ARLINGTON COUNTY, VIRGINIA OFFICE OF THE PURCHASING AGENT

INVITATION TO BID NO. 20-036-ITB

BID FORM

SUBMIT ONE FULLY-COMPLETED AND SIGNED BID FORM ELECTRONICALLY VIA VENDOR REGISTRY

BIDS WILL BE OPENED AT 2:00 P.M., ON JUNE 4, 2020

THE PROVISION OF ALL THE NECESSARY LABOR, EQUIPMENT AND MATERIAL FOR SLURRY SEAL TREATMENT FOR ARLINGTON COUNTY ON AN AS NEEDED BASIS FOR A PERIOD UP TO FIVE YEARS

COMPLETE THE PRICING SHEET PROVIDED WITH THE BID DOCUMENTS AS ATTACHMENT A TO ITB NO. 20-036-ITB AND SUBMIT IT WITH YOUR BID.

FAILURE TO SUBMIT THE PRICING SHEET WITH THE BID WILL DEEM THE BIDDER NONRESPONSIVE.

| SUBMITTED BY: (legal name of entity) | | | | | |
|---|--------------|--------------------|--|----------------------------|--|
| AUTHORIZED SIGNATU | IRE: | | | | |
| PRINT NAME AND TITL | .E: | | | | |
| ADDRESS: | | | | | |
| CITY/STATE/ZIP: | | | | | |
| TELEPHONE NO.: | | E-MAIL ADDRESS: | | | |
| THIS ENTITY IS INCORP IN: | ORATED | | | | |
| THIS ENTITY IS A: | | CORPORATION | | LIMITED PARTNERSHIP | |
| (check the applicable option) | GENERA | L PARTNERSHIP | | UNINCORPORATED ASSOCIATION | |
| | LIMITED LIAB | ILITY COMPANY | | SOLE PROPRIETORSHIP | |

| IS BIDDER AUTHORIZED TO TRANSACT BUSINESS IN THE COMMONWEALTH OF VIRGINIA? | YES | NO | |
|---|-----|--------|-----|
| IDENTIFICATION NO. ISSUED TO THE ENTITY BY THE SCC: | | | |
| Any Bidder exempt from Virginia State Corporation Commission (SCC) auti include a statement with its bid explaining why it is not required to be so a VIRGINIA CONTRACTOR'S LICENSE NUMBER: | | nent m | ust |
| ENTITY'S DUN & BRADSTREET D-U-N-S NUMBER: (if available) | | | |
| IS YOUR FIRM OR ANY OF ITS PRINCIPALS CURRENTLY DEBARRED FROM SUBMITTING BIDS TO ARLINGTON COUNTY, VIRGINIA, OR ANY OTHER STATE OR POLITICAL SUBDIVISION? | YES | NO | |

BIDDER STATUS: MINORITY OWNED:
WOMAN OWNED:
NEITHER:

The undersigned certifies that (Bidder Name)______is currently registered with the Virginia State Board of Contractors as required by the Code of Virginia. Certificate Number______ for a Class_____ License was issued on the______day of ______, 20_____. The undersigned further certifies that the registration fee and all renewal fees required under law have been paid.

LIQUIDATED DAMAGES: SUBSTANTIAL COMPLETION - \$300.00 PER DAY FINAL COMPLETION - \$300.00 PER DAY

MINIMUM BIDDER QUALIFICATIONS: In a separate attachment, Bidders shall provide the following documentation:

Bidders shall have 5 years of experience conducting public works infrastructure and_slurry seal projects. The experience shall be work of similar size and scope, construction, re-construction, and maintenance. The Bidder's obtained project experience shall consist of the following:

- Roadway emulsified asphalt slurry seal
- Crack sealing

Bidders shall provide a list of <u>5</u> similar projects recently completed projects that involving the same material, equal size, and comparable length. For each project, Bidders shall list the following information:

- Project Name
- Project description and Bidder's scope of work within the project

- Project manager's name, telephone number and email address
- Work start date, scheduled completion, and actual completion date
- Initial contract cost and final contract cost

The experience of the contractor owner(s) may be imputed to a newly formed company/Contractor provided the Contractor owner(s) has/have at least five (5) years of demonstrated experience of reliability and meets the criteria set forth herein.

