

REQUEST FOR PROPOSAL

**OPERATIONAL CONTRACT BY SUNSET LAKE
DEVELOPMENT CORPORATION, OF THE CARE
CENTER AT SUNSET LAKE**

**A County operated 146-Bed Nursing Facility & the Certified
Home Health Agency, a county owned and operated Public
Health Licensed Certified Home Health Agency**

RFP No.: R-20-38

Date Issued: October 9, 2020

Deadline for Submission: November 20, 2020 at 1:00 PM

**Prepared By: Sunset Lake Local Development Corporation
c/o Sullivan County Manager's Office
100 North Street
Monticello, NY 12701**

**Issued By: Sullivan County Purchasing Department
100 North Street
Monticello, NY 12701
(845)807-0515**

Purchasing@co.sullivan.ny.us

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NOTICE TO PROPOSERS

The Care Center at Sunset Lake Local Development Corporation (“LDC”) is soliciting proposals from qualified individuals or entities in the private sector (not-for-profit or for-profit) to provide management services for its one hundred and forty-six (146) bed nursing facility known as the Care Center at Sunset Lake, (“Care Center” or “Facility”). The LDC is also seeking proposals from qualified firms to provide management services for the licensed Home Health Agency (“CHHA”).

The LDC is seeking a firm or firms who will continue to offer excellent health care services at reduced costs to County residents and taxpayers consistent with the LDC’s mission statement and commitment to quality care. The LDC will consider proposals from qualified firms that wish to manage the Care Center and assume management of the CHHA but will consider proposals that consider either operation. Preference will be given to firms that propose to manage the Care Center and assume management of the CHHA.

Proposals must be submitted in triplicate via hard copy format, no later than November 20, 2020 at 1:00 p.m., prevailing time:

Attn: Allyson Lewis
Purchasing & Central Services Department
100 North Street
PO Box 5012
Monticello, NY 12701
Tele: (845)807-0515

Copies of the Request for Proposals may be obtained through the Purchasing Department beginning October 9, 2020 at the above address between the hours of 9:00 A.M. and 5:00 P.M., Monday through Friday.

BACKGROUND INFORMATION

Overview and General Description

Care Center at Sunset Lake

The Sullivan County Care Center at Sunset Lake provides residential services for up to 146 individuals who require either long-term care or short-term rehabilitative services. The facility is comprised of four units. It has 10 beds designated for short-term rehab, however, there is a total of 32 beds on that unit which allows for an increased short-term rehab census if needed. The secure Memory Care Unit capacity is 34. The Care Center strives to assure that the residents are able to maintain the highest quality of life as well as the greatest degree of independence through individualized care plans. An Adult Day Health Program is included for those who can remain safely at home with the support of the program and its coordination with other community health care services and can accommodate up to 30 individuals.

The Care Center at Sunset Lake receives funding by billing Medicare, Medicaid, Private Insurance, and private payees for services rendered.

Certified Home Health Agency

The Sullivan County Public Health Services Department currently holds operating certificates from the New York State Department of Health, Office of Health Systems Management for a Certified Home Health Agency (CHHA). Sullivan County Department of Public Health Services also operates a Long Term Home Health Care Program (LTHHCP). The County is able to provide services and bill for LTHHCP services because they have a Certified Home Health Agency. Since its inception, the Sullivan County Department of Public Health Services has, operated the CHHA, providing skilled nursing, rehabilitation services, such as physical therapy, occupational therapy, speech language pathology, medical supply equipment and appliances, medical social services, and home health aide services to medically eligible homebound residents of Sullivan County.

Sunset Lake Local Development Corporation.

The Sullivan County Legislature authorized the creation of the LDC through resolution. The Sullivan County Legislature intends to transfer its interest in certain portions of the land, buildings, equipment, and assets of the Care Center to the LDC. The County through a lease with the LDC will continue to operate the Care Center until such time as the LDC enters into a contract for management of the Care Center. Additionally, the County has authorized the potential ownership and operation to a third party operator.

