BID FORM

PROJECT NAME AND LOCATION:

Pool Decommission & Deck Replacement Salish Place Apartments Contract Number: DW2401431

BID FORM

The undersigned, Legal Name of Bidder:

on this date: ______, 2024, having familiarized him/herself with the contract documents, site conditions, and has field verified all measurements contained in the project manual as prepared by the Owner, hereby proposes to furnish labor, materials and necessary equipment – all including, but not limited to, demolition, disposal, new installation and the required applicable taxes and fees to complete the work for the following bid amounts:

BASE BID

(Including sales tax indicated in Instructions to Bidders)

ADDENDA

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

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.

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 ______
 2024

City

State

BIDDER INFORMATION

BIDDER INFORMATION	Ň		
Name of Bidder (Company): _			
Address:			
Contact Name:			
Phone Number:	Email A	ddress:	
Business Type: General Contra	actor () Other () (Plea	ase specify):	
Bidder is a(n): □ Individual □	Partnership 🗖 Joint Ve	nture Incorporated	in the state of
List business names & associa	ted UBI # used by Bidde	er during the past 5 yea	ars if different than above:
Bidder has been in business co	ntinuously from:	Mouth Voge	
			#:
		-	le to that required for this Project:
As a prime contractor for	-		
OWNER(S) OF COMPANY	(List all owners):	OWNER'S SOCIAL SECURITY NUMBER (only required if sole proprietorship):	
No. of regular full-time employ	yees other than owner(s)	:	
Indicate clearly the kind of wo	rk your company will ac	tually perform in this p	project:
Approximate % of work your o	company will actually pe	erform:	
List the supervisory personnel	to be employed by the B	Bidder and available for	r, 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 \Box No \Box (If yes, you <u>must</u> show the name of the subcontractors. Attach additional pages as necessary.)

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

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		Nature of Work	Amount of
		(Months)		Contract
1.				
2.				
3.				
4.				
5.				

Owner's Name (of project	Project Address	Contact Person	Phone
listed above)			Number
1.			
2.			
3.			
4.			
5.			

Has Bidder ever been found guilty of violating any State or Federal employment laws? \Box No \Box Yes If yes, give details & attach additional pages as necessary:

Has Bidder ever filed for protection under any provision of the federal bankruptcy laws or state insolvency laws? \Box No \Box Yes If yes, give details & attach additional pages as necessary:

BIDDER INFORMATION

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) \square No \square 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? \Box No \Box Yes If yes, please state:

Date

Type of Injury

Agency Receiving Claim

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:	