

**CAPE MAY COUNTY BOARD of CHOSEN FREEHOLDERS  
CAPE MAY COUNTY CREST HAVEN NURSING & REHABILITATION CENTER  
KITCHEN ADDITION and RENOVATIONS  
Addendum #2  
October 18, 2010**

**Bid Package Clarifications and Changes**

Addendum #2 dated October 18, 2010, for the **Cape May County Crest Haven Nursing & Rehabilitation Center Kitchen Addition and Renovations** shall be included as part of the Contract Bid Documents. Addendum #2 shall supplement and clarify the current Contract Bid Documents.

1. Bidders Check List: Line 4 of the Bidder's Check List (DPMC Notice of Classification) shall be revised as follows:
  - A valid and active DPMC Notice of Classification \_\_\_\_\_
2. SURETY DISCLOSURE STATEMENT AND CERTIFICATION: Replace the Surety and Disclosure Statement and Certification with the attached REVISED Surety and Disclosure Statement and Certification. Please note the following:
  - A. The Surety Disclosure Statement and Certification form provided with the Contract Documents is to be used with the Performance Bond and Payment Bond. For the Bid Bond, the Surety Company can use their own form as long as it provides the same information as required by Surety Disclosure Statement and Certification form provided with the Contract Documents.
  - B. For the Performance Bond and Payment Bond, the Surety Disclosure Statement and Certification form shall have the calendar year in Paragraph (2) revised to December 31, 2009.
3. Specification Section 11400 Food Service Equipment:
  - A. Revision: Specification Section 11400 Food Service Equipment. Delete item 1.2.D regarding allowances. There are no allowances scheduled for Food Service Equipment. All food service equipment and related work shall be included in the Base Bid unless specified otherwise.
  - B. Clarification: Specification Section 11400 Food Service Equipment. Existing Equipment Clarifications as follows: Item 11 (3) Existing Refrigerators and Item 12 (3) Existing Mobile Heat Cabinets shall be temporarily relocated and/or removed and stored by Owner. Contractor shall assist by field verifying the required utility connections and installing new connections at the specified new locations shown on plans. Item 19 Existing Soiled Dish Carts and Item 20 Existing Clean Dish Carts shall be temporarily relocated and/or removed and stored by Owner. Item 13 Existing Steamer, Item 14 Existing Braising Pan, Item 15 Existing Range, Item 16 Existing Convection Oven, Item 17 Existing Exhaust Hood and Item 18 Existing Fire Suppression System will not be used or accessed by the Owner during the (3) week maximum, Phase IIIB Meals on Wheels renovation period. Accordingly, the Contractor is required to temporarily relocate, protect and store this existing equipment during the renovation period. The Contractor shall reinstall equipment during the Phase IIIB renovation period. The Contractor shall verify and document the proper working order of the existing equipment prior to temporarily removing and after reinstalling.

**Cape May County Crest Haven Nursing & Rehabilitation Center  
Kitchen Addition and Renovations**

4. Revision: Specification Section 01010 Summary of Work Item 1.1.C.5. b. Removal of temporary partitions and extension of final finishes (i.e. ceiling, lighting, painting, wall panels, etc.) into adjacent Phase IIIB area, shall be revised to read, "into adjacent Phase IIIA area".
5. Revision: Specification General Conditions of the Contract for Construction A201, Article 3.7.1.1 shall be revised as follows: "The required Building Permit or Permits shall be secured by the Contractor for his trade; or by the Prime Contractor in charge of the Work when the Contract combines more than one trade under a Single Contract. Permit fees, if required shall be paid by the Owner."
6. Revision: Drawing A-3, Building Sections 4, 5 and 6, revise crawl space slab note to read, "2" CONCRETE SLAB W/ 10 MIL. POLY. VAPOR BARR. OVER 4" CRUSHED STONE".
7. Clarification: Any reference to "relocated" grease trap, shall be interpreted as the new grease trap at the new location.

ADDENDUM #2 CONSISTS OF (4 PAGES). PLEASE ACKNOWLEDGE RECEIPT OF THIS ADDENDUM BY SIGNING BELOW AND FAXING BACK IMMEDIATELY TO (609) 465-1418. IF THIS FAX IS UNCLEAR, PLEASE CALL (609) 465-1035. **THIS IS MANDATORY!!** IF YOU ARE NOT BIDDING THIS PROJECT, WRITE "NO BID" AND FAX BACK CONFIRMATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company

**Cape May County Crest Haven Nursing & Rehabilitation Center  
Kitchen Addition and Renovations**

**SURETY DISCLOSURE STATEMENT AND CERTIFICATION**

, surety(ies) on the attached bond, hereby certifies(y) the following:

- (1) The surety meets the applicable capital and surplus requirements of R.S.17:17- or R.S.17:17-7 as of surety's most current annual filing with the New Jersey Department of Insurance.
- (2) The capital (where applicable) and surplus, as determined in accordance with the applicable laws of the State, of the surety(ies) participating in the issuance of the attached bond is (are) in the following amount(s) of the calendar year ended December 31, 2009 (most recent calendar year for which capital and surplus amounts are available), which amounts have been certified as indicated by certified public accountants (indicating separately for each surety that surety's capital and surplus amounts, together with the name and address of the firm of certified public accounts that shall have certified those amounts):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3)(a) With respect to each surety participating in the issuance of the attached bond that has received from the United States Secretary of the Treasury a certificate of authority pursuant to 31 U.S.C. § 9305, the underwriting limitation established therein and the date as of which that limitation was effective is as follows (indicating for each surety that surety's underwriting limitation and the effective date thereof):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) With respect to each surety participating in the issuance of the attached bond that has not received such a certificate of authority from the United States Secretary of the Treasury, the underwriting limitation of that surety as established pursuant to R.S.17:18-9 as of (date on which such limitation was so established) is as follows (indicating for each surety that surety's underwriting limitation and the date on which that limitation was established):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SURETY DISCLOSURE STATEMENT AND CERTIFICATION**

(4) The amount of the bond to which this statement and certification is attached is \$\_\_\_\_\_.

(5) If, by virtue of one or more contracts of reinsurance, the amount of the bond indicated under item (4) above exceeds the total underwriting limitation of all sureties on the bond as set forth in items (3)(a) or (3)(b) above, or both, then for each such contract of reinsurance:

(a) The name and address of each such reinsurer under that contract and the amount of that reinsurer's participation in the contract is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Each surety that is party to any such contract of reinsurance certifies that each reinsurer listed under item (5)(a) satisfies the credit for reinsurance requirement established under P.L.1993, c. 243 (C.17:51 B-1), et seq.) and any applicable regulations in effect as of the date on which the bond to which this statement and certification is attached shall have been filed with the appropriate public agency.

**CERTIFICATE**

(to be completed by an authorized certifying agent for each surety on the bond)

I \_\_\_\_\_ (name of agent), as \_\_\_\_\_ (title of agent) for \_\_\_\_\_ (name of surety), a corporation/mutual insurance company/other (indicating type of business organization) (circle one) domiciled in (state of domicile), DO HEREBY CERTIFY that, to the best of my knowledge, the foregoing statements made by me are true, and ACKNOWLEDGE that, if any of those statements are false, this bond is VOIDABLE.

\_\_\_\_\_  
(Signature of certifying agent)

\_\_\_\_\_  
(Printed name of certifying agent)

\_\_\_\_\_  
(Title of certifying agent)