BID FORM

PROJECT NAME AND LOCATION:

Emerson Apartments Fireplace & Bathroom Fan Replacement		Contract Number: DW2400431
BID FORM		
The undersigned, Legal Name of Bidder:		
manual as prepared by the Owner, hereby propos	ses to fu disposal	having familiarized him/herself with the ified all measurements contained in the project arnish labor, materials and necessary equipment—l, new installation and the required applicable id amounts:
BASE BID		(\$
(Including sales tax indic	cated in	Instructions to Bidders) (\$
ADDENDA		
Acknowledge receipt of any add	enda by	inserting the number(s) above
		erved by the Owner to reject any and all bids. The 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, withir	•	and ready for final payment in accordance with the mber of calendar days indicated.
solicitation date for this Project, the bidder is not provision of chapters 49.46, 49.48, or 49.52 RCW	a "willf V, as det	three-year period immediately preceding the bid ful" violator, as defined in RCW 49.48.082, of any termined by a final and binding citation and notice adustries or through a civil judgment entered by a
I certify (or declare) under penalty of perjury und is true and correct.	der the l	aws of the State of Washington that the foregoing
Signature of Bidder	-	Print Your Name
Submitted on	day of	2024
	-	
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 COMPAN	IY (List all owners):	OWNER'S SOO required if sole	CIAL SECURITY NUMBER (only 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: ____