BID FORM

PROJECT NAME AND LOCATION:

| Asphalt Replacement Multiple Locations | Contract Number: | DW 2401931 |
|--|------------------------------------|-------------------|
| BID FORM | | |
| The undersigned, Legal Name of Bidder: | | |
| on this date: | ecessary equipment – all including | , but not limited |
| ARGYLE APARTMENTS | (\$ | |
| BALLINGER COMMONS | (\$ |) |
| BELLEPARK EAST | (\$ |) |
| CARRINGTON APARTMENTS | (\$ |) |
| FRIENDLY VILLAGE MOBILE HOME PARK | (\$ |) |
| HAMPTON GREENS | (\$ |) |
| JUANITA VIEW | (\$ |) |
| KENDALL RIDGE | (\$ |) |
| PINEWOOD VILLAGE | (\$ |) |
| RIVERSTONE APARTMENTS | (\$ |) |
| SALISH PLACE | (\$ |) |
| SANDPIPER EAST | (\$ |) |
| TALL CEDARS MOBILE HOME PARK | (\$ |) |
| VANTAGE GLEN MOBILE HOME PARK | (\$ |) |
| VASHON TERRACE | (\$_ |) |

BID FORM

| VILLAGES AT SOUTH STATION | (\$ |) |
|---|------------|---|
| WOODSIDE EAST APARTMENTS | (\$ |) |
| BASE BID (Including sales tax indicated in Instructions to Bide | (\$ |) |
| UNIT PRICES See Specification Section 01100, 1.6 D – U | nit Prices | |
| Unit Price No. 1 – Asphalt Replacement (Including sales tax indicated in Instructions to Bidders) | (\$ |) |
| Unit Price No. 2 – Extruded Curb (Including sales tax indicated in Instructions to Bidders) | (\$ |) |
| Unit Price No. 3 – Poured in Place Vertical Curb (Including sales tax indicated in Instructions to Bidders) | (\$ |) |
| Unit Price No. 4 – Poured in Place Curb and Gutter (Including sales tax indicated in Instructions to Bidders) | (\$ |) |
| Unit Price No. 5 – Speed Bumps (Including sales tax indicated in Instructions to Bidders) | (\$ |) |
| Unit Price No. 6 – Wheel Stop (Including sales tax indicated in Instructions to Bidders) | (\$ |) |
| ADDENDA | | |

In submitting this bid, it is understood that the right is reserved by the Owner to reject any and all bids. The undersigned hereby agrees that this proposal shall be a valid and firm offer for a period of Sixty (60) calendar days from the date of Bid Opening.

Acknowledge receipt of any addenda by inserting the number(s) above

Bidder agrees that Work will be substantially complete and ready for final payment in accordance with the Contract Documents on or before the date, within the number of calendar days indicated.

BID FORM

The undersigned Bidder hereby certifies that, within the three-year period immediately preceding the bid solicitation date for this Project, the bidder is not a "willful" violator, as defined in RCW 49.48.082, of any provision of chapters 49.46, 49.48, or 49.52 RCW, as determined by a final and binding citation and notice of assessment issued by the Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction.

State

City

BIDDER INFORMATION

BIDDER INFORMATION

| Name of Bidder (Company) | : | | |
|--------------------------------|------------------------------|------------------------------|---|
| Address: | | | |
| Contact Name: | | | |
| Phone Number: | Email A | .ddress: | |
| | | | |
| | | | I in the state of |
| List business names & assoc | - | _ | |
| Bidder has been in business | continuously from: | | |
| | | Month, Year | |
| Business License #: | Fede | eral ID #: | |
| Current UBI #: | Dept. of L&I | Worker's Comp. Ac | ct. #: |
| Bidder has experience in wo | ork "Similar in Scope and C | Complexity" compara | ble 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 v | work your company will ac | tually perform in this | s project: |
| Approximate % of work you | ır company will actually pe | orform: | |
| List the supervisory personn | el to be employed by the B | idder and available f | or, and intended to, work on this project: |
| <u>Name</u> | <u>Title</u> | | How Long With Bidder |
| _ | | | - |

BIDDER INFORMATION

SUBCONTRACTORS

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

| Subcontractor's C |) D I# PI | ione Number | Trade | Y ea Bus |
|--------------------|-----------------------|-----------------------------------|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| d and completed by | your compan | y for work of simil | ar scope and va | alue as specifie |
| Completion Date | Duration | Nature of Work | | Amount of Contract |
| | (Wionins) | | | Contract |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Project Address | | Contact Person | | Phone |
| , | | | | Number |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | rs. Attach additional | Completion Date Duration (Months) | Completion Date Duration (Months) Nature of Work | Completion Date Duration (Months) Nature of Work |

Has Bidder ever filed for protection under any provision of the federal bankruptcy laws or state insolvency laws?

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

BIDDER INFORMATION

| years? (i.e., open claims, law | suits, warrants, judgements including but | been rendered against Bidder in the past five not limited to those that would show on the ages as necessary: |
|--------------------------------------|--|--|
| | loyees filed any claims with Washington sents resulting in fatal injury or dismember | |
| <u>Date</u> | Type of Injury | Agency Receiving Claim |
| | | <u> </u> |
| | | <u> </u> |
| Bidders current Experience I | Modification Rate (EMR): | |
| (If Bidder is self-insured, at | tach proof of EMR stated, showing comp | lete worksheet calculations) |
| The bidder hereby certifies current. | that the information contained in this Bi | dder's Information is accurate, complete and |
| BY: | NAME: | |
| (signature) | | (print) |
| TITLE: | DATE: | |