

July 14, 2016

ADDENDUM 2
BID NO. 2016-L
Insurance Coverages and Services

Revised Pricing Information Form.

PRICING INFORMATION

NAME OF RESPONDENT: _____

BILLING ADDRESS: _____

| | COVERAGE AMOUNT | DEDUCTIBLES | FY 16-17 | FY 17-18 |
|----------------------------------|----------------------------|--------------------|-----------------|-----------------|
| PROPERTY | | | | |
| | | | | |
| INLAND MARINE | | | | |
| | | | | |
| AUTOMOBILE | | | | |
| | | | | |
| CRIME | | | | |
| WORKER'S COMPENSATION | | | | |
| | | | | |
| | | | | |

See copies of existing policies

Use of this form is OPTIONAL. However, coverage, deductibles and prices by the respondent must include the information above. Attach additional information if necessary.

Responder's Signature: _____

Date: _____