ADDENDUM

Please accept this Addendum, issued Thursday, September 18, 2025, as modifying that certain request for proposals issued by Crook County, Oregon, as follows:

Crook County Puckett Road Overlay

CONTRACT NO: 2025-10

 SUBMITTAL DEADLINE:
 September 25, 2025 @ 2:00 p.m.

 OPENING OF BIDS:
 September 25, 2025 @ 3:00 p.m.

 AWARD DATE:
 October 15, 2025 @ 9:00 a.m.

MODIFICATION OF REQUEST FOR PROPOSAL

The original request for proposals contained contradictory statements regarding the requirement that the required insurance list the County as additional insured, included an out-of-date maximum amount under the Oregon Tort Claims Act, and included an incorrect statement regarding automobile liability insurance coverage.

The request for proposals is revised to delete the "Insurance Coverage Required" in its entirety, and replace it with the following:

Insurance Coverage Required - Addendum

CONTRACTOR shall not commence any work until **CONTRACTOR** obtains, at **CONTRACTOR'S** own expense, all required insurance as specified below. Approval of **CROOK COUNTY** is required as to limits, form, and amount. **CONTRACTOR** is required to obtain or maintain the following for the full period of the contract:

X COMMERCIAL GENERAL LIABILITY insurance covering personal injury, bodily injury, and property damage with limits as specified below. The insurance shall include:

COVERAGES LIMITS Explosion & Collapse \$1 million per occurrence Underground Hazard **X** Limits of the Oregon Tort Claims Act Products/Completed (ORS 30.260-30.300) presently at \$1,758,300 **Operations** per occurrence X Other – Tort limits adjusted per ORS **Contractual Liability Broad Form Property Damage** 30.372(4) beginning in 2015 Owners & Contractors Protective

FORM: All policies must be of the occurrence form with combined single limit for bodily injury and property damage. Any deviation from this must be reviewed by the Crook County Counsel. All claims-made forms must have the prior approval of the Crook County Counsel. Submit a complete copy of claims-made policies and endorsements with the certificate of insurance.

X AUTOMOBILE LIABILITY insurance comprehensive form with limits as specified below. The coverage shall include owned, hired, and non-owned automobiles.

LIMITS

\$1 million per occurrence

X Other – Tort limits adjusted per ORS 30.372(4) beginning in 2015 X Not less than the limits of the Oregon Tort Claims Act (ORS 30.260-30.300) presently at \$1,758,300 per occurrence									
	_PROFESSIONAL \$		insurance	with	limits	not	less	than	
X ADDITIONAL INSURED CLAUSE: The liability insurance coverages required for the performance of this contract shall be endorsed to name Crook County, its commissioners, officers, agents, and employees as additional insured with respect to the activities performed under this contract.									
X WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY as statutorily required for persons performing work under this contract. Any subcontractor hired by CONTRACTOR shall also carry Worker's Compensation and Employers' Liability coverage.									
	EMPLOYERS LIABILITY insurance with limits of \$500,000.								
BUILDER'S RISK insurance special form. Limits to be the value of the contract or \$									
FIDELITY BOND covering the activities of any person, named or unnamed, responsible for collection and expenditures of funds. Limit \$ per employee.									
In the event of cancellation or change of the information above, CONTRACTOR certifies that it will immediately notify the Department of said cancellation or change and will obtain alternate coverage.									
Contractor Business Name: Date						_			
By: _ Its: _	Signature		Contact County Cour	nsel with questi	ons re I nsurance	Print Na		919.	

Except as specifically modified by this Addendum, the terms of the request for proposals remains in full force and effect.

Questions regarding this Addendum may be directed to:

Eric Blaine Crook County Counsel 541-416-3919 Eric.Blaine@crookcountyor.gov

A copy of the above revision is included on the last page of this Addendum, to be signed and included in the bidder's response.

Insurance Coverage Required - Addendum

CONTRACTOR shall not commence any work until **CONTRACTOR** obtains, at **CONTRACTOR's** own expense, all required insurance as specified below. Approval of **CROOK COUNTY** is required as to limits, form, and amount. **CONTRACTOR** is required to obtain or maintain the following for the full period of the contract:

	LIABILITY insurance covering personal injury, bodily injury, and s specified below. The insurance shall include:
COVERAGES	LIMITS
Explosion & Collapse Underground Hazard Products/Completed Op Contractual Liability Broad Form Property D Owners & Contractors F	occurrence amage X Other – Tort limits adjusted per ORS
property damage. Any deviation from	occurrence form with combined single limit for bodily injury and this must be reviewed by the Crook County Counsel. All claims-made the Crook County Counsel. Submit a complete copy of claims-made rtificate of insurance.
	surance comprehensive form with limits as specified below. The hired, and non-owned automobiles.
X Not less than the limit	ence justed per ORS 30.372(4) beginning in 2015 s of the Oregon Tort Claims Act cly at \$1,758,300 per occurrence
PROFESSIONAL LIABILITY	insurance with limits not less than \$
of this contract shall be endor	SE: The liability insurance coverages required for the performance rsed to name Crook County, its commissioners, officers, agents, and ed with respect to the activities performed under this contract.
	AND EMPLOYER'S LIABILITY as statutorily required for persons ontract. Any subcontractor hired by CONTRACTOR shall also carry Employers' Liability coverage.
EMPLOYERS LIABILITY insu	rance with limits of \$500,000.
BUILDER'S RISK insurance s	pecial form. Limits to be the value of the contract or \$
FIDELITY BOND covering the collection and expenditures of	activities of any person, named or unnamed, responsible for funds. Limit \$ per employee.
	nge of the information above, CONTRACTOR certifies that it will said cancellation or change and will obtain alternate coverage.
Contractor Business	
Name:	
Cianatura	Drint Nama