Initially the LDC through this RFP seeks the following services:

Services to be provided for Management of the Nursing home and CHHA are to include:

1. Quality Improvement Program
2. Patients' Rights
3. Incident Reporting
4. Financial
5. Service Delivery
6. Patient Referral, Admission and Discharge
7. Patient Assessment and Plan of Care
8. Clinical Records
9. Complaint Procedures
10. Records and Reports
11. Preparation and submission of annual Medicare Cost Report, Medicaid Cost Report

SUBMISSION OF PROPOSALS – SPECIFICATIONS

Care Center

** Besides considering the responses to the questions listed below in this section, the LDC shall consider and rate the respondents, where applicable, the bidder's:

- a) competency and character;
- b) history of employee relations and practices;
- c) quality of care of residents;
- d) record of retaining facilities subsequent to acquisition;
- e) willingness to continue to care for all existing residents at the time of assuming management (unless otherwise indicated by the New York State department of Health criteria);
- f) financial stability;
- g) Commitment to prioritize Sullivan County residents.

Proposals must include an organized narrative response to all elements listed in the following specifications in the order such questions are asked. In considering any proposal, the LDC's priorities are the safety and well-being of the residents and employees of the Care Center.

1. Proposals should describe the Proposer's relevant experience in operating facilities similar to the Care Center, and what it will offer concerning such issues as staff training, relationships with family members, resident activities, enhancing resident and facility quality of life, etc.
2. Proposals should include a discussion of the plans for current residents. The LDC has an interest in resident continuity and preserving the ability of current residents to remain within the Facility. Proposers should indicate the extent to which and under what conditions current residents at the Care Center shall have the right to remain in the Facility in addition to the conditions set forth in this RFP. Past and previous experience with residents in other facilities owned by the Proposers shall be referenced. Proposers shall outline what commitments in excess of the requirements of this RFP, if any, they propose to make to current residents and their families concerning coverage in a quality setting, and for what period of time (including how they have handled any similar purchase transitions in the past).
3. Proposers are encouraged to comment on any innovations in resident/patient care with which they have current experience and which they might wish to consider implementing should manage the Care Center. Additionally, Proposers must outline for the LDC the plans they have to expand the types of care and services offered by the Facility, including any additional expansion of the continuum with independent or assisted living, or the addition of various high acuity care services such as bariatric, wound care, head trauma, ventilator care, renal care, outpatient rehab, and how the Proposer has implemented such services at its other nursing facilities. The Proposer will demonstrate how it has worked synergistically with local health care providers (hospitals, doctors, and so forth) in the markets where they operate.
4. Price the proposer is willing to pay the LDC for the management and operation of the Care Center. The proposer is assumed to take on all liability and/or profit from operating the facility effective Jan 1, 2021. The LDC will be willing to negotiate a subsidy for the increased benefit costs associated with municipal employees such as pension and health insurance.

CHHA

Interested proposers must demonstrate detailed knowledge and experience in the delivery of quality home health care, fiscal competence and an ability to secure all required state and federal approvals within a reasonable timeframe. No contract for management will be complete without required approvals. Furthermore, consistent with applicable federal and state law, interested operators must evidence a commitment to provide these services to all Sullivan County residents without regard to race, creed, color, physical or mental disability, national origin, economic status, political status, marital status or sexual orientation.

Furthermore, Sullivan County will be seeking a contract with the awarded entity to bill for Medicaid eligible services provided under Public Health Law, which includes Maternal Child Health Nursing home visits and other public health preventative services requiring CHAA certification to bill Medicaid.

Besides considering the responses to the questions listed below in this section, the LDC shall consider and examine, where applicable, the bidder's:

- a) competency and character;
- b) history of employee relations and practices;
- c) quality of care of residents;
- d) record of retaining facilities subsequent to acquisition;
- e) willingness to continue to care for all existing residents at the time of assuming management (unless otherwise indicated by the New York State department of Health criteria);
- f) financial stability;

Proposals must include an organized narrative response to all elements listed in the following specifications in the order such questions are asked. In considering any proposal, the LDC's priorities are the safety and well-being of the patients being served by the CHHA.

