

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 request 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 or is interested in providing architectural and engineering services as shown below. ***Please Print or Type into this form***

Company Name: _____ UBI # _____
 Contact Name: _____ Contractor's License # _____
 Owners Name: _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Remit-To Address: _____ City: _____ State: _____ Zip: _____
 Office Phone: _____ Mobile: _____ Fax: _____
 Order Placement Fax: _____
 E-Mail Address: _____

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

- | | |
|--|---|
| <p>_____ 1000 Computers and Computer Equipment</p> <p>_____ 1010 File Servers</p> <p>_____ 1020 Hubs/Switches</p> <p>_____ 1030 Laptops</p> <p>_____ 1040 Printers Elaborate</p> <p>_____ 1050 LCD Projectors</p> <p>_____ 1060 Printing Supplies</p> <p>_____ 3000 Copy/Duplicating Supplies</p> <p>_____ 3010 Copy/Duplicating Machines</p> <p>_____ 3020 Copy/Duplicating Repairs</p> <p>_____ 4000 Nutrition Services Food</p> <p>_____ 4010 Snack/Candy</p> <p>_____ 4020 Beverages</p> <p>_____ 4030 Dairy Products</p> <p>_____ 5000 School Furniture</p> <p>_____ 5010 Office Furniture</p> <p>_____ 7000 Library Books</p> <p>_____ 7010 Textbooks</p> <p>_____ 7020 Magazines</p> <p>_____ 7030 Digital Books</p> <p>_____ 8000 Air Cleaners</p> <p>_____ 8010 Compressors</p> <p>_____ 8020 Grounds Equipment</p> <p>_____ 9000 Ceiling Tiles</p> <p>_____ 9030 Window Coverings</p> <p>_____ 9040 Grounds Supplies</p> <p>_____ 9050 Roofing Materials</p> | <p>_____ 10060 Portable Building Movers</p> <p>_____ 11000 Fencing</p> <p>_____ 11010 Contracted Electrical Services</p> <p>_____ 11020 Contracted Carpentry Services</p> <p>_____ 11030 Roofing Replacement and Repairs</p> <p>_____ 11040 Painting</p> <p>_____ 11050 Heating System Replacement and Repairs</p> <p>_____ 11060 Asphaltting</p> <p>_____ 11070 Landscaping Services</p> <p>_____ 11080 Tree Cutting Services</p> <p>_____ 11090 Contracted Plumbing Services</p> <p>_____ 11120 Fire Extinguishers Insp. and Maintenance</p> <p>_____ 11130 AHERA Project Designer</p> <p>_____ 11310 Planning and Consultant</p> <p>_____ 11320 Sanitary Engineer</p> <p>_____ 11330 Scheduling Consultant</p> <p>_____ 11340 Structural Engineer</p> <p>_____ 11350 Land Surveyor</p> <p>_____ 11360 Transportation Planning Consultant</p> <p>_____ 11370 Value Analysis Consultant</p> <p>_____ 11380 Certified Industrial Hygienist</p> <p>_____ 11390 Irrigation Design, Installation, Repair</p> <p>_____ 11400 General Contractor</p> <p>_____ 11410 Real Estate Services</p> <p>_____ 11420 Custodial Services</p> <p>_____ 11430 Glass Repair and Replacement</p> <p>_____ 11440 Welding Services</p> |
|--|---|

| | | | |
|-------------|-------------------------------------|-------------|---------------------------------------|
| _____ 9060 | Floor Coverings | _____ 12020 | General Office Supplies |
| _____ 9070 | Building Supplies | _____ 13020 | General Office Equipment |
| _____ 10010 | Contracted HVAC Services | _____ 14000 | Sports Uniforms |
| _____ 10020 | Contracted Refrigeration Services | _____ 14010 | Band/Choir Uniforms |
| _____ 10030 | Fire Alarm Repairs and Replacements | _____ 14020 | Screen Printing Services |
| _____ 10040 | Playground and Site Improvements | _____ 15000 | Vehicle Sales/Supplies/Maintenance |
| _____ 10050 | Burner Replacements and Repairs | _____ 15010 | School Bus Sales/Supplies/Maintenance |

_____ 99000 Other Briefly List: _____

Is your company a new applicant? Yes: _____ No: _____

Name of Applicant: _____ Title: _____

Signature: _____ Date: _____

Your application will remain on file for three years. It is the responsibility of the applicant to request/complete a new application, and inform the District of any changes when they occur.

** Please attach with application

1. Highline Request For Taxpayer Identification Number
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)

(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. Corporation (exempt from Form 1099 except for medical or legal services)

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:

1. The number shown on this form is my correct taxpayer identification (or I am waiting for a number to issues to me).
2. 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.
3. 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.

Print Name: _____ Title: _____ Phone: _____

Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax No: _____ Email: _____

Remit To: _____ City: _____ State: _____ Zip: _____

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 maybe 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.)

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.

Revised 8/28/14

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.

| | |
|--|--|
| <p>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:</p> <ol style="list-style-type: none"> 1. Your acts or omissions; or 2. The acts or omissions of those acting on your behalf; <p>in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.</p> | <p>B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:</p> <p>This insurance does not apply to "bodily injury" or "property damage" occurring after:</p> <ol style="list-style-type: none"> 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. |
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POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 37 07 04

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: |
|--|

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