

**COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR FACILITIES AND SUPPORT SERVICES
DIVISION OF ENGINEERING AND CONTRACT ADMINISTRATION**

INVITATION TO BID NO: RFB-163-13

DATE: February 26, 2013

FOR: Renovation Downtown Campus
Owensboro Community & Technical College
Owensboro, Kentucky

ADDENDUM NO. One (1)

BIDDER SHALL CONFORM TO THE FOLLOWING CHANGES AS SAME SHALL BECOME BINDING UPON THE CONTRACT TO BE ISSUED IN RESPONSE TO THIS INVITATION TO BID.

- Item 1. Attached to the addendum distributed by Lynn Imaging is the EMR form. This shall be incorporated into the bid documents which was inadvertently omitted.

END OF ADDENDUM

Invitation to Bid No.	RFB-163-13
For:	Renovation Downtown Campus Owensboro Community & Technical College Owensboro, Kentucky

Kristi Sharp, CPPB, Strategic Procurement Specialist I
Division of Engineering and Contract Administration

EXPERIENCE MODIFICATION RATING (EMR):

This form must be filled out by your Kentucky Workers Compensation Carrier/Agent. The insurance carrier/agent **must** certify your EMR. This form shall be submitted correctly with your bid or your company will receive zero (0) points awarded for this requirement. **THIS FORM IS FOR RFB-163-13 ONLY.**

Vendor Information: (please print)

Name: _____

Address: _____

Phone: _____

Contact: _____

EMR: _____ **EFFECTIVE DATE:** _____

The bidder with the lowest Experience Modification Rating (EMR) will receive 5 points. The bidder with the next lowest EMR receives points by dividing the lowest EMR by the next lowest and multiplying that percentage by the available points. Failure to submit this affidavit with your bid will result in 0 points being awarded for this requirement.

The Contractor may be required to provide Worksheet, i.e. NCCL, KY AGC, etc. as documentation of their current score. Failure to fill out this form will result in zero (0) points being awarded for the EMR criteria.

NOTARIZED STATEMENT OF COMPLIANCE

Insurance Company providing KY Workers' Compensation:

I certify, under penalty of perjury, that I have provided all pertinent information required by this form and this information is true and accurate.

SIGNATURE

Printed Name

Title

Date

Company Full Legal Name _____

Address _____

Subscribed and sworn to before me by _____,
(Affiant) (Title)

of _____ this _____ day of _____, 20 _____ .
(Company Name)

Notary Public

[seal of notary] My commission expires: _____