



**Addendum # 3  
ITB-11-15  
Polk State College Soccer Complex**

January 10, 2011

The Invitation To Bid for the Polk State College Soccer Complex, ITB-11-15, is hereby changed by correction of the following:

1. The attached signature page was inadvertently left out of the new revised bid sheet that was included in Addendum #2, and is to be included as part of the bid.

All other terms and conditions remain the same.

Sincerely,

CITY OF WINTER HAVEN

A handwritten signature in cursive script, appearing to read 'Bob Bishop', is written over a horizontal line.

Bob Bishop  
Procurement Services Division Director

PROPOSAL AND BID FORM  
ITB-11-15

Can you obtain Worker's Compensation insurance?  
(Waivers are not acceptable)

Item #49 under Contractor Provided Insurance

\_\_\_\_\_ (yes/no)

Can you obtain General Liability Insurance  
(coverage of at least \$1,000,000.00)?

Item #49 under Contractor Provided Insurance

\_\_\_\_\_ (yes/no)

Can you obtain Automobile Insurance  
(coverage of at least \$1,000,000.00)?

Item #49 under Contractor Provided Insurance

\_\_\_\_\_ (yes/no)

Can you submit the additional insured endorsement no more  
restrictive than CG 20 10

Item #49 under Contractor Provided Insurance

\_\_\_\_\_ (yes/no)

Can you furnish Performance & payment Bond  
100 % of Contract Price) due within twenty (20) calendar  
days after receipt of written notice of award  
(Purchase Order)

Item #52 under Performance and Payment Bond

\_\_\_\_\_ (yes/no)

All insurance certificates must list the City of Winter Haven as additional insured.

\_\_\_\_\_ Date

\_\_\_\_\_ Name of Company

\_\_\_\_\_ Authorized Signature

\_\_\_\_\_ Mailing Address

\_\_\_\_\_ Title/Position

\_\_\_\_\_ City State Zip

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Email address

\_\_\_\_\_ Federal Employer I.D. # (FEID)

\_\_\_\_\_ Telephone Number

\_\_\_\_\_ State Registration #

\_\_\_\_\_ State Certification #

\_\_\_\_\_ Q.B.O.

\_\_\_\_\_ Fax Number