# **BID FORM**

### PROJECT NAME AND LOCATION:

Plumbing Replacement Cascadian Apartments	Contract Number: HW2200731
BID FORM	
The undersigned, Legal Name of Bidder:	
documents, site conditions, and has field verific prepared by the Owner, hereby proposes to furnish	22, having familiarized him/herself with the contract ed all measurements contained in the project manual as h labor, materials and necessary equipment – all including, astallation and the required applicable taxes and fees to s:
BASE BID	(\$
(Including sales tax indi	cated in Instructions to Bidders) (\$)
ADDENDA Acknowledge receipt of any add	enda by inserting the number(s) above
In submitting this bid, it is understood that the rig	that is reserved by the Owner to reject any and all bids. The nall be a valid and firm offer for a period of Sixty (60)
Bidder agrees that Work will be substantially con Contract Documents on or before the date, within	inplete and ready for final payment in accordance with the in the number of calendar days indicated.
solicitation date for this Project, the bidder is not provision of chapters 49.46, 49.48, or 49.52 RCV	thin the three-year period immediately preceding the bid a "willful" violator, as defined in RCW 49.48.082, of any V, as determined by a final and binding citation and notice or and Industries or through a civil judgment entered by a
I certify (or declare) under penalty of perjury und is true and correct.	der the laws of the State of Washington that the foregoing
Signature of Bidder	Print Your Name
Submitted on	_ day of
City	State

# **BIDDER INFORMATION**

### **BIDDER INFORMATION**

Name of Bidder (Company):			
Address:			
Contact Name:			
Phone Number:	Email A	ddress:	
Business Type: General Con	tractor ( ) Other ( ) (Plea	se specify):	
Bidder is $a(n)$ : $\square$ Individual	☐ Partnership ☐ Joint Ve	nture  Incorporated in the state of	
List business names & associ	iated UBI# used by Bidde	er during the past 5 years if different the	an above:
Ridder has been in business of	continuously from:		
21000 1100 00011 111 0 0001110 000		Month, Year	
Business License #:	Fed	eral ID #:	
Current UBI #:	Dept. of L&I	Worker's Comp. Acct. #:	
Bidder has experience in wor	k "Similar in Scope and C	omplexity" comparable to that required	d for this Project:
As a prime contractor for	years. As	a subcontractor for yea	urs.
OWNER(S) OF COMPAN	Y (List <b>all</b> owners):	OWNER'S SOCIAL SECURITY required if sole proprietorship):	NUMBER (only
No. of regular full-time empl	oyees other than owner(s)		
Indicate clearly the kind of w			
Approximate % of work you	r company will actually pe	rform:	
List the supervisory personne	el to be employed by the B	idder and available for, and intended to	o, work on this project:
<u>Name</u>	<u>Title</u>	How Long Y	With Bidder

## **BIDDER INFORMATION**

#### **SUBCONTRACTORS**

Do you intend to use Subcontractor(s) in this project? Yes  $\square$  No  $\square$  (If yes, you  $\underline{\text{must}}$  show the name of the subcontractors. Attach additional pages as necessary.)

Subcontractors Name	Subcontractor's U	BI#	Ph	one 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 v	alue as s <sub>I</sub>	pecified in
Name of Project	Completion Date	Duratio (Month		Nature of Work		Amo	unt of ract
1.							
2.							
3.							
4.							
5.							
Owner's Name (of project	Project Address			Contact Person		Phon	
listed above) 1.						Num	ber
2.							
3.							
4.							
5.							
<u> </u>							
Has Bidder ever been found gui If yes, give details & attach add			Fede	ral employment la		Yes	
Has Bidder ever filed for protec □ No □ Yes If yes, give detai							

# **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
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
BY:	NAME:	
(signature)		(print)
TITLE	DATE:	