1. 1. Proposals should describe the Proposer's relevant experience in operating facilities similar to the Sullivan County CHHA, and what it will offer concerning such issues as staff training, relationships with family members, resident activities, enhancing resident and facility quality of life, etc.
2. Proposals should include a discussion of the plans for current patients. The LDC has an interest in resident continuity and preserving the ability of current patients to remain served. Proposers should indicate the extent to which and under what conditions current patients shall have the right to remain served in addition to the conditions set forth in this RFP. Past and previous experience with patients of other Home Health Agencies owned or operated by the Proposers shall be referenced. Proposers shall outline what commitments in excess of the requirements of this RFP, if any, they propose to make to current patients and their families concerning coverage in a quality setting, and for what period of time (including how they have handled any similar purchase transitions in the past).
3. Proposers are encouraged to comment on any innovations in patient care with which they have current experience and which they might wish to consider implementing should manage the CHHA. Additionally, Proposers must outline for the LDC the plans they have to expand the types of care and services offered by the Facility, including any additional expansion of the continuum with independent or assisted living, or the addition of various high acuity care services and how the Proposer has implemented such services for other Home Health Agencies. The Proposer will demonstrate how it has worked synergistically with local health care providers (hospitals, doctors, and so forth) in the markets where they operate.

4. Price the proposer is willing to pay the LDC for the management and operation of the CHHA. The proposer is assumed to take on all liability and/or profit from operating the facility effective Jan 1, 2021. The LDC will be willing to negotiate a subsidy for the increased benefit costs associated with municipal employees such as pension and health insurance.

PROPOSER QUALIFICATIONS

Care Center

The successful Proposer must be qualified to operate a skilled nursing facility. This will be based on the Proposer's experience and the Proposer's financial statements. Proposer must submit proof of its ability to obtain all licenses and regulatory approvals necessary to operate the Facility as it is currently being operated. Please provide detailed information regarding each of the following issues:

1. Your organization's history and mission, including the number of years in business, the type of entity (e.g. 501 (c) (3)), the number of facilities owned and/or operated, the locations of such facilities, and any recent or anticipated changes in the size and/or scope of your business or facilities.
2. For each facility identified in paragraph 1, describe the geographic area in which the facility is situated and the populations served.
3. For each identified facility pursuant to paragraph 1, state the services your organization currently offers and the percentage of your business devoted to each such service.
4. State your specific experience, including number of years, and qualifications in providing skilled nursing care services to residents of your owned and/or operated facilities. Please include details such as case mix index, occupancy rates, payor mix, nursing service caseload, size, results of quality surveys, your approach to ensuring quality of care (including clinical, quality of life, relationships with family, the community and other residents of the facility) and any other relevant information.
5. Describe the staffing structure in your currently owned and/or operated facilities, including in-house versus contracted services, full-time versus part-time staffing and wage and benefits information.
6. State your organization's financial viability and capability to complete this purchase if your proposal is selected. Please include your latest audited financial statements.

7. Identify proposed project staffing and include copies of resumes/C.V.'s for all key management personnel, if known and applicable, as well as any applicable certifications, licenses, etc., anticipated staffing organizational chart and budget.
8. Whether the Proposer and/or its owner or individuals set forth in 7 above have ever filed an application for a Certificate of Need with the New York State Department of Health and, if so, the specific circumstances related to such prior filings, dates of the filings and the disposition thereof. Such additional information relating to the Proposed Operator's character and competency indicating, without limitation, such information that is pertinent with regard to the Proposer's ability to achieve approval from the New York State Department of Health/Public Health and Health Planning Council. If Proposer is a licensed health care provider or other licensed entity, such Proposer must include information concerning any material negative finding, sanctions imposed or pending regulatory or legal proceedings.
9. List of any and all criminal convictions within the last ten (10) years rendered against the Proposer, any officer or director thereof, or any affiliate or related company.
10. List of any and all civil penalties, judgments, consent decrees, violations, Statements of Deficiency or other sanctions within the last ten (10) years rendered against the Proposer, any officer or director thereof, or any affiliate or related company.
11. List of any and all current investigations, indictments or pending litigation by any Federal, State or local jurisdiction initiated against the Proposer, any officer or director thereof, or any affiliate or related company.
12. List of any and all actions occurring with the last ten (10) years which have resulted in revocation or suspension of any permit or authority to do business in any Federal, State, or local jurisdiction, by the Proposer, any officer or director thereof, or any affiliate or related company.
13. List of any and all actions occurring in the past ten (10) years that have resulted in the barring from public proposal submission of the Proposer, any officer or director thereof, or any affiliate or related company.
14. List any potential or perceived conflicts of interest in assuming the operation or management of the CHHA or with Sullivan County Government.

