

**TOWING AND ROAD SERVICE PROVIDER  
RFP# 11-ASP-3266**

The Pennsylvania Turnpike Commission (“Commission”) is now accepting applications for vendors to provide emergency road service/repairs, towing, recovery, and removal of abandoned and vehicles impeding traffic on the Turnpike System ranging from motorcycles to over-dimensional vehicles for the following section:

***Milepost A75.9 to Milepost A94.4, North and South Bound, which includes the Hickory Run Service Plaza.***

**Requirements**

The Commission requires that interested parties currently own or lease a minimum of five (5) pieces of equipment as follows:

- One (1) light-duty conventional wrecker with over a one-ton capacity and equipped with a state-of-the-art wheel lift.
- Two (2) light-duty rollbacks each with over a one-ton capacity and equipped with a state-of-the-art wheel lift.
- Two (2) heavy-duty recovery vehicles each with a minimum 25-ton (hydraulic or mechanical) capacity and each are equipped with a state-of-the-art under reach.

The facility must meet the following:

- Clean, modern, secure facility.
- Customer waiting area and restrooms.
- Provide 24/7 response to all incidents on Commission property/roadway.
- Accept major credit cards for payment (MasterCard and Visa).
- Honor a number of roadside assistance club memberships.
- Meet specific insurance requirements as follows:

**Insurance**

**General:** Before the execution of a contract, **Vendor** must provide the Commission with certificates of insurance evidencing the coverage required acceptable to the Commission, as described below. Have all policies endorsed to contain the following clause: “Thirty (30) days written notice of any cancellation, non-renewal, limit or coverage reduction is to be sent to the Commission by Certified Mail.” The preceding is subject to existing Commonwealth of Pennsylvania statutory cancellation provisions relating to non-payment of premium and misrepresentation by the insured. Maintain the insurance described herein for the entire duration of the Contract. All insurance policies must be written by an insurance company licensed and/or authorized to do business in Pennsylvania and acceptable to the Commission having an A.M. Best’s rating of no less than A- with a financial size category of IX or better. Have all insurance policies and certificates signed by a resident Pennsylvania Agent of the issuing company. However, in the case of an eligible surplus lines insurer, have all policies and certificates also signed by a party duly authorized to bind, on behalf of the eligible surplus lines insurer, the certified coverage’s.

**Worker's Compensation and Employer's Liability Insurance:** Worker's Compensation Insurance in statutory limits for the protection of all employees. Employer's Liability Insurance in limits of not less than \$100,000 bodily injury each accident, \$500,000 bodily injury by disease, and \$100,000 bodily injury by disease each employee.

**Commercial General Liability Insurance** Includes: Products/Completed Operations; Blanket Contractual Liability – All Written & Oral Contracts; premises and operations liability; explosion, collapse and underground; personal injury; independent contractors; broad form property damage; severability of interests provisions; personal injury and advertising liability; premises medical payments; host liquor liability; fire damage legal liability – real property; incidental malpractice (including employees); non-owned watercraft; and automatic coverage for newly acquired entities. The minimum required limits for the Commercial General Liability policy will be as follows:

\$1,000,000 Each Occurrence  
\$1,000,000 Advertising and Personal Injury Limit  
\$2,000,000 General Aggregate per Location/Per Site  
\$1,000,000 Products and Completed Operations Aggregate  
\$5,000 Medical Payments

**Garage Keepers Legal Liability:** Limits of not less than \$150,000 per occurrence.

**Commercial Automobile Liability Insurance:** Covering all owned hired, leased and non-owned vehicles with a minimum limit of liability of \$1,000,000 per occurrence.

The Commercial General Liability, Garage Keepers Legal Liability and Automobile Liability policies will name the Pennsylvania Turnpike Commission, the Commonwealth of Pennsylvania, Pennsylvania Department of Transportation, if any as an Additional Insured.

### **Application Submission and Evaluation**

Please refer to the application attached to this advertisement posting. All completed applications and supporting documents submitted will become the property of the Commission. The Commission reserves the right to reject any and all applications. Applicants should list and describe any equipment it owns, experience, services, facilities, etc. that meet or are in addition to the stated requirements.

