

## **ADDENDUM NO. 1**

**Name:** Request for Qualifications for Legal Services - RFQ# 1-2019

**Date:** January 30, 2019

**To:** All Prospective Proposers

This amendment is being issued to answer a question regarding the RFQ:

**Q:** Regarding the liability insurance certificate requested for the TOH RFQ 1-2019. Do you require a contact person's name be listed on the insurance certificate in addition to the Town of Hempstead?

**A:** No, it is unnecessary to list the name of a contact person on the insurance certificate. The insurance certificate should name the Town of Hempstead as an additional insured.

**The "ADDENDUM NO. 1 RECEIPT ACKNOWLEDGEMENT FORM" on the last page of this Addendum NO. 1 must be signed and dated in the spaces provided and submitted with your Proposal. All Proposers must submit this form with its Proposal regardless of the content contained in each Addendum.**

**ADDENDUM NO.1 RECEIPT ACKNOWLEDGEMENT FORM**

Request for Qualifications for Legal Services - RFQ# 1-2019

By signing this Acknowledgement and submitting same with its Proposal submission, the undersigned Proposer acknowledges receipt of this Addendum No. 1. Proposer further acknowledges that it has read and reviewed the information contained herein, understands same, and that its questions, if any presented, have been answered satisfactorily. Proposer agrees that it shall incorporate/consider the information contained in this Addendum No. 1 in preparing and providing its proposal price. In addition, this Addendum No.1 Receipt Acknowledgement Form must be signed and dated and attached to the proposal submittal.

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

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

Proposer Acknowledgement Date: \_\_\_\_\_

Print & Sign Company Principal Name & Title: \_\_\_\_\_

\_\_\_\_\_