

ADDENDUM NO. I

Quote NUMBER: _____305145_____

Quote TITLE: _____Workers Compensation Insurance_____

DEPARTMENT: _____Air Pollution Control Bureau (APCB)_____

COMMODITY: _____Insurance_____

DATE OF ADDENDUM: _____June 7, 2018_____

ORIGINAL Quote DUE DATE: _____June 12, 2018_____

ORIGINAL Quote DUE TIME: _____4:30 p.m., e.s.t._____

REVISED Quote DUE DATE: _____June 19, 2018_____

REVISED Quote DUE TIME: _____4:30 p.m., e.s.t._____

REASON: DEADLINE HAS BEEN EXTENDED

(SIGNED): _____(DATE): _____

(COMPANY): _____

Please sign one (1) copy of this page and return it with your quote, or separately and clearly labelled if your proposal has already been submitted, to the Purchasing Department (email: aberkowitz@chattanooga.gov; or fax to 423-643-7244 Attn: A Berkowitz; or mail to Purchasing Dept., Attn: A Berkowitz, 101 E. 11th Street, Suite G-13, Chattanooga, TN 37402.

Retain a copy for your file.