



THE ENTITY'S FULL LEGAL NAME SUBMITTING THIS BID MUST BE WRITTEN IN THE SPACE BELOW. THIS BID FORM AND ALL OTHER DOCUMENTS THAT REQUIRE A SIGNATURE MUST BE FULLY AND ACCURATELY COMPLETED AND SIGNED BY A PERSON WHO IS AUTHORIZED TO BIND THE BIDDER, OR THE BID MAY BE REJECTED.

**SUBMITTED BY:**

*(legal name of entity as listed on W-9)*

\_\_\_\_\_

**AUTHORIZED SIGNATURE:**

\_\_\_\_\_

**PRINT NAME AND TITLE:**

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_

**CITY/STATE/ZIP:**

\_\_\_\_\_

**TELEPHONE NO.:**

**E-MAIL ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

**THIS ENTITY IS INCORPORATED IN:**

\_\_\_\_\_

**THIS ENTITY IS A:**

*(check the applicable option)*

CORPORATION

LIMITED PARTNERSHIP

GENERAL PARTNERSHIP

UNINCORPORATED ASSOCIATION

LIMITED LIABILITY 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) authorization requirement must include a statement with its bid explaining why it is not required to be so authorized.*

**VIRGINIA CONTRACTOR'S LICENSE NUMBER:**

\_\_\_\_\_

**ENTITY'S DUN & BRADSTREET D-U-N-S NUMBER: (if available):**

HAS YOUR FIRM OR ANY OF ITS PRINCIPALS BEEN DEBARRED, ENJOINED, OR SUSPENDED FROM SUBMITTING BIDS TO ARLINGTON COUNTY, VIRGINIA, OR ANY OTHER STATE OR POLITICAL SUBDIVISION WITHIN THE PAST THREE YEARS? YES  NO

HAS YOUR FIRM DEFAULTED ON ANY PROJECT IN THE LAST THREE YEARS? YES  NO

HAS YOUR FIRM HAD ANY TYPE OF BUSINESS, CONTRACTING OR TRADE LICENSE, REGISTRATION OR CERTIFICATION REVOKED OR SUSPENDED IN THE PAST THREE YEARS? YES  NO

HAS YOUR FIRM AND ITS PRINCIPALS/OWNERS BEEN CONVICTED OF ANY CRIME RELATING TO ITS CONTRACTING BUSINESS IN THE PAST TEN YEARS? YES  NO

HAS YOUR FIRM BEEN FOUND IN VIOLATION OF ANY LAW APPLICABLE TO ITS CONTRACTING BUSINESS (LICENSING LAWS, TAX LAWS, WAGE AND HOUR LAWS, PREVAILING WAGE LAWS, ENVIRONMENTAL) WHERE THE RESULT OF SUCH VIOLATION WAS THE PAYMENT OF A FINE, BACK PAY DAMAGES, OR ANY OTHER PENALTY IN THE AMOUNT OF \$5000 OR MORE? YES  NO

IS YOUR FIRM PREQUALIFIED BY THE VIRGINIA DEPT. OF TRANSPORTATION? 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:**

Value of Task Order	Liquidated Damages
\$0 to \$10,000	\$100/Day
\$10,001 to \$50,000	\$250/Day
Over \$50,000	\$500/Day

**MINIMUM BIDDER QUALIFICATIONS:**

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

- Proof of five (5) years of on-call construction services contract experience conducting public works infrastructure and street improvement projects in an urban environment. The experience shall be work of similar size and scope, construction, re-construction, and maintenance.
- Complete list of projects completed within the last five (5) years that involve the same material, equal size, and comparable length. For each project, Bidders shall list the following information:
  - Project Name and Location
  - Project description and scope of work
  - Project managers’ contact details (telephone and email).
  - Project period of performance (start date, scheduled completion, and actual completion date)
  - Final contract value
- Resume of the proposed Site Supervisor with their Bids assigned to this work. The Site Supervisor shall have at least five (5) years of experience overseeing projects of similar type and size.

