

Small Works Public Works Roster and Bid Request Application

Highline School District No. 401  
Purchasing Department  
15675 Ambaum Boulevard Southwest  
Burien, WA 98166

In Compliance with RCW 28A.335.190, the undersigned requests to be added to or remain on the Highline School Districts' Small Works Roster and to have the opportunity to submit proposals for the type of work and projects listed below and/or request to receive bids and quotes issued by the Highline School District for bids and quotes as shown below or is interested in providing architectural and engineering services as shown below. **Please Print Clearly.**

Company Name: \_\_\_\_\_ UBI # \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contractor's License. No.: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Remit-To Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Indicate all types of work for which you wish to submit proposals**

- |  |  |
|--|--|
| <input type="checkbox"/> 1000 Computers and Computer Equipment | <input type="checkbox"/> 9040 Grounds Supplies                           |
| <input type="checkbox"/> 1010 File Servers                     | <input type="checkbox"/> 9050 Roofing Materials                          |
| <input type="checkbox"/> 1020 Hubs/Switches                    | <input type="checkbox"/> 9060 Floor Coverings                            |
| <input type="checkbox"/> 1030 Laptops                          | <input type="checkbox"/> 9070 Building Supplies                          |
| <input type="checkbox"/> 1040 Printers Elaborate               | <input type="checkbox"/> 10010 Contracted HVAC Services                  |
| <input type="checkbox"/> 1050 LCD Projectors                   | <input type="checkbox"/> 10020 Contracted Refrigeration Services         |
| <input type="checkbox"/> 1060 Printing Supplies                | <input type="checkbox"/> 10030 Fire Alarm Repairs and Replacements       |
| <input type="checkbox"/> 3000 Copy/Duplicating Supplies        | <input type="checkbox"/> 10040 Playground and Site Improvements          |
| <input type="checkbox"/> 30140 Copy/Duplicating Machines       | <input type="checkbox"/> 10050 Burner Replacements and Repairs:          |
| <input type="checkbox"/> 3020 Copy/Duplicating Repairs         | <input type="checkbox"/> 10060 Portable Building Moves                   |
| <input type="checkbox"/> 4000 Nutrition Services Food          | <input type="checkbox"/> 11000 Fencing                                   |
| <input type="checkbox"/> 4010 Snack/Candy                      | <input type="checkbox"/> 11010 Contracted Electrical Services            |
| <input type="checkbox"/> 4020 Beverages                        | <input type="checkbox"/> 11020 Contracted Carpentry Services             |
| <input type="checkbox"/> 4030 Dairy Products                   | <input type="checkbox"/> 11030 Roofing Replacement and Repairs           |
| <input type="checkbox"/> 5000 School Furniture                 | <input type="checkbox"/> 11040 Painting                                  |
| <input type="checkbox"/> 5010 Office Furniture                 | <input type="checkbox"/> 11050 Heating Systems Replacement and Repairs   |
| <input type="checkbox"/> 7000 Magazine Subscriptions           | <input type="checkbox"/> 11060 Asphaltting                               |
| <input type="checkbox"/> 8000 Air Cleaners                     | <input type="checkbox"/> 11070 Landscaping Services                      |
| <input type="checkbox"/> 8010 Compressors                      | <input type="checkbox"/> 11080 Tree Cutting Services                     |
| <input type="checkbox"/> 8020 Grounds Equipment                | <input type="checkbox"/> 11090 Contracted Plumbing Services              |
| <input type="checkbox"/> 9000 Ceiling Tiles                    | <input type="checkbox"/> 11120 Fire Extinguishers Insp. and Maintenance. |
| <input type="checkbox"/> 9030 Window Coverings                 | <input type="checkbox"/> 11130 AHERA Project Designer                    |

**Small Works Public Works Roster and Bid Request Application**

\_\_\_ 11310 Planning and Consultant

\_\_\_ 11340 Structural Engineer

\_\_\_ 11320 Sanitary Engineer

\_\_\_ 11350 Land Surveyor

\_\_\_ 11330 Scheduling Consultant

\_\_\_ 11360 Transportation Planning Consultant

\_\_\_ 11370 Value Analysis Consultant

\_\_\_ 11440 Weld Services

\_\_\_ 11380 Certified Industrial Hygienist

\_\_\_ 12020 General Office Supplies

\_\_\_ 11390 Irrigation Design, Installation, Repair

\_\_\_ 13020 General Office Equipment

\_\_\_ 11400 General Contractor

\_\_\_ 14000 Sports Uniforms

\_\_\_ 11410 Real Estate Services

\_\_\_ 14010 Band/Choir Uniforms

\_\_\_ 11420 Custodial Services

\_\_\_ 15000 Vehicle Sales/Supplies/Maintenance

\_\_\_ 11430 Glass Repair and Replacement

\_\_\_ 15010 School Bus Sales/Supplies/Maintenance

\_\_\_ 99000 Other Briefly List \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

Is your company a new applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Applicant (Print or Type): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your application will remain on file for three years. It is the applicant's responsibility to request a new application and inform the District of address or contact changes.

**\*\*Please attach with application:**

- 1) **W9**
- 2) **A copy of a Certificate of Insurance** to show evidence of insurance demonstrating that your company can comply with our basic insurance requirements. Note: Insurance requirements could increase according to the scope of work proposed. See the attached insurance instruction sheet and example form.