An on-site videotaping and inspection will be scheduled to verify that the information contained in the application is accurate. The selection process involves evaluation of the application and inspection of the premises and recommendation to the Commission. Applications will be reviewed and evaluated by a committee of qualified personnel, as determined by the Commission. Based on the evaluation of applications, a recommendation will be made for award to one applicant. Award will only be made to an applicant determined to be responsive and responsible with Commonwealth Management Directive 215.9, Contractor Responsibility Program. The terms of the agreement will be for a period of five (5) years.

The following criteria will be used, in order of relative importance from the highest to the lowest in evaluating each application:

- a. Equipment - Number of towing/recovery vehicles, ownership or lease status of towing equipment, age/condition of equipment, specialty equipment.
- b. Facility – Distance to nearest interchange or access gate within the advertised coverage area, condition of facility, ownership or lease status of facility, and number of service bays (passenger and commercial). In addition, the facility's availability of the following: restrooms, waiting room, parts inventory, fuel dispensing, and locked storage area for vehicles as well as the accessibility to lodging and rental vehicles.
- c. Roadside service club affiliation: AAA affiliated, other.
- d. Salvor: certification/license and any other state licenses.
- e. Personnel: Number of wrecker/operators, recovery experience of operators, number of mechanics, mechanics hours of operation, formal training of both wrecker/operators and mechanics.
- f. Other services/capabilities: in-house commercial tire service, commercial roadside service, off-loading fuel, etc.

### **Response**

To be considered, applications must be delivered to the Commission's Contracts Administration Department, Attention: Stephanie Newbury, on or before **12:00 noon, Wednesday, August 10, 2011**. The Commission is located at 700 South Eisenhower Boulevard, Middletown, PA 17057 (Street address). Our mailing address is P. O. Box 67676, Harrisburg, PA 17106.

**Please note that use of U.S. Mail, FedEx, UPS, or other delivery method, does not guarantee delivery to this address by the above-listed time for submission.** Applicants should allow sufficient delivery time to ensure timely receipt of their applications. If the Commission office location to which applications are to be delivered is closed on the application response date, due to inclement weather, natural disaster, or any other cause, the deadline for submission shall be automatically extended until the next Commission business day on which the office is open. Unless the Applicants are otherwise notified by the Commission, the time for submission of applications shall remain the same.



**PENNSYLVANIA TURNPIKE COMMISSION**  
**AUTHORIZED SERVICE GARAGE APPLICATION**

**RFP # 11-ASP-3266**

**Coverage Location: Milepost A75.9 to Milepost A94.4, North and South Bound, which includes the Hickory Run Service Plaza.**

1. Name, address, business phone number, fax phone number, 24-hour number e-mail address and web-site address of your company.

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2. Provide the actual mileage and accurate directions from your location to the nearest access point (interchange, access gate) that is located within the coverage territory.

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3. Name of owner(s)/proprietor(s).

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4. Form of ownership:

Individual proprietorship \_\_\_\_\_  
Partnership \_\_\_\_\_  
Registered business corporation \_\_\_\_\_  
Other (Please provide written explanation) \_\_\_\_\_

5. Do you own the garage site? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how long have you been operating at this location? \_\_\_\_\_

6. Do you lease the garage site? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes how long have you been operating at this location? \_\_\_\_\_
7. If leased provide the owner's name, address, and expiration date of lease. Provide a copy of the lease.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
8. Is your garage fully equipped to handle all types of repairs for passenger and commercial vehicles?
- Passenger Vehicles Yes \_\_\_\_\_ No \_\_\_\_\_
- Commercial Vehicles Yes \_\_\_\_\_ No \_\_\_\_\_
9. Does your facility currently provide 24 hour towing and recovery service?
- Yes \_\_\_\_\_ No \_\_\_\_\_
10. Years' experience in Towing (Business) \_\_\_\_\_
- Years' experience in Recovery (Business) \_\_\_\_\_
11. Are you capable of performing the following:
- Commercial roadside service Yes \_\_\_\_\_ No \_\_\_\_\_
- Commercial tire service Yes \_\_\_\_\_ No \_\_\_\_\_
12. Prior to accident recovery (i.e., upright/removal of vehicles) does your facility have the capability to off-load fuel? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, what is the amount? \_\_\_\_\_
- What is the time length required? \_\_\_\_\_
13. How many repair bays are in your shop? \_\_\_\_\_
14. Do you maintain an inventory of parts? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes provide a description of parts stocked
- \_\_\_\_\_
- \_\_\_\_\_

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15. Does your garage have facilities to dispense fuel? Yes \_\_\_\_\_ No \_\_\_\_\_

16. Do you have a customer waiting room and restrooms on your premises?

Yes \_\_\_\_\_ No \_\_\_\_\_

17. Describe your business/service facility(ies), noting the square footage size of the entire building(s), office size, size of the waiting room, description of the rest room(s), etc.