- Proof of at least one (1) VDOT Basic Work Zone Traffic Control certified employee.
- Proof of at least one (1) OSHA 10 certified employee who has served as a Project Safety Officer on at least three (3) prior projects.
- Proof of at least one (1) VDOT Erosion & Sediment Control Contractor certificated employee.

**COMPLETE THE PRICING SHEET PROVIDED WITH THE BID DOCUMENTS AS ATTACHMENT A TO ITB NO. 24-DES-ITBPW-605 AND SUBMIT IT WITH YOUR BID. FAILURE TO SUBMIT THE PRICING SHEET WITH THE BID WILL DEEM THE BIDDER NONRESPONSIVE.**

**STIPULATED PRICE ITEMS**

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

#	ITEM DESCRIPTION	UNIT	PRICE
1	CONCRETE PIER, CRADLE, OR ENCASEMENT	CY	\$200.00
2	ROCK EXCAVATION	CY	\$150.00
3	CRUSHER RUN VDOT #25 OR APPROVED EQUAL	CY	\$100.00
4	OVER EXCAVATION	CY	\$65.00
5	TEST PITS	EA	\$550.00
6	SELECT BORROW	CY	\$70.00

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](#).

VENDORS ARE REQUIRED TO REGISTER ON [VENDOR REGISTRY](#) 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 an Offeror in connection with a procurement transaction will not be subject to public disclosure under the Virginia Freedom of Information Act. Pursuant to Section 4-112 of the Arlington County Purchasing Resolution, however, an Offeror seeking to protect submitted data or materials from disclosure must, before or upon submission of the data or materials, identify the specific data or materials to be protected and state the reasons why protection is necessary. Please note that designation of an entire bid, proposal, or prequalification application or of line-item prices or the total bid amount is prohibited.

Please mark one:

- No, the bid that I have submitted does not contain any trade secrets and/or proprietary information.
- Yes, the bid that I have submitted does contain trade secrets and/or proprietary information.

If Yes, you must clearly identify below the exact data or materials to be protected and 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.

