# **BID FORM**

City

PROJECT NAME AND LOCATION	N:		
Rainier View Mobile Home Park Site Development		Contract Number: DW2402331	
BID FORM			
The undersigned, Legal Name of Bidder: _			_
documents, site conditions, and has field prepared by the Owner, hereby propose	verified all measures to furnish labor, disposal, new instal	Camiliarized him/herself with the contract rements contained in the project manual at materials and necessary equipment — a lation and the required applicable taxes an	as 11
BASE BID		(\$	)
(Including sales ta	ax indicated in Instru	uctions to Bidders)	_/
ADDENDA Acknowledge receipt of as	ny addenda by inser	ting the number(s) above	_
	proposal shall be a	red by the Owner to reject any and all bid a valid and firm offer for a period of On ning.	
Bidder agrees that Work will be substant the Contract Documents on or before the d	•	ready for final payment in accordance wit ber of calendar days indicated.	h
solicitation date for this Project, the bidde any provision of chapters 49.46, 49.48, or	er is not a "willful" · 49.52 RCW, as det artment of Labor a	e-year period immediately preceding the bit violator, as defined in RCW 49.48.082, of termined by a final and binding citation and Industries or through a civil judgment	of id
I certify (or declare) under penalty of perjuis true and correct.	ary under the laws o	of the State of Washington that the foregoin	g
Signature of Bidder	Print	Your Name	_
Submitted on	day of	202	4

State

# **BIDDER INFORMATION**

#### **BIDDER INFORMATION**

Name of Bidder (Company):				
Address:				
Contact Name:				
Phone Number:	Email Add	lress:		
Business Type: General Contractor (	Other ( ) (Please s	specify):		
Bidder is a(n): ☐ Individual ☐ Partr	nership 🏻 Joint Ventu	ure \( \subseteq		
List business names & associated Ul	BI# used by Bidder d	during the past 5 years if different than above:		
Bidder has been in business continue	ously from:	Month, Year		
Business License #:		al ID #:		
Current UBI #:	Dept. of L&I W	orker's Comp. Acct. #:		
Bidder has experience in work "Sim	ilar in Scope and Cor	nplexity" comparable to that required for this Project:		
As a prime contractor for	years. As a	subcontractor for years.		
OWNER(S) OF COMPANY (List <b>a</b>	OWNER(S) OF COMPANY (List <b>all</b> owners):  OWNER'S SOCIAL SECURITY NUMBER (only required if sole proprietorship):			
No. of regular full-time employees of	other than owner(s): _			
Indicate clearly the kind of work you	ur company will actua	ally perform in this project:		
Approximate % of work your compa	any will actually perfo	orm:		
List the supervisory personnel to be	employed by the Bide	der and available 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) i	n this project?	Yes $\square$ No $\square$ Se	ee Instructions to Bidd	lers. Part 1.3. C

Subcontractors Name	Subcontractor's UBI#	Phone Number	Trade	Years in Business
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

#### **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.

Name of Project	Completion Date	Duration (Months)	Nature of Work	Amount of Contract
1.		(Wortens)		Contract
2.				
3.				
4.				
5.				
Owner's Name (of project listed above)	Project Address		Contact Person	Phone Number
1.				

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:

# **BIDDER INFORMATION**

		ral bankruptcy laws or state insolvency laws?
years? (i.e., open claims, lawsu	its, warrants, judgements including b	on been rendered against Bidder in the past five but not limited to those that would show on the pages as necessary:
		on State Worker's Compensation or other berment in the past 5 years? ☐ No ☐ Yes.
<u>Date</u>	Type of Injury	Agency Receiving Claim
Bidders current Experience Mo	dification Rate (EMR):	
_	h proof of EMR stated, showing con	
The bidder hereby certifies the current.	at the information contained in this	Bidder's Information is accurate, complete and
BY:	NAME:	
(signature)	NAME:	(print)
TITLE:	DATE:	