

Date: July 7, 2021 To: All Vendors

Subject: Addendum #1

## **REFERENCE:** P064-21 Excess Liability Insurance

This Addendum forms part of the contract and clarifies, corrects or modifies original RFP document.

BPUB is unable to submit carrier applications until quotes for renewal are received, reviewed and coverage is bound.

The signature of the company agent, for the acknowledgement of this addendum, shall be required. Complete information below and return via e-mail to: dsolitaire@brownsville-pub.com

I hereby acknowledge receipt of this addendum.

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Agent Name: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

If you have any further questions about the RFP, call 956-983-6366.

E-mail address:

## Diane Solitaire

Purchasing