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18. Does your garage have a secured (locked) storage area for vehicles?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the size, location and how vehicles are secured.

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19. Total number of wrecker/operators \_\_\_\_\_

20. Identify formal training of all wrecker/operators who will be rendering service on behalf of the applicant in the following areas light, medium, and heavy towing and recovery. (List on separate sheet and attach to this application.)

21. Total number of mechanics \_\_\_\_\_

22. List the days and hours your mechanics are on duty.

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23. Identify formal training of all mechanics, who will be rendering service on behalf of the applicant (List on a separate sheet and attach to this application.)

24. Submit the names and driver's license of all proposed drivers, employees and wrecker/operators who will be rendering service on behalf of the applicant on Commission property (List on a separate sheet and attach list and photocopies to this application.)
25. Please provide criminal history report of any individual who will respond to incidents on Commission property (all principals, officers, owners, directors or employees). <http://www.psp.state.pa.us/psp/lib/psp/sp4-164.pdf>
26. Are you currently a licensed salvor? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, note your license number \_\_\_\_\_
27. Is your garage readily accessible to lodging and/or rental vehicles?  
Yes \_\_\_\_\_ No \_\_\_\_\_
28. Are you currently affiliated with a AAA Club? Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes, provide the AAA Club information and affiliation designation  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
29. List any additional motor club/roadside assistance programs with which you are currently affiliated.  
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\_\_\_\_\_  
\_\_\_\_\_
30. Name, address, and telephone number of insurance company and agent. Also, provide all insurance documentation as outlined in the advertisement.  
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\_\_\_\_\_  
\_\_\_\_\_
31. Please provide a copy of all city and state licenses you and/or your garage possesses, including but not limited to mercantile, towing, repair, long-term storage of vehicles other than for repair.
32. Have you, any principal officer(s), or key employee(s) ever been convicted of a crime(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state the name(s) of the individual(s), nature of the crime(s) and dates (List on a separate sheet and attach to this application.)

33. Have you or any principal officer(s) or key employee(s) been adjudged bankrupt or reorganized due to insolvency in the last 10 years, or was or is otherwise subject to any such prior or pending bankruptcy or reorganization proceeding?  
Yes \_\_\_\_\_ No \_\_\_\_\_
34. Please provide a letter of reference from each of the following: a commercial account, a motor club, and a city, county or state agency.
35. Please list and describe on a separate sheet all towing/recovery vehicles, service vehicles, including the year, make, model, VIN number, boom capacity, and under lift capacity; include a photograph of each vehicle showing the front, rear and side(s) of each unit.
36. Please list and describe all specialty/ miscellaneous towing/recovery equipment owned by your company Include a photograph of each vehicle showing the front, rear and side(s) of each unit.
37. Please provide current photographs of our facility(ies) that show at least the following:
  - a) Exterior of facility (ies), showing all sides of the building(s).
  - b) Storage lot(s), on or off-site, including a secured fenced storage lot, if available.
  - c) Interior of facility (ies), showing all bays, office areas, waiting room(s), and rest room(s), etc.
  - d) All towing/recovery equipment (See #35 & 36 above.)



By my signature, I swear, or affirm, that the foregoing information is a true and accurate description of the business of \_\_\_\_\_ and

Name of Company

accurately states its business practices and fee schedules.

I understand that failure to truthfully and accurately describe the business practices and fee schedule(s) may eliminate \_\_\_\_\_ from consideration

Name of Company

as a contracted service garage with the Commission.

*The Commission will schedule an on-site visit to evaluate your facility. You may send additional information and documentation at any time during the application process.*

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says  
he is \_\_\_\_\_ of the above-named garage.

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_  
in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public