BID FORM

Contract Number: DW2303131

PROJECT NAME AND LOCATION:

Siding Replacement Carriage House Apartments

| has field verified all r labor, materials and i | , 2023, having familiarized him/herself with the conneasurements contained in the project manual as prepared by necessary equipment – all including, but not limited to, demale taxes and fees to complete the work for the following bid | the Owner, labeled the Owner, la | nereby proposes to furnish |
|--|---|--|----------------------------|
| BASE BID | | (\$ |) |
| | (Including sales tax indicated in Instructions to Bidders) | | |
| UNIT PRICES See | Specification Section 01100, 1.7 – Unit Prices | | |
| Unit Price No. 1 | | (\$ |) |
| Gypsum Sheathing | (Including sales tax indicated in Instructions to Bidders) | | |
| Unit Price No. 2 | (Including sales tax indicated in Instructions to Bidders) | (\$ |) |
| Batt Insulation | (Including sales tax indicated in Instructions to Bidders) | | |
| Unit Price No. 3 | | (\$ |) |
| Shoring/Wall Framing | (Including sales tax indicated in Instructions to Bidders) | | |
| Unit Price No. 4 | (Including sales tax indicated in Instructions to Bidders) | (\$ |) |
| Shoring/Deck Framing | (Including sales tax indicated in Instructions to Bidders) | | |
| Unit Price No. 5 | (Including sales tax indicated in Instructions to Bidders) | (\$ |) |
| Mold Care | (Including sales tax indicated in Instructions to Bidders) | | |
| Unit Price No. 6 | (Including sales tax indicated in Instructions to Bidders) | _(\$ |) |
| Gypsum Repair | (Including sales tax indicated in Instructions to Bidders) | | |
| | | (\$ | , |
| Unit Price No. 7 | (Including sales tax indicated in Instructions to Bidders) | _ (♪ |) |

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.

BID FORM

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.

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.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

| Signature of Bidder | Print Your Name | | |
|---------------------|-----------------|------|--|
| Submitted on | day of | 2023 | |
| City | State | | |

BIDDER INFORMATION

BIDDER INFORMATION

| Name of Bidder (Company): | | | |
|---------------------------------|---------------------------|---------------------------|--|
| Address: | | | |
| Contact Name: | | | |
| Phone Number: | Email A | ddress: | |
| | | | |
| Bidder is a(n): ☐ Individual [| ☐ Partnership ☐ Joint Ve | nture □ Incorporated in | the state of |
| List business names & associa | _ | _ | |
| Ridder has been in business co | ontinuously from: | | |
| Bidder has been in business co | ontinuousiy iroini | Month, Year | |
| Business License #: | Fed | eral ID #: | |
| Current UBI #: | Dept. of L&I | Worker's Comp. Acct. | #: |
| Bidder has experience in worl | x "Similar in Scope and C | Complexity" comparable | to that required for this Project: |
| As a prime contractor for | years. As | s a subcontractor for | years. |
| OWNER(S) OF COMPANY | (List all owners): | OWNER'S SOCIA | L SECURITY NUMBER (only prietorship): |
| | | | |
| | | | |
| No. of regular full-time emplo | oyees other than owner(s) | : | |
| Indicate clearly the kind of wo | ork your company will ac | tually perform in this pr | roject: |
| Approximate % of work your | company will actually pe | erform: | |
| List the supervisory personne | l to be employed by the B | Bidder 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) in this project? | Yes □ No □ (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 | | ears in |
|---|--|-------------------|--------------------------------------|------------------|-----------------|---------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| BIDDER'S EXPERIENCE | | | | | | |
| Projects successfully supervised bid documents in the last 5 year | | | | lar scope and v | alue as speci | fied in |
| Name of Project | Completion Date | Duration (Months) | Nature of Work | | Amount Contract | of |
| 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 gui If yes, give details & attach add | ilty of violating any litional pages as nec | State or Fe | ederal employment la | ıws? □ No □ Y | /es | |
| | | | | | | |
| | | | | | | |
| Has Bidder ever filed for protect □ No □ Yes If yes, give detail | ction under any provils & attach addition | ision of the | e federal bankruptcy s necessary: | laws or state in | solvency law | /s? |

BIDDER INFORMATION

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