEROR must provide proposal on contact approach.
 - a. Provide in detail how they would accomplish the objectives described in the scope of work. This section must include details and sample reports regarding in approach to completing Office Furniture and Installation services for all facilities listed above.

- b. Provide number of employees in the company/organization.
 8. OFFEROR must submit a cost and budget breakdown
 - a. This section must include a detailed cost proposal broken down in the following areas:
 1. Price of service fees
 2. Navajo Nation Tax of 6% or applicable local tax
 3. Total cost
- B. REJECTION OF PROJECTIONS: The Nation reserves the right to reject any or all statements of qualifications and shall be the sole judge of the merits of the respective statements of qualifications received.
- C. PROCUREMENT OF RFP: This procurement shall be conducted in accordance with all applicable Navajo Nation Laws and Regulations including the Navajo Business Opportunity Act. All applicable rules, regulations, and law shall also be followed. Prospective Vendors shall familiarize themselves with Navajo Nation regulations prior to submitting responses to this RFP and may request a copy of the Navajo Nation Procurement regulations from the NNDOJ/OAG, SPPS at any time up to the Deadline for Proposals.
- D. INQUIRIES: Any inquiries regarding this RFP should be submitted in writing to Brittany M. Tso, Senior Programs and Project Specialist (SPPS). Only written responses to questions will be considered official. All questions will be directed to Brittany M. Tso at 928-871-6928 email: btso@nndoj.org. Questions regarding this procurement will be accepted until 5:00pm MDT on February 2, 2024.
- E. AMENDED PROPOSALS: An OFFEROR may submit an amended proposal before the deadline for receipt of proposals. Such amended proposals must be a complete replacement for a previously submitted proposal and must be clearly identified in the transmittal letter.
- F. PROPOSAL SUBMISSION: Proposal must be received on or before 4:00pm (MDT) February 6, 2024. OFFERORs who are mailing their proposal should allow sufficient time for mail delivery to ensure receipt by the date specified. If mailed, it is recommended that proposals be sent by certified mail to the address indicated on the cover sheet of the RFP. Late Proposal will not be accepted.
- G. PROPRIETARY INFORMATION: Any restriction on the use of data contained within any proposals must be clearly stated in the proposal. Proprietary information submitted in response to this RFP will be handled in accordance with applicable purchasing procedures. Each page of the proprietary material must be labeled or identified with the word "Proprietary" or "Confidential".
- H. RESPONSE MATERIAL OWNERSHIP: All material submitted regarding the RFP shall become property of the Navajo Nation and will not be returned to the OFFEROR. Responses received will be retained by NNDOJ/OAG and may be reviewed by any person after final selection has been made. NNDOJ/OAG has the right to use any or all system ideas presented in reply to this RFP. Disqualifications or non-selection of an OFFEROR or proposal does not eliminate this right.

- I. **INCURRING COSTS:** Any cost (s) incurred by the OFFEROR in preparing, transmitting, presenting, or modifying the proposal or material for this RFP shall be the responsibility of the OFFEROR.
- J. **SUFFICIENT APPROPRIATION:** A contract awarded as result of this RFP is contingent upon the availability of funds. A contract may be terminated or reduced in scope if sufficient funds do not exist. Sending written notice to the offeror shall affect such termination or reduction in scope. The Department of Justice and Office of the Attorney General’s decision to terminate or reduce the scope due to the insufficient appropriations shall be accepted as final by the Vendor.
- K. **EVALUATION PROCEDURES AND SELCTIONS CRITERIA:**
1. An evaluation team will evaluate the proposals received in accordance with the general criteria used herein. OFFERORS should be prepared to provide by the additional information the team feels necessary for the fair evaluation of proposals.
 2. Failure of an OFFEROR to provide any information requested in the RFP may result in disqualification of the proposal. All proposals must be endorsed with the signature of a responsible official having the authority to bind the OFFEROR to the execution of a contact.
 3. The sole objective of the review team will be to select the OFFEROR who is most responsive to the needs to NNDOJ/OAG. The specifications in the RFP represent the minimum performance necessary for a response. Based on the evaluation criteria established in this RFP, the review team will select and recommend the OFFEROR who best meets the objective. If there is only one responsive bid, the NNDOJ/OAG Attorney General may elect to evaluate the RFP solely.
 4. Evaluation Criteria: The following criteria will be used by a review committee in the selection process for contract award.
Initial Point Criteria:

a. Presentation of Response	1-10 Points
Completeness	
Clarity of Presentation	
Organization of Presentation Understanding NNDOJ/OAG Objectives	
b. Statement of Qualifications	1-20 Points
List of three (3) Client References	
c. Technical Requirements	1-20 Points
Project description Projected accomplishments	
d. Project Management	1-20 Points
Project Management Experience Schedule/Project Plan	
Staffing	
Related Experience Education- Credentials	
e. Navajo Nation Vendor Priority 1 or 2	1-10 Points
f. Cost of Service	1-20 Points
TOTAL OF POSSIBLE POINTS	=100 Points

