

ADDENDUM 2

February 13, 2023

Design and Build of Up to 25 Double Slip Floating Docks Located at the Mentor Lagoons Marina

To All Bidders:

This Addendum alters, supplements and amends the attached original titles BF. 10, Proposal Form and BF. 11, Signature Page Form.

You must indicate receipt of ALL Addenda on your BF 11.

END OF ADDENDUM 2

**PROPOSAL TO THE CITY OF MENTOR
DESIGN AND BUILD OF UP TO 25 DOUBLE SLIP FLOATING DOCKS**

REF. NO.	DESCRIPTION	QTY.	MEASURE UNITS	DESIGN	LABOR	MATERIAL	TOTAL PRICE	TOTAL
		25 DBL SLIP FLOATING DOCKS	LUMP	\$	\$	\$	\$	\$
1	GENERAL TRADES							
2	CONTINGENCY DISCRETIONARY ALLOWANCE	1.00	LUMP					\$40,000.00
							FORMAL TOTAL BID \$	_____
Bid Alternate ITEM #1								
1	Bulkhead Replacement (Alternate)	1.00	LUMP				Total	_____
							TOTAL ALTERNATE BID \$	_____

The Bidder hereby acknowledges receipt of 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

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

COMPLETION DATE: DECEMBER 31, 2023.

LIQUIDATED DAMAGES: See Addendum #1, February 10, 2023, Section 7.5 Liquidated Damages.

BF. 11