# REQUEST FOR TAXPAYER IDENTIFICATION NUMBER

Please Complete and return to:  
**15675 Ambaum Blvd. SW**  
**Burien, WA 98166**

## FOR OFFICE USE ONLY

(Requester enter name, address, and account as they appear in requester's records.)

Name **Highline School District**  
Locator ID **Purchasing Department**

### STEP 1. (Check ONE box only and provide your complete name and Taxpayer Identification Number.)

- U.S. Resident – Individual/Sole Proprietor** (Form 1099 reportable)

Name \_\_\_\_\_

If you are a sole proprietor, name of the owner of the business: \_\_\_\_\_

Social Security Number

or Employer Identification Number

- U.S. Partnership, Limited Liability Company ("LLC"), or Trust** (Form 1099 reportable)

Name (as shown on your tax return) \_\_\_\_\_ Employer Identification Number

- U.S. Corporation** (exempt from Form 1099 except for medical or legal services)

(If an LLC electing corporate status for U.S. tax purposes, please attach a copy of your U.S. tax election on IRS Form 8832, *Entity Classification Election*)

Name (as shown on your tax return) \_\_\_\_\_ Employer Identification Number

- U.S. Tax-Exempt Organization or Federal, State, or Local Government Agency** (exempt from Form 1099 reporting)

Name (as shown on your tax return) \_\_\_\_\_ Employer Identification Number

### STEP 2. Certification/Signature (Complete the following) under penalties of perjury my signature certifies that:

- The number shown on this form is my correct taxpayer identification (or I am waiting for a number to issues to me).
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Services (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.
- I am a U.S. person (including a U. S. resident alien).

Certification Instruction: You must cross out item 2 above if you have been notified by 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, number 2 above does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contribution 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.

Signature: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

#### Instructions for U.S. Tax Persons

As a business, federal income tax law requires us to report certain payments we make to you if you are not exempted from this reporting responsibility. In order for us to properly meet the federal tax law requirements, we need certain information from you. Please complete the information requested above and return this form to the address shown above. If you do not provide us with your correct taxpayer identification number, you may be subjects to \$50 penalty imposed by the Internal Revenue Service. In addition, you may be subject to 28% backup withholding on reportable payments we make to you. *If you have any question, please call us at (206) 631-3057 (Provide requester's telephone number).*

**Are you a U.S. Person?** The IRS defines a U.S. Person as:

- A U.S. Citizen;
- an entity (company, corporation, trust, partnership, estate, etc.) created or organized in, or under the laws of, the United States; a state; or District of Columbia
- A U.S. resident (someone who has a "green card" or has passed the IRS "substantial-presence test". For an explanation of the substantial-presence test, please see IRS Pub. 515 or 519, available at [www.irs.gov](http://www.irs.gov).)

If your answer is NO, please do not complete this form and contact us at (insert requester's phone number here) (206) 631-3057.

If your answer is YES, please complete the form





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED  Name as it appears in the contract	INSURER A :	Not Less Than A- VIII
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> WA Stop Gap:\$1MM GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 5,000	X	X	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b>  Highline School District #401 its directors, officers and employees 15675 Ambaum Blvd SW Burien, WA 98166	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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## Small Contractor Certificate of Insurance Requirements

Below are the requirements for a Certificate of Insurance to be accepted by the district. Please endeavor to complete all requirements before sending a certificate to the district or it will be returned for revision. Work cannot begin until a certificate meeting all requirements has been received and accepted by the district.

- 1. Insurers affording coverage must carry a Best Rating of A-VIII or better.
- 2. Commercial General Liability Section
  - Must be Occurrence policy, refer Claims Made policies to Brown & Brown for Review
  - Washington Stop Gap coverage may be referenced in this section
  - General Aggregate Limit should apply “Per Project”
- 3. Additional Insured, Waiver of Subrogation columns must be checked for General Liability, Automobile Liability and Umbrella Liability (if required). Additional Insured forms CG2010 (Ongoing Operations) and CG2037 (Completed Operations) or equivalent must be provided along with the Certificate of Insurance. Primary and Non-Contributory coverage is required and a copy must be provided along with the Certificate of Insurance.
- 4. General Liability Each Occurrence Limit must be at least \$1,000,000, General Aggregate Limit must be at least \$2,000,000 and the Products-Completed Operations Limit must be at least \$2,000,000
- 5. “Any Auto” coverage, which includes Hired and Non-Owned automobiles, is required. If the company does not own any vehicles, then the “Hired Autos” and “Non-Owned Autos” coverage are required.
- 6. Automobile Limit of at least \$1,000,000 is required.
- 7. Excess/Umbrella coverage must be included, if required by the contract.
  - The Retention/Deductible must not exceed \$10,000.
- 8. Excess/Umbrella Limit of at least \$1,000,000 must be shown, if required by written contract.
- 9. Washington Stop Gap coverage of at least \$1,000,000 is required (if not shown in the General Liability section).
- 10. “Description of Operations” section should reference the project name, number and address.
- 11. Certificate Holder name is to read “Highline School District #401, its directors, officers and employees”.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".





# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

## SCHEDULE

Name Of Person Or Organization:

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – Conditions:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.