**CERTIFICATION OF NON-COLLUSION:** 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: \_\_\_\_\_

PRINCIPAL ADDRESS:  
(SUPPLIER SITE) \_\_\_\_\_

CONTACT PERSON E-MAIL: \_\_\_\_\_

**INSURANCE CHECKLIST**

**CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND ENDORSEMENTS MARKED "X".**

**COVERAGES REQUIRED**

**LIMITS (FIGURES DENOTE MINIMUMS)**

- Workers' Compensation.....Statutory limits of Virginia
- Employer's Liability.....\$500,000/accident, \$500,000/disease, \$ 500,000/disease policy limit
- Commercial General Liability..... \$1,000,000 CSL BI/PD each occurrence, \$2 Million annual aggregate
  - Premises/Operations.....\$1, Million CSL BI/PD each occurrence, \$ 2 Million annual aggregate
  - Independent Contractors.....\$1 million CSL BI/PD each occurrence, \$2 Million annual aggregate
  - Products Liability..... \$1 million CSL BI/PD each occurrence, \$2 Million annual aggregate
  - Completed Operations..... \$1 million CSL BI/PD each occurrence, \$2 Million annual aggregate
  - Contractual Liability (Must be shown on Certificate.... \$1 million CSL BI/PD each occurrence, \$2 Million annual aggregate
  - Personal and Advertising Injury Liability.....\$1 million each offense, \$2 Million annual aggregate
  - Moving and Rigging Floater.....Endorsement to CGL
  - XCU Coverage.....Endorsement to CGL
- Automobile Liability.....\$1 million CSL BI/PD eac accident, Uninsured Motorist
- Owned/Hired/Non-Owned Vehicle.....\$1 million BI/PD each accident, Uninsured Motorist
- 16. Motor Carrier Act (MCS-90) and CA9948 (or equivalent) Endorsements .....\$ 2 million BI/PD each accident, Uninsured Motorist
- Umbrella/Excess Liability.....\$1 million Bodily Injury, Property Damage and Personal Injury
- Per Project Aggregate for \_\_ General Liability or \_\_ Umbrella/Excess Liability (check coverage)
- 14. Professional Liability/ Errors and Omission (E&O)
  - a. Architects and Engineers.....\$1 million per occurrence/claim
  - b. Asbestos Removal Liability .....\$3 million per occurrence/claim
  - c. Medical Malpractice.....\$2.55 million per occurrence/claim or the statutory VA annual claim cap whichever is greater
  - Miscellaneous E&O.....\$1 million per o ccurrence/claim
- 17. Motor Cargo Insurance.....\$ \_\_\_\_\_ (to the total value of the goods being transported)
- 18. Garage Liability.....\$1 million Bodily Injury, Property Damage per occurrence
- 19. Garage Keepers Liability.....\$1Million Comprehensive, \$1 Million Collision
- 20. Inland Marine-Bailee's Insurance..... \$ \_\_\_\_\_ (maximum value of goods under Contractor's care)
- 22. Crime Liability/ Employee Dishonesty insurance or Dishonesty Bond.....\$ \_\_\_\_\_  
(Maximum value of revenue or goods that can be taken at one time)
- Builder's Risk.....\$ \_\_\_\_\_ (Provide Coverage in the full amount of contract)
- 25. USL&H.....Federal Statutory Limits
- Carrier Rating shall be Best's Rating of A-VII or better or its equivalent
- Notice of Cancellation, nonrenewal or material change in coverage shall be provided to County at least thirty (30) days prior to action.
- The County shall be named Additional Insured on all policies except Workers Compensation, Errors, and Omissions/Professional Liability and auto.
- Certificate of Insurance shall show Bid Number and Bid Title.
- 30. Environmental Impairment Liability, including coverage of on-site clean up.....BI/PD \$3 Million per occurrence or \$6 Million Aggregate
  - a. If work requires clean up, remediation, and/or removal of bio -solids, bio-hazards waste, and any hazardous or toxic material via transportation request Business Auto Liability add #16 from this checklist.
- 31. Cyber insurance with Technology E&O..... \$2 Million per occurrence
- 32. OTHER INSURANCE REQUIRED: \_\_\_\_\_

**BIDDER'S STATEMENT:**

If awarded the contract, I will comply with contract insurance requirements.

BIDDER NAME: \_\_\_\_\_

AUTH. SIGNATURE: \_\_\_\_\_

**COMPLETE THIS FORM AND RETURN IT WITH YOUR BID SUBMISSION.**

Form <b>W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service	<h3 style="margin:0;">Request for Taxpayer Identification Number and Certification</h3> <p style="margin:0;">▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.</p>	Give Form to the requester. Do not send to the IRS.																																																																
Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.																																																																	
	2 Business name/disregarded entity name, if different from above																																																																	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>																																																																
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)																																																																
	6 City, state, and ZIP code																																																																	
	7 List account number(s) here (optional)																																																																	
<h4>Part I Taxpayer Identification Number (TIN)</h4> <p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p><b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p>																																																																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width:20px; height: 20px;"></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="3"></td> </tr> </table> <p style="text-align: center; margin: 5px 0;"><b>or</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="width:20px; height: 20px;"></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="7"></td> </tr> </table>	<b>Social security number</b>																								-				-				<b>Employer identification number</b>																								-							
<b>Social security number</b>																																																																		
			-				-																																																											
<b>Employer identification number</b>																																																																		
			-																																																															
<h4>Part II Certification</h4> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</li> <li>I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</li> <li>I am a U.S. citizen or other U.S. person (defined below); and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p><b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.</p>																																																																		
<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶																																																																