BID FORM

PROJECT NAME AND LOCATION:

Windsor Heights Stairway Landing Replacement		Contract Number: DV	W2402131
BID FORM			
The undersigned, Legal Name of Bidder:			
on this date: contract documents, site conditions, and has manual as prepared by the Owner, hereby pro all including, but not limited to, demolition taxes and fees to complete the work for the fo	_, 2024, havi s field verified a sposes to furnish n, disposal, new	labor, materials and necessary installation and the required	equipment –
BASE BID		(S)
(Including sales tax in	ndicated in Instru	ctions to Bidders) (\$)
ADDENDA			
ADDENDA Acknowledge receipt of any a	ddenda by insert	ing the number(s) above	
In submitting this bid, it is understood that the undersigned hereby agrees that this proposal calendar days from the date of Bid Opening.			
Bidder agrees that Work will be substantially contract Documents on or before the date, with			nce with the
The undersigned Bidder hereby certifies that, solicitation date for this Project, the bidder is reprovision of chapters 49.46, 49.48, or 49.52 Reprovision of chapters by the Department of Lacourt of limited or general jurisdiction.	not a "willful" vio CW, as determin	plator, as defined in RCW 49.48 ed by a final and binding citation	3.082, of any on and notice
I certify (or declare) under penalty of perjury is true and correct.	under the laws of	f the State of Washington that the	ne foregoing
Signature of Bidder	Print	Your Name	
Submitted on	day of		2024
City.	Chat		
City	State		

BIDDER INFORMATION

BIDDER INFORMATION

Name of Bidder (Company)	:		
Address:			
Contact Name:			
Phone Number:	Email A	ddress:	
Bidder is $a(n)$: \square Individual	☐ Partnership ☐ Joint Ve	nture 🗆 Incorporated	d in the state of
	_	_	vears if different than above:
Bidder has been in business	continuously from:		
Bidder has been in business			
Business License #:	Fed	eral ID #:	
Current UBI #:	Dept. of L&I	Worker's Comp. Ac	ect. #:
Bidder has experience in wo	ork "Similar in Scope and C	Complexity" compara	able to that required for this Project:
As a prime contractor for _	years. As	s a subcontractor for	years.
OWNER(S) OF COMPAN	IY (List all owners):	OWNER'S SOO required if sole	CIAL SECURITY NUMBER (only proprietorship):
No. of regular full-time emp	loyees other than owner(s)	:	
Indicate clearly the kind of	work your company will ac	tually perform in this	s project:
Approximate % of work you	ır company will actually pe	erform:	
List the supervisory personn	ael to be employed by the B	Bidder and available t	for, and intended to, work on this project:
Name	<u>Title</u>		How Long With Bidder

BIDDER INFORMATION

SUBCONTRACTORS

Do you intend to use Subcontractor(s) in this project?	Yes \square No \square (If yes, you <u>must</u> show the name of the
subcontractors. Attach additional pages as necessary.)	

Subcontractors Name	Subcontractor's UBI#	Phone Number	Trade	Years in
				Business
1.				
2.				
3.				
4				
4.				
5.				

BIDDER'S EXPERIENCE

Projects successfully supervised and completed by your company for work of similar scope and value as specified in bid documents in the last 5 years. Attach additional pages as necessary.

Completion Date	Duration	Nature of Work	Amount of
	(Months)		Contract
Project Address		Contact Person	Phone
			Number
	Project Address		

Owner's Name (or project	Project Address	Contact Person	Phone
listed above)			Number
1.			
2.			
3.			
4.			
5.			

Has Bidder ever been found guilty of violating any State or Federal employment laws? ☐ No ☐	Yes
If yes, give details & attach additional pages as necessary:	

Has Bidder ever filed for protection under any provision of the federal bankruptcy laws or state insolvency laws? \square No \square Yes If yes, give details & attach additional pages as necessary:

BIDDER INFORMATION

Has any lien, claim and/or adverse legal action related to construction been rendered against Bidder in the past five years? (i.e., open claims, lawsuits, warrants, judgements including but not limited to those that would show on the L&I website)

No Yes If yes, give details & attach additional pages as necessary:

Has Bidder or any of its employees filed any claims with Washington State Worker's Compensation or other insurance company for accidents resulting in fatal injury or dismemberment in the past 5 years?

No Yes If yes, please state:

Date

Type of Injury

Agency Receiving Claim

Bidders current Experience Modification Rate (EMR):

(If Bidder is self-insured, attach proof of EMR stated, showing complete worksheet calculations)

The bidder hereby certifies that the information contained in this Bidder's Information is accurate, complete and current.

BY:

NAME:

(signature)

NAME:

(print)

TITLE:_____DATE: ____