BID FORM

PROJECT NAME AND LOCATION:

Fire Restoration Fairwood Apartments		Contract N	umber: HW	2105031
BID FORM				
The undersigned, Legal Name of Bidder:				
on this date:, contract documents, site conditions, and has f manual as prepared by the Owner, hereby proposall including, but not limited to, demolition, taxes and fees to complete the work for the followers.	oses to furnish disposal, nev	labor, materials and installation and	nd necessary ed	quipment –
BASE BID			(\$)
BASE BID (Including sales tax indi	cated in Instru	actions to Bidders)	_ (Ψ	/
ADDENDAAcknowledge receipt of any add	lenda hy inser	ting the number(s)	ahove	
In submitting this bid, it is understood that the rig undersigned hereby agrees that this proposal sl calendar days from the date of Bid Opening.	ght is reserved	by the Owner to re	ject any and all	
Bidder agrees that Work will be substantially concentract Documents on or before the date, within	•			ce with the
The undersigned Bidder hereby certifies that, w solicitation date for this Project, the bidder is not provision of chapters 49.46, 49.48, or 49.52 RCV of assessment issued by the Department of Labo court of limited or general jurisdiction.	a "willful" vi W, as determin	olator, as defined in ted by a final and b	n RCW 49.48.0 inding citation	082, of any and notice
I certify (or declare) under penalty of perjury un is true and correct.	der the laws o	f the State of Wash	ington that the	foregoing
Signature of Bidder	Print	Your Name		
Submitted on	_ day of			2021
City	State			

BIDDER INFORMATION

BIDDER INFORMATION

Name of Bidder (Company)	:		
Address:			
Contact Name:			
Phone Number:	Email A	ddress:	
Bidder is $a(n)$: \square Individual	☐ Partnership ☐ Joint Ve	nture 🗆 Incorporated	d in the state of
	_	_	vears if different than above:
Bidder has been in business	continuously from:		
Bidder has been in business			
Business License #:	Fed	eral ID #:	
Current UBI #:	Dept. of L&I	Worker's Comp. Ac	ect. #:
Bidder has experience in wo	ork "Similar in Scope and C	Complexity" compara	able 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 SOCIAL SECURITY NUMBER (only required if sole proprietorship):	
No. of regular full-time emp	loyees other than owner(s)	:	
Indicate clearly the kind of	work your company will ac	tually perform in this	s project:
Approximate % of work you	ır company will actually pe	erform:	
List the supervisory personn	ael to be employed by the B	Bidder and available t	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 \square No \square (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.				
2.				
3.				
4				
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.

Completion Date	Duration	Nature of Work	Amount of
	(Months)		Contract
Project Address		Contact Person	Phone
			Number
	Project Address		

Owner's Name (or 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? ☐ No ☐	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? \square No \square 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)

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:

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)

NAME:

(print)

TITLE:_____DATE: ____