BID FORM

PROJECT NAME AND LOCATION:

Roofing Replac Sterling Ridge	ement, Buildings H & J Apartments		Contract Number: TS	52500631
BID FORM				
The undersigned, L	egal Name of Bidder:			
conditions, and has hereby proposes to	s field verified all measurements furnish labor, materials and no	ents cont ecessary	amiliarized him/herself with the contractained in the project manual as prepare equipment – all including, but not limited test and fees to complete the work for the second seco	d by the Ownered to, demolition
BASE BID			(\$.)
	(Including sales tax indi	cated in	Instructions to Bidders) (\$	
UNIT PRICES Se	e Specification Section 0110	0, 1.5 –	Unit Prices	
Unit Price No. 1			(\$_)
Sheathing	(Including sales tax indi	cated in	Instructions to Bidders) (\$	
Unit Price No. 2			(\$)
Fascia Board	(Including sales tax indi	cated in	Instructions to Bidders) (\$	
A DDFND A				
Ac	knowledge receipt of any add	lenda by	inserting the number(s) above	
	agrees that this proposal sh		reserved by the Owner to reject any avalid and firm offer for a period of Six	
			e and ready for final payment in accomber of calendar days indicated.	ordance with the
solicitation date fo provision of chapte	r this Project, the bidder is ers 49.46, 49.48, or 49.52 RC by the Department of Labor a	not a "w CW, as d	the three-year period immediately prillful" violator, as defined in RCW 49 etermined by a final and binding citatistries or through a civil judgment enter	9.48.082, of any on and notice o
I certify (or declare and correct.) under penalty of perjury un	der the la	aws of the State of Washington that the	foregoing is tru-
Signature of Bidder	r	_	Print Your Name	
Submitted on		_day of		2025
City		_	State	

BIDDER INFORMATION

BIDDER INFORMATION

Name of Bidder (Company)):			
Address:				
Contact Name:				
Phone Number:	Email A	ddress:		
Business Type: General Co	ntractor () Other () (Plea	se specify):		
Bidder is a(n): ☐ Individua	l □ Partnership □ Joint Ver	nture □ Incorporated in t	he state of	
List business names & asso	ciated UBI # used by Bidde	er during the past 5 years	if different than above:	
Bidder has been in business	continuously from:			
	s continuously from:			
Current UBI #:	Dept. of L&I	Worker's Comp. Acct. #	:	
Bidder has experience in we	ork "Similar in Scope and C	omplexity" comparable t	to that required for this Project:	
As a prime contractor for	years. As	a subcontractor for	years.	
OWNER(S) OF COMPANY (List all owners):		OWNER'S SOCIAL SECURITY NUMBER (only required if sole proprietorship):		
No. of regular full-time emp	ployees other than owner(s):			
Indicate clearly the kind of	work your company will act	rually perform in this pro	ject:	
Approximate % of work yo	ur company will actually pe	rform:		
List the supervisory person	nel to be employed by the B	idder and available for, a	nd 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 U	JBI#	Phone Number	Trade		Years in Business
1.						
2.						
3.						
4.						
5.						
BIDDER'S EXPERIENCE						
Projects successfully supervised bid documents in the last 5 year				lar scope and va	alue as sp	ecified in
Name of Project	Completion Date	Duration (Months)	Nature of Work		Amou	
1.		(Wonting)			Contr	
2.						
3.						
4.						
5.						
Owner's Name (of project listed above)	Project Address		Contact Person		Phone Numb	
1.					Numo	<u> </u>
2.						
3.						
4.						
5.						
Has Bidder ever been found gui If yes, give details & attach add					/es	
	-					
Has Bidder ever filed for protec □ No □ Yes If yes, give detail	etion under any provils & attach addition	ision of the	federal bankruptcy necessary:	laws or state in	solvency	laws?

BIDDER INFORMATION

years? (i.e., open claims, lawsuit	s, warrants, judgements including but	not limited to those that would show on the ages as necessary:
		State Worker's Compensation or other rment in the past 5 years? ☐ No ☐ Yes
<u>Date</u>	Type of Injury	Agency Receiving Claim
		<u> </u>
Bidders current Experience Mod	lification Rate (EMR):	
(If Bidder is self-insured, attack	n proof of EMR stated, showing comp	olete worksheet calculations)
The bidder hereby certifies that current.	t the information contained in this B	idder's Information is accurate, complete and
	NAME:	
(signature)		(print)
TITLE	DATE:	