To: All Plan Holders of Record

From: Verdantas, LLC
For the Owner

Re: ***Addendum No. 3***
Downtown Resurfacing – Phase 2 – N. Main Street Et al
Village of Chagrin Falls

Date: October 1, 2025

This Addendum forms a part of the contract documents and modifies the original bidding documents dated September 2025 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.

COMPLETION DATE

The date of construction completion shall be changed from December 5, 2025 to May 15, 2026 for the Base Bid and Alternate 1.

TL/PV: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.

BF.12B

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
Unique Entity Identifier Number (UEI) SAM.gov	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 15, 2026

LIQUIDATED DAMAGES: $1,000.00 PER DAY