BID FORM

PROJECT NAME AND LOCATION:

Roofing Replacement – PVC Membrane Contract Number: HW2201731 Windsor Heights Apartments – Building P

The undersigned, Legal Name of Bidder: _______on this date: _______, 2022, 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)		
UNIT PRICES See	Specification Section 01100, 1.7 – Unit Prices		
Unit Price No. 1	(Including sales tax indicated in Instructions to Bidders)	_ (\$)
Unit Price No. 2	(Including sales tax indicated in Instructions to Bidders)	_ (\$)
Unit Price No. 3	(Including sales tax indicated in Instructions to Bidders)	_ (\$)
ADDENDA Acki	nowledge 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.

BID FORM

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	2022
City	State	

BIDDER INFORMATION

BIDDER INFORMATION	1			
Name of Bidder (Company): _				
Address:				
Contact Name:				
Phone Number:	Email A	ddress:		
Business Type: General Contra	actor () Other () (Plea	se specify):		
Bidder is a(n): □ Individual □	Partnership 🗖 Joint Ver	nture Incorporated in	n the state of	
List business names & associat	ed UBI # used by Bidde	er during the past 5 year	rs if different than above:	
Bidder has been in business co	ntinuously from:	Month, Year		
Business License #:	Fede			
	urrent UBI #: Dept. of L&I Worker's Comp. Acct. #:			
			e to that required for this Project:	
As a prime contractor for	years. As	a subcontractor for	years.	
OWNER(S) OF COMPANY	(List all owners):	owners): OWNER'S SOCIAL SECURITY NUN required if sole proprietorship):		
No. of regular full-time employ	vees other than owner(s):		_	
Indicate clearly the kind of wo	rk your company will act	tually perform in this p	roject:	
Approximate % of work your o	company will actually pe	rform:		
List the supervisory personnel	to be employed by the B	idder 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 \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.				
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			
2.			
3.			
4.			
5			
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? \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:	_