

BIDDER INFORMATION

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Name of Bidder (Company): _____

Address: _____

Contact Name: _____

Phone Number: _____ Email Address: _____

Business Type: General Contractor () Other () (Please specify): _____

Bidder is a(n): Individual Partnership Joint Venture Incorporated in the state of _____

List business names & associated UBI # used by Bidder during the past 5 years if different than above:

Bidder has been in business continuously from: _____
Month, Year

Business License #: _____ Federal ID #: _____

Current UBI #: _____ Dept. of L&I Worker's Comp. Acct. #: _____

Bidder has experience in work "Similar in Scope and Complexity" comparable 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 employees other than owner(s): _____

Indicate clearly the kind of work your company will actually perform in this project:

Approximate % of work your company will actually perform:

List the supervisory personnel to be employed by the Bidder and available for, and intended to, work on this project:

<u>Name</u>	<u>Title</u>	<u>How Long With Bidder</u>

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SUBCONTRACTORS

Do you intend to use Subcontractor(s) in this project? Yes No See Instructions to Bidders, Part 1.3, C

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

Owner's Name (of project listed above)	Project Address	Contact Person	Phone 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:

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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:

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:

<u>Date</u>	<u>Type of Injury</u>	<u>Agency Receiving Claim</u>
_____	_____	_____
_____	_____	_____

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) (print)

TITLE: _____ DATE: _____