

Pamela Cotham Purchasing Agent

February 19, 2016

ADDENDUM

ADDENDUM

ADDENDUM

Addendum #1 on Bid #4646 Paint Health Department, making the following corrections and clarifications.

- A <u>One-Hundred Percent (100%)</u> performance bond or an irrevocable letter of credit in favor of Anderson County Government at a federally insured financial institution will be required to be submitted by the successful bidder before a purchase order will be issued.
- Revised specification page is attached, adding the option for the vendor to supply the paint.

If you have any questions, please feel free to give me a call at (865) 457-6218.

Sincerely, Pamela Cotham

Purchasing Agent

Department Bid File

INSURANCE REQUIREMENT CHECKLIST

CONTRACT / BID TITL F.

The bidder awarded this bid or contract will maintain, at their expense adequate insurance coverage to protect them from claims arising under the Worker's Compensation Act, any and all claims for bodily injury and property damage to the Bidder and to Anderson County Government while delivery and service are being done. A certificate of insurance must be on file in the Purchasing Department before work may begin and must be maintained until work is completed.

Revised- 1/28/08

1.	\square	Workers Compensation Employers Liability	Statutory limits 100,000/100,000/500,000
2.		Commercial General Liability Include Premises Liability Include Contractual Include XCU Include Products and Completed Operatio Include Personal Injury Include Independent Contractors Include Vendors Liability Include Professional or E&O Liability	\$1,000,000 per occurrence \$2,000,000 aggregate
3.		Business Auto Include Garage Liability Include Garage Keepers Liability Copy of Valid Drivers License Copy of Current Motor Vehicle Record Copy of Current Auto Liability Declaration	\$1,000,000 \$1,000,000 ons Page
1.		Crime Coverages Employee Dishonesty Employee Dishonesty Bond	
5.		Property Coverages Builders Risk Inland Marine Transportation	

Performance Bond and Payment Required - A One-Hundred Percent (100%) performance bond and payment bond 6. or an irrevocable letter of credit in favor of Anderson County Government at a federally insured financial institution.

Certificate Holder Shall Be: Anderson County Government, Clinton, Tennessee, and shall show the bid number and title. Anderson County Government shall be named as an additional insured on all policies except worker's compensation and auto. Insurance carrier ratings shall have a Best's rating of A-VII or better, or its equivalent. Cancellation clause on certificate should strike out "endeavor to" and include a 30-day notice of cancellation where applicable. Any deviations from the above requirements must be disclosed to the Anderson County Purchasing Agent. Any liability deductibles or exclusions must also be disclosed. Exceptions can be granted if applicable. Vendor is not to begin services until Certificate of Insurance is on file with Purchasing Agent.

Bidders Statement and Certification

I understand the insurance requirements of these specifications and will comply in full within 21 (twenty-one) calendar days of notification of intent to award of bid and or contract. Failure to comply will deem vendor non-responsive. I agree to furnish the county with proof of insurance for the entire term of the bid and or contract.

Vendor Name

4.

5.

Authorized Signature

Bid #4646 Painting – Health Department

Specifications - Revised

For Anderson County Health Department is seeking a contractor to paint the entire inside of the building to include walls, doors and door frames. Due to the nature of the business some work may need to be done after hours or on weekends.

<u>Mandatory Pre-bid</u> – There will be a pre-bid meeting on February 29, 2016, at 3:30 p.m. meeting in the parking lot.

Vendor will be responsible for the following:

- Scrape, wire brush, sand as needed to remove loose and peeling paint and rust.
- Caulking all cracks.
- Prime water stains.
- Move some fixtures, etc. as needed
- Prep walls, doors etc. as needed
- Provide all labor and equipment needed to complete job.

Health Department will be responsible for the following:

- Provide paint.
- Select type of paint and colors.
- Remove all pictures, plaques, fixtures, etc.

Total Cost to complete Job \$_____

Option: Vendor to supply paint \$_____

Bidder (Company Name-Print)

Signature

Date

Address City, St, Zip Code

Bid Representative Name (Print)

TN License #

Expiration Date

Phone #