STAFFING QUALIFICATIONS:

The <u>Project Manager</u> assigned to this work shall have at least 3 years of experience in overseeing projects of similar type and size. Bidder shall submit resume of the proposed Project Manager with their Bids.

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STIPULATED PRICE ITEMS

The Contractor agrees to perform related work for the following items at the stipulated prices shown:

| # | ITEM DESCRIPTION | UNIT | QTY |
|---|---|-------------|------|
| 1 | Loose particle removal, by mobile vacuum unit with no less than an eight cubic yard capacity, which price shall include each operator and the necessary equipment, maintenance and all incidentals | Per Hour | \$85 |

THE UNDERSIGNED UNDERSTANDS AND ACKNOWLEDGES THE FOLLOWING:

THE OFFICIAL COPY OF THE SOLICITATION DOCUMENTS, WHICH INCLUDES ANY ADDENDA, IS THE ELECTRONIC COPY THAT IS AVAILABLE FROM THE VENDOR REGISTRY WEBSITE AT: <u>HTTPS://VRAPP.VENDORREGISTRY.COM/BIDS/VIEW/BIDSLIST?BUYERID=A596C7C4-0123-4202-BF15-3583300EE088</u>.

VENDORS ARE REQUIRED TO REGISTER ON <u>VENDOR REGISTRY</u> IN ORDER TO SUBMIT A RESPONSE TO THIS INVITATION TO BID. **NO RESPONSES WILL BE ACCEPTED AFTER THE BID DUE DATE AND TIME**.

POTENTIAL BIDDERS ARE RESPONSIBLE FOR DETERMINING THE ACCURACY AND COMPLETENESS OF ALL SOLICITATION DOCUMENTS THEY RECEIVE FROM ANY SOURCE, INCLUDING THE COUNTY.

The undersigned acknowledges receipt of the following Addenda:

| ADDENDUM NO. 1 | DATE: | INITIAL: |
|----------------|-------|----------|
| ADDENDUM NO. 2 | DATE: | INITIAL: |
| ADDENDUM NO. 3 | DATE: | INITIAL: |

TRADE SECRETS OR PROPRIETARY INFORMATION:

Trade secrets or proprietary information submitted by a Bidder in connection with a procurement transaction will not be subject to public disclosure under the Virginia Freedom of Information Act. Pursuant to Section 4-111 of the Arlington County Purchasing Resolution, however, a Bidder seeking to protect submitted data or materials from disclosure must, before or upon submission of the data or materials, identify the data or materials to be protected and state the reasons why protection is necessary.

Please mark one:

□ No, the bid that I have submitted does <u>not</u> contain any trade secrets and/or proprietary information.

□ Yes, the bid that I have submitted <u>does</u> contain trade secrets and/or proprietary information.

If Yes, you must clearly identify below the exact data or materials to be protected <u>and</u> list all applicable page numbers, sections, and paragraphs of the bid that contain such data or materials:

State the specific reason(s) why protection is necessary and why the identified information constitutes a trade secret or is proprietary:

If you fail above to identify the data or materials to be protected or to state the reason(s) why protection is necessary, you will not have invoked the protection of Section 4-111 of the Purchasing Resolution.

Accordingly, upon the award of a contract, the bid will be open for public inspection consistent with applicable law.

<u>CERTIFICATION OF NON-COLLUSION</u>: The undersigned certifies that this bid is not the result of or affected by (1) any act of collusion with another person engaged in the same line of business or commerce (as defined in Virginia Code §§ 59.1-68.6 *et seq*.) or (2) any act of fraud punishable under the Virginia Governmental Frauds Act (Virginia Code §§ 18.2-498.1 *et seq*.).

