

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*

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

_____	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)

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, 2553 if S-Corp, *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. Minority Business Enterprise/Women Business Enterprise Certificate

☐ Not Applicable

The business listed above is a: ☐ Minority Business Enterprise ☐ Women Business Enterprise Date of Certification: _____

STEP 3. 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: _____

PO Fax No: _____ PO Email: _____

Remit

Address: _____ 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 may be subject 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*

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 (206) 631-3057.

If your answer is YES, please complete the form.

Revised 5/17/2023



SMALL CONTRACTOR

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 have ADDITIONAL INSURED provisions or 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.):
	EMAIL:	
	ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Not Less Than A- VIII	1
INSURED Name as it appears in the contract	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 \$1M GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	2	Y	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	5	Y	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	8
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$ 10,000	7	Y	XXXXXXXXXX	XX/XX/XX	XX/XX/XX	8
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 WA Stop Gap	XX/XX/XX	XX/XX/XX	PER STATE/UTE <input checked="" type="checkbox"/> OTH-ER WA Stