



To: All Plan Holders of Record

From: CT Consultants, Inc.  
For the Owner

**Re: *Addendum No. 1***  
***Village of Edison***  
***Boundary Street Area Waterline Replacement***  
***Del-Co Water Company, Inc.***

Date: September 20, 2022

This Addendum forms a part of the contract documents and modifies the original bidding documents dated September 2022 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.

Per the Advertisement for Bids, the Completion Date is May 13, 2023.

DB/QB:mep

Enclosures

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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 13, 2023

LIQUIDATED DAMAGES:    \$750.00 PER DAY