CONTACT PERSON AND MAILING ADDRESS FOR DELIVERY OF NOTICES

Provide the name and address of the person who is designated to receive notices and other communications regarding this solicitation. Refer to the "Notices" section in the draft Contract Terms and Conditions for information regarding delivery of notices.

| NAME: | | | |
|----------|------|------|--|
| ADDRESS: | | | |
| | | | |
| E-MAIL: | | | |

INSURANCE CHECKLIST

CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND ENDORSEMENTS MARKED "X". COVERAGES REQUIRED COVERAGE MINIMUM(S)

| X_1. Workers' Compensation | Statutory limits of Virginia |
|--|---|
| _X_2. Employer's Liability \$100,000 acciden | t, \$100,000 disease, \$500,000 disease policy limit |
| _X_3. Commercial General Liability \$1,000,000 CSL BI, | PD each occurrence, \$2 Million annual aggregate |
| _X_4. Premises/Operations\$500,000 CSL BI, | PD each occurrence, \$1 Million annual aggregate |
| _X_5. Automobile Liability\$1 | Million BI/PD each accident, Uninsured Motorist |
| _X_6. Owned/Hired/Non-Owned Vehicles\$1 | Million BI/PD each accident, Uninsured Motorist |
| _X_7. Independent Contractors\$500,000 CSL BI, | PD each occurrence, \$1 Million annual aggregate |
| _X_8. Products Liability\$500,000 CSL BI, | PD each occurrence, \$1 Million annual aggregate |
| _X_9. Completed Operations\$500,000 CSL BI, | PD each occurrence, \$1 Million annual aggregate |
| _X_10. Contractual Liability (Must be shown on Certifica | ate)\$500,000 CSL BI/PD each occurrence, |
| | \$1 Million annual aggregate |
| _X_11. Personal and Advertising Injury Liability \$1 | Million each offense, \$1 Million annual aggregate |
| _X_12. Umbrella Liability \$1 Million B | odily Injury, Property Damage and Personal Injury |
| 13. Per Project Aggregate | |
| 14. Professional Liability | |
| a. Architects and Engineers | \$1 Million per occurrence/claim |
| b. Asbestos Removal Liability | \$2 Million per occurrence/claim |
| _c. Medical Malpractice | \$1 Million per occurrence/claim |
| _d. Medical Professional Liability | . \$ Limits as set forth in Virginia Code 8.01.581.15 |
| 15. Miscellaneous E&O | \$1 Million per occurrence/claim |
| 16. Motor Carrier Act End. (MCS-90)\$1 | Million BI/PD each accident, Uninsured Motorist |
| 17. Motor Cargo Insurance | |
| 18. Garage Liability\$1 Millio | on Bodily Injury, Property Damage per occurrence |
| 19. Garagekeepers Liability | \$500,000 Comprehensive, \$500,000 Collision |
| 20. Inland Marine-Bailee's Insurance | \$ |
| 21. Moving and Rigging Floater | Endorsement to CGL |
| 22. Crime and Employee Dishonesty Coverage | |
| 23. Builder's Risk Provide Coverage in the fu | Il amount of Contract, including any amendments |
| _X_24. XCU Coverage | Endorsement to CGL |
| 25. USL&H | · · · · |
| _X_26. Carrier Rating shall be A.M. Best Co.'s Rating of A | A-VII or better or equivalent |
| _X_27. Notice of Cancellation, nonrenewal or material of | change in coverage shall be provided to County at |
| least 30 days prior to action. | |
| _X_28. The County shall be an Additional Insured on all | policies except Workers Compensation and Auto |
| and Professional Liability. | |
| _X_29. Certificate of Insurance shall show Bid Number a | |
| 30. OTHER INSURANCE REQUIRED: | |
| INSURANCE AGENT'S STATEMENT: | |
| I have reviewed the above requirements with the bidde | r named below and have advised the bidder of |
| required coverages not provided through this agency. | |
| AGENCY NAME: | AUTH. SIGNATURE: |
| BIDDER'S STATEMENT: | |
| If awarded the Contract, I will comply with all Contract | • |
| BIDDER NAME: | AUTH. SIGNATURE: |
| | |