



CITY OF TORRINGTON

Addenda #2

ADDENDA #2 - NOTICE TO CONTRACTOR – FORMS TO BE PART OF SUBMITTED BID Torrington Gateways Project – Various Sites, Torrington, CT

BID #TGP-013-071813 TORRINGTON GATEWAY PROJECT

Date of bid opening: **July 18, 2013** Time: **11:00 AM** Location: **City Hall, 140 Main St., Room 206, Torrington, CT**

Must submit signed addenda with bid.

The City of Torrington reserves the right to accept or reject any or all bids or any portion thereof, to waive technicalities, and to award the contract as will best serve the public interest.

Dated in Torrington: July 16, 2013 Purchasing Agent _____
Pennie Zucco

Bid Submitted By: _____

Name of Company _____ Signature _____

Date _____ Title _____

ADDENDA #2

- ITEM “B” on Bidders Checklist, “Certificate as to Corporate Principal” to be part of submitted bid.
- ITEM “F” on Bidders Checklist, “Statement from State of CT Treasurer regarding workers’ compensation payments” is to be deleted and submitted prior to Award of Contract. All bidders are hereby notified that the awarded contractor will be required to submit this form prior to award of contract.

CERTIFICATE AS TO CORPORATE PRINCIPAL

I, _____, certify that I am the _____

of the Corporation named as Principal in the within bond; that
_____.

who signed the said bond on behalf of the Principal was then _____

of said corporation; that I know his signature, and his signature thereto is genuine; and that said bond was duly signed, sealed, and attested to for and in behalf of said corporation by authority of this governing body.

Affix

Corporate
Seal

Title



DENISE L. NAPIER
TREASURER

State of Connecticut
Office of the Treasurer

HOWARD G. RIFKIN
DEPUTY TREASURER

March 25, 2010

Company Name
Address
City, State Zip

Attn.:

Dear

Re: PUBLIC ACT 86-87 WORKERS' COMPENSATION INSURANCE
CONTRACTORS ON PUBLIC WORKS PROJECTS

As of this date, to the best of my knowledge and belief, please be advised that the following firm:

Company Name
Address
City, State Zip
Contract No.

is not liable to the Second Injury Fund for any workers' compensation payments made pursuant to Section 31-355 of the Connecticut General Statutes.

Sincerely,

A handwritten signature in cursive script, appearing to read "Maria M. Greenslade".

Maria M. Greenslade
Assistant Deputy Treasurer

/ko

C. File