CHHA

The successful Proposer must be qualified to operate a Certified Home Health Agency. This will be based on the Proposer's experience and the Proposer's financial statements. Proposer must submit proof of its ability to obtain all licenses and regulatory approvals necessary to operate the Facility as it is currently being operated. Please provide detailed information regarding each of the following issues:

1. Your organization's history and mission, including the number of years in business, the type of entity (e.g. 501 (c) (3)), the number of Home Health Agencies owned and/or operated, the locations of such operations, and any recent or anticipated changes in the size and/or scope of your business or operations.

2. For each operation identified in paragraph 1, describe the geographic area in which the operation is situated and the populations served.
3. For each identified operation pursuant to paragraph 1, state the services your organization currently offers and the percentage of your business devoted to each such service.
4. State your specific experience, including number of years, and qualifications in providing skilled nursing care services and home care services to residents of your owned and/or operated Home Health Agency. Please include details such census, payor mix, nursing service caseload, results of quality surveys, your approach to ensuring quality of care (including clinical, quality of life, relationships with family, the community and other residents of the facility) and any other relevant information.
5. Describe the staffing structure in your currently owned and/or operated Home Health Agency, including in-house versus contracted services, full-time versus part-time staffing and wage and benefits information.
6. State your organization's financial viability and capability to complete this purchase if your proposal is selected. Please include your latest audited financial statements.
7. Identify proposed project staffing and include copies of resumes/C.V.'s for all key management personnel, if known and applicable, as well as any applicable certifications, licenses, etc., anticipated staffing organizational chart and budget.
8. Whether the Proposer and/or its owner or individuals set forth in 7 above have ever filed an application for a Certificate of Need with the New York State Department of Health and, if so, the specific circumstances related to such prior filings, dates of the filings and the disposition thereof. Such additional information relating to the Proposed Operator's character and competency indicating, without limitation, such information that is pertinent with regard to the Proposer's ability to achieve approval from the New York State Department of Health/Public Health and Health Planning Council. If Proposer is a licensed health care provider or other licensed entity, such Proposer must include information concerning any material negative finding, sanctions imposed or pending regulatory or legal proceedings.
9. List of any and all criminal convictions within the last ten (10) years rendered against the Proposer, any officer or director thereof, or any affiliate or related company.
10. List of any and all civil penalties, judgments, consent decrees, violations, Statements of Deficiency or other sanctions within the last ten (10) years rendered against the Proposer, any officer or director thereof, or any affiliate or related company.
11. List of any and all current investigations, indictments or pending litigation by any Federal, State or local jurisdiction initiated against the Proposer, any officer or director thereof, or any affiliate or related company.
12. List of any and all actions occurring with the last ten (10) years which have resulted in revocation or suspension of any permit or authority to do business in any Federal, State, or local jurisdiction, by the Proposer, any officer or director thereof, or any affiliate or related company.

13. List of any and all actions occurring in the past ten (10) years that have resulted in the barring from public proposal submission of the Proposer, any officer or director thereof, or any affiliate or related company.

ADDITIONAL INFORMATION, INTERVIEWS & SITE VISITS

The LDC may require any or all Proposers to present additional evidence of experience, ability and financial standing as well as a statement as to the materials, equipment or personnel which the Proposer will have available for the performance of this contract. The LDC reserves the right to interview, any or all Proposers and/or visit any or all Proposer's sites during the evaluation of proposals. If applicable, the LDC shall contact Proposers to arrange an interview, which the LDC may require to be held at the office of the LDC and/or a site visit of Proposer's facilities at any time during the evaluation process. Proposers are reminded to include their best technical and price terms in their initial offer and not to automatically assume that they will have an opportunity to participate in interviews, site visits or be asked to submit a best and final offer. The LDC may award the contract without interviews and/or site visits for any or all Proposers, if deemed to be within the best interests of the LDC. Any and all counter-proposals, negotiations or any communications received by a Proposer, its officers, employees or agents from the LDC, its officers, employees or agents, shall not be binding against the LDC, its officers, employees or agents unless and until a formal written agreement for the services sought by this RFP is duly executed by both parties. In addition to the foregoing, by submitting a proposal, the proposing entity also understands and agrees that the LDC reserves the right, and may at its sole discretion exercise the following rights and options with respect to this RFP, except to the extent restricted by applicable law, including, but not limited to, the LDC's Procurement Policy:

- To issue additional solicitations for proposals and/or amendments to this RFP;
- To waive any irregularities in proposals received after notification to all Proposers;
- To negotiate for amendments or other modifications to proposals;
- To conduct investigations with respect to the qualifications of each Proposer;
- To exercise its discretion and apply its judgment with respect to any aspect of this RFP, the evaluation of proposals, and the negotiations and award of any contract;
- To select the proposal that best satisfies the interests of the LDC and not necessarily on the basis of price or any other single factor in the evaluation criteria;
- The LDC assumes no responsibility or liability of any kind for costs or expenses incurred in the preparation or submission of any proposal, which shall be at the sole cost and expense of the Proposer; and
- The LDC is not responsible for any internal or external delivery delays which may cause any proposal to arrive beyond the stated deadline. To be considered, proposals MUST arrive at the place specified herein and be time stamped prior to the deadline.

The LDC reserves the right to accept or reject any or all proposals, and to determine that none of the proposals submitted are in the LDC's best interests.

BASIS OF AWARD

The submission of a proposal implies the Proposer's acceptance of the evaluation criteria and Proposer acknowledgment that subjective judgments must be made by the board of directors of the LDC. Award of any contract shall be made to the responsive, responsible Proposer, whose proposal is determined to be in the best interest of the LDC. The LDC reserves the rights to: accept other than the highest priced offer, waive any informality, or reject any or all proposals, with or without advertising for new proposals, and to negotiate with any one or more of the Proposers, in any order, if determined to be in the best interest of the LDC.

The LDC affirmatively states that any contract entered into pursuant to this **RFP will be awarded without discrimination on the basis of race, color, creed, national origin, disability, age, gender and/or sexual orientation.**

REFERENCES

All proposals must include at least five (5) references, wherein similar projects have been completed, including contact name, address, telephone number, e-mail address and connection to the Proposer. The LDC reserves the right to also contact additional references not named by the Proposer.

ANTICIPATED RFP TIMELINE

(All dates are approximate and subject to change, unless otherwise noted)

Publication and Issuance of RFP: **October 9, 2020**

Questions Due: **By 5:00 pm, October 23, 2020**

Addendum (addenda) issued (if required): **November 6, 2020**

Proposals Due – Proposal Submission Deadline: **1:00 pm, Friday, November 20, 2020**

In-person site visits are not currently allowed under the current New York State emergency order. If that executive order is relaxed in-person site visits will be scheduled when requested.

SCHEDULE OF EXHIBITS

- 1.) Rate Sheets
 - a. Nursing Facility – **Current 2019 Medicaid Rates**
 - b. CHHA – **Current Medicaid Rates Attached**
 - c. CHHA - **2020 Medicare episodic rates are included in the HCA memo**

- 2.) Census Data
 - a. Nursing Facility – **As of 9/24/2020 -93 (63.70% capacity)**
 - b. CHHA -**As of 9/24/2020 – 150**

- 3.) CMI Data
 - a. Nursing Home – **0.83**

- 4.) MEDICAID cost Report
 - a. Nursing Facility – **2018 attached, 2019 to be available after November 1, 2020**
 - b. CHHA - **Will be available after October 16, 2020**

- 5.) Current Staffing Levels
 - a. Nursing Facility – **see attached**
 - b. CHHA– **Total 28: 4 Supervising Nurses, 15 Staff Nurses, 2 Home Health Aides, 7 Non-Nursing Staff (4 Office staff, 1 MSW, 1 PT, 1 OT)**

SUBMISSION OF QUESTIONS

All questions pertaining to this Request for Proposal are to be submitted in writing to the following email address, no later than 5:00 pm, October 23, 2020:

Purchasing@co.sullivan.ny.us

PROPOSAL SUBMISSION DEADLINE

All responses to this Request for Proposal shall be submitted no later than 1:00 pm, Friday, November 20, 2020, and are to be submitted in triplicate hard copy form to:

Attn: Allyson Lewis
Purchasing & Central Services Department
100 North Street
PO Box 5012
Monticello, NY 12701
Tele: (845)807-0515

INSURANCE REQUIREMENTS (See Attached)

Attached insurance requirements are the limits that are requested per this Request for Proposal. The LDC reserves the right to request additional insurance coverage and/or increase coverage limits if there is a change in services, duties, or authority. Any contract executed as a result of this Request for Proposal will detail the responsibilities and required insurance limits, which must name the LDC as an additional insured.

INSURANCE REQUIREMENTS

Coverage

The Contractor shall, at its own expense, maintain in full force and effect during the term of this Agreement insurance policies providing at least the following insurance coverage:

<u>Type of Coverage</u>	<u>Limits of Coverage</u>	
Worker's Compensation and Disability Benefits.	Statutory	
Employer's Liability or similar insurance.	\$1,000,000	each occurrence
Automobile Liability (owned and non-owner), Bodily Injury, and Property Damage.	\$1,000,000	aggregate
	\$1,000,000	each occurrence
Commercial General Liability including broad form contractual liability products / completed operations, bodily injury and property damage.	\$3,000,000	aggregate
	\$1,000,000	each occurrence
Professional Liability (if commercially available for your profession).	\$1,000,000	aggregate
	\$1,000,000	each claim

Form of Insurance

Such policies shall be in the broadest form available on usual commercial terms and shall be written by insurers of recognized financial standing, satisfactory to the LDC, who have been fully informed as to the nature of the services to be performed.

With the exception of Worker's Compensation and Professional Liability, the LDC shall be an additional insured, including, without limitation, the liability to pay premiums, which shall be the sole obligation of the Contractor and not that of the LDC. The Contractor irrevocably waives all claims against the LDC for any and all losses, damages, claims or expenses resulting from risks, commercially insurable, under the insurance required herein. The provision of such insurance by the Contractor shall not, in any way, limit the Contractor's liability under this Agreement.

The Contractor shall attach to this Agreement certification of insurance evidencing, to the satisfaction of the LDC, the Contractor's full compliance with these requirements. Provision of a Certificate of Insurance alone, without an endorsement and a copy of the declarations page, is not considered sufficient. The Contractor shall provide an endorsement to the policy clearly demonstrating that the LDC is specifically insured, together with a copy of the policy declaration page.

Primary Coverage Without Right of Contribution

Each policy of insurance shall contain clauses to the effect that such insurance shall be primary without right of contribution of any other insurance carried by or on behalf of the LDC with respect to its interests.

Notice of Cancellation

Each policy of insurance shall not be canceled, including, without limitation, for non-payment of premium; nor shall it be materially amended, without 30 days prior written notice to the LDC. The LDC shall have the right to pay any necessary premium(s) to keep such insurance in effect and charge the cost of such back to the Contractor.

Basis of Claims

To the extent that it is commercially available, each policy of insurance shall be provided on an “occurrence” basis.

Should any insurance not be commercially available on an “occurrence” basis, such insurance shall be provided on a “claims made” basis. All such “claims made” basis policies shall provide that:

- A. Policy retroactive dates shall coincide with or precede the Contractor’s starting date of services to the LDC under this Agreement, as shall all subsequent policies purchased as renewals or replacements.
- B. The Contractor shall maintain, in a form acceptable to the LDC, similar insurance for at least six (6) years following final acceptance of its services performed by the Contractor under this Agreement.
- C. Where such insurance may be terminated for any reason, the Contractor agrees to provide an unlimited extended reporting provision for filing claims that may arise from services to the LDC performed by the Contractor under this Agreement.
- D. Immediate notice shall be given to the LDC, clearly advising the LDC of any and all circumstances or incidents that may give rise to future claims with respect to services performed by the Contractor under this Agreement.

Breach

The Contractor shall obtain replacement insurance within thirty (30) days of the notice of loss of coverage, in the absence of which the Contractor shall be in breach.