- L. STANDARD CONTACT: The Navajo Nation reserves the right to incorporate standard contract provision(s) into any contract negotiations because of a proposal submitted in response to the RFP.
 - 1. Contractor shall comply with Federal Awards Guidelines:
 - a. 200.330-Reporting on real property
 - b. 200.331-Subrecipient and contractor determinations.
 - c. 200.338-Restrictions on public access to records.
- M. TAX: All appropriate taxes should be included in cost of services including the Navajo Sales Tax. All work performed within the territorial jurisdiction of the Navajo Nation is subject to the Navajo Sales Tax of 6% (24 N.N.C. Section 601 et. Seq)
- N. SOVEREIGNTY: The Navajo Nation will not relinquish any of its sovereignty rights.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
OR					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 85%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

NAVAJO NATION CERTIFICATION
Regarding Debarment, Suspension, and
Contracting Eligibility

1. Applicant entity acknowledges that to the best of its knowledge that the Applicant entity, either in its present form or in any identifiable capacity, has not, in accordance with 12 N.N.C. § 361:
 - A. Been convicted of the commission of criminal offenses incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of any such contract or subcontract;
 - B. Been convicted of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offenses indicating a lack of business integrity or honesty, which currently, seriously, and directly affect responsibility as a Navajo Nation contractor;
 - C. Been convicted under antitrust statutes arising out of the submission of bids or proposals;
 - D. Violated contract provisions, including:
 - i. Deliberate failure, without good cause, to perform in accordance with the contract specifications or within the time limit provided in the contract,
 - ii. A recent record of failure to perform or of unsatisfactory performance with the terms of any contract, or
 - iii. Any other cause so serious and compelling as to affect responsibility as a Navajo Nation contractor, including debarment by another governmental entity.
2. Applicant acknowledges that if the Navajo Nation determines that the executed Certification provided herein is untrue or not wholly accurate, it shall be grounds for the Navajo Nation to terminate the contract and pursue other legal remedies, at the Navajo Nation's discretion.
3. Applicant certifies to the best of its knowledge that it is eligible to do business with the

Navajo Nation, in its present form or in any other identifiable capacity, pursuant to 12 N.N.C. § 1501 and 5 N.N.C. § 301. Applicant also acknowledges that per 12 N.N.C. § 1505, it will not be eligible to contract with the Navajo Nation if deemed ineligible by the appropriate department or entity of the Navajo Nation which receives the Applicant's request for consideration for a business opportunity.

Applicant Name

Name of individual signing on Applicant's behalf (print)

Applicant Address

Title of individual signing on Applicant's behalf

Applicant Address

Signature of individual signing on Applicant's behalf

Applicant Address

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/15/2022

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 Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036 Attn: NewYork.Certs@marsh.com Fax: 212-345-3695	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACE American Insurance Company		22667
INSURER B: ACE Property and Casualty Insurance Company		20699
INSURER C: Indemnity Insurance Company of North America		43575
INSURER D: ACE Fire Underwriters Insurance Company		20702
INSURER E: _____		
INSURER F: _____		

COVERAGES **CERTIFICATE NUMBER:** NYC-011091028-67 **REVISION NUMBER:** 3

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 SUBR INSD WVD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	X	HDO G72483844	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	X	ISA H25541881	10/01/2021	10/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____	X	G27963675 006	10/01/2021	10/01/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WLR C68921946 (AOS) SCF C68922021 (WI) WLR C68921983 (AZ, CA, MA)	10/01/2021 10/01/2021 10/01/2021	10/01/2022 10/01/2022 10/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability (E&O)		G21635029 019 (SIR: \$10,000,000)	10/01/2021	10/01/2022	Limit: 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 NAVAJO NATION DEPARTMENT OF JUSTICE IS INCLUDED AS ADDITIONAL INSURED (EXCEPT WORKERS' COMPENSATION) WHERE REQUIRED BY WRITTEN CONTRACT.
 THE UMBRELLA LIABILITY POLICY IS EXCESS OF THE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND EMPLOYER'S LIABILITY COVERAGE.
 THE ABOVE PROFESSIONAL LIABILITY INCLUDES COVERAGE FOR NETWORK SECURITY AND PRIVACY LIABILITY.

CERTIFICATE HOLDER Navajo Nation Department of Justice Post Office Box 2010 Old BIA Club Building Window Rock, AZ 86515	CANCELLATION 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 of Marsh USA Inc. <i>Marsh USA Inc.</i>
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