



To: All Plan Holders of Record

From: CT Consultants, Inc.
For the Owner

**Re: Addendum No. 1
2020 Concrete Pavement Slab Replacement
City of Willoughby**

Date: August 19, 2020

This Addendum forms a part of the contract documents and modifies the original bidding documents dated August 2020 and all previous addenda, if any. Acknowledge receipt of this addendum in the space provided in the bid forms. Failure to do so may subject the bidder to disqualification.

BID FORMS

Replace Bid Form, Page BF.9, with the enclosed Bid Form, Page BF.9A.

Completion Date is changed from November 20, 2020 to May 14, 2021.

TRL/JNS:mep

Enclosures

H:\2020\200135\SPEC\Addenda\Addendum 01\Addendum 01.Doc

The Bidder hereby acknowledges that they have reviewed the following addenda:

Addendum No. _____
Date: _____

The undersigned, having full knowledge of the plans and specifications for the improvements and the conditions of the Proposal hereby agree to furnish all the services, labor, materials, and equipment necessary to complete the work according to the plans and specifications and to accept as full compensation the lump sum or the unit prices specified serving as deduct or extra compensation rates.

And We (or I) do hereby agree that in the event of failure on OUR part to contract as aforesaid (provided this Proposal is accepted) the Bid Bond, Check or Letter of Credit accompanying this Proposal shall be forfeited to the Owner as liquidated damages for the difference between this bid and the awarded Contract price, not to exceed the amount of bond. We further agree that the Owner may reject any or all bids.

By signature below, I hereby certify that **I AND MY Insurance Agent have examined the insurance requirements** in the specifications and that the types and amounts of same are currently in effect or will be obtained and kept in effect for the project duration and that my Insurance Agent has assured that notification of non-renewal, policy modification, and/or cancellation to all certificate holders will occur per the contract requirements. Verification will be provided to the Owner subsequent to the issuance of a Notice of Award.

Submitted by,

_____ Firm, Corporation, or Individual	_____ Officer's Name and Title (typed)	_____ Telephone Number
_____ Street Address	_____ Officer's Signature	_____ Fax Number
_____ City, State, Zip Code	_____ Date	_____ E-Mail Address
	_____ Ohio Secretary of State ID Number	_____ Federal Tax ID Number

Note: Evidence of authority to sign must be affixed and attested by the Secretary.

COMPLETION DATE: MAY 14, 2021

LIQUIDATED DAMAGES: \$1,000.00