

ARLINGTON COUNTY, VIRGINIA
OFFICE OF THE PURCHASING AGENT

INVITATION TO BID NO.20-269-7
PROJECT NO.: P26D

B I D F O R M

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

BIDS WILL BE OPENED AT 2:00 P.M., EASTERN DAYLIGHT SAVINGS TIME ON AUGUST 7, 2020 FOR PROVIDING CONSTRUCTION SERVICES IDENTIFIED HEREIN IN ACCORDANCE WITH THE DRAWINGS, SPECIFICATIONS, TERMS AND CONDITIONS OF THIS SOLICITATION

SUBMITTED BY:

(legal name of entity)

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) _____

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.

TIME LIMIT FOR PROJECT: SUBSTANTIAL COMPLETION 160 CONSECUTIVE CALENDAR DAYS
FINAL COMPLETION 30 CONSECUTIVE CALENDAR DAYS FROM SUBSTANTIAL COMPLETION

LIQUIDATED DAMAGES: SUBSTANTIAL COMPLETION - \$1,038.00 PER DAY
FINAL COMPLETION - \$1,038.00 PER DAY

COMPLETE THE PRICING SHEET PROVIDED WITH THE BID DOCUMENTS AS ATTACHMENT A TO ITB NO. 20-269-7, P26D 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	QTY
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 AT:
[HTTPS://VRAPP.VENDORREGISTRY.COM/BIDS/VIEW/BIDSLIST?BUYERID=A596C7C4-0123-4202-BF15-3583300EE088.](https://vrapp.vendorregistry.com/bids/view/bidslst?buyerid=A596C7C4-0123-4202-BF15-3583300EE088)

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 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 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: _____

ADDRESS: _____

E-MAIL: _____

ITB NO. 20-239-7 - 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 accident, \$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
- X5. Automobile Liability \$1 Million BI/PD each accident, Uninsured Motorist
- __ 6. Owned/Hired/Non-Owned Vehicles..... \$1 Million BI/PD each accident, Uninsured Motorist
- __ 7. Independent Contractors \$500,000 CSL BI/PD each occurrence, \$1 Million annual aggregate
- __ 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 Certificate)..... \$500,000 CSL BI/PD each occurrence,
\$1 Million annual aggregate
- __ 11. Personal and Advertising Injury Liability.\$1 Million each offense, \$1 Million annual aggregate
- X 12. Umbrella Liability.....\$1 Million Bodily 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 Million Bodily Injury, Property Damage per occurrence
- __ 19. Garage Keepers 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 full amount of Contract, including any amendments
- __ 24. XCU Coverage Endorsement to CGL
- __ 25. USL&H.....Federal Statutory Limits
- __ 26. Carrier Rating shall be A.M. Best Co.'s Rating of A-VII or better or equivalent
- X 27. Notice of Cancellation, nonrenewal or material 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 and Bid Title.
- __ 30. OTHER INSURANCE REQUIRED: _____

INSURANCE AGENT'S STATEMENT:

I have reviewed the above requirements with the Bidder 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 insurance requirements.

BIDDER NAME: _____

AUTH. SIGNATURE: _____