# **BID FORM**

## PROJECT NAME AND LOCATION:

Emerson Apartments Deck Replacement, Building S REBID	Contract Number: DW2402231
BID FORM	
The undersigned, Legal Name of Bidder:	
manual as prepared by the Owner, hereby propos	2024, having familiarized him/herself with the eld verified all measurements contained in the project es to furnish labor, materials and necessary equipment – lisposal, new installation and the required applicable wing bid amounts:
BASE BID(Including sales tax indic	ated in Instructions to Bidders) (\$)
ADDENDAAcknowledge receipt of any adde	enda by inserting the number(s) above
Ç ,	at is reserved by the Owner to reject any and all bids. The all be a valid and firm offer for a period of Sixty (60)
Bidder agrees that Work will be substantially com Contract Documents on or before the date, within	plete and ready for final payment in accordance with the the number of calendar days indicated.
solicitation date for this Project, the bidder is not a provision of chapters 49.46, 49.48, or 49.52 RCW	hin the three-year period immediately preceding the bid a "willful" violator, as defined in RCW 49.48.082, of any as determined by a final and binding citation and notice and Industries or through a civil judgment entered by a
I certify (or declare) under penalty of perjury under true and correct.	er the laws of the State of Washington that the foregoing
Signature of Bidder	Print Your Name
Submitted on	day of2024
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 <b>all</b> 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: \_\_\_\_