



STATEMENT OF CONTRACTOR INFORMATION

PROJECT: ITB NO. 2020.10.22 – CLINTON LIBRARY CANOPY PROJECT

Note: This statement must be completed, signed and submitted as part of the Proposal packet.

BUSINESS INFORMATION

Table with 2 columns: Label (Name of Firm, Address, Payment Address, Contact Phone #, Email #, Contact Name) and empty input field.

LICENSE & REGISTRATION INFORMATION (RCW 39.04.10 Sec. 2)

Table with 2 columns: Label (State of Washington Dept. of Licensing Contractors Registration Number, State of Washington Unified Business Identification (UBI) Number, State of Washington Dept. of Employment Security Number: Licensing, State of Washington Dept. of Labor & Industries Workers Compensation Acct. Number, Washington State Excise Tax Registration Number, Federal Tax ID Number) and empty input field.

INSURANCE AND BONDING

Table with 2 columns: Label (INSURANCE AND BONDING) and empty input field.

| | |
|----------------------------|--|
| Name of Insurance Company: | |
| Name of Insurance Agent: | |
| Insurance Phone Number: | |
| Insurance Fax Number: | |

| | |
|----------------------------------|--|
| Bonding Company (If Applicable): | |
| Name of Bond Agent: | |
| Bonding Company Address: | |
| Bonding Phone Number: | |

| | |
|--------------|--|
| OTHER | |
|--------------|--|

| | |
|--|---|
| Are you listed on any debarment lists: | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Are you on the list of parties excluded from the Federal procurement/Non-Procurement programs: | <input type="checkbox"/> Y <input type="checkbox"/> N |

The above company/vendor acknowledges the receipt of the following Addenda for the above-referenced solicitation (if applicable). Bidder acknowledges each Addendum by initialing and dating below:

Addendum #1: _____ Addendum #2: _____ Addendum #3: _____ Addendum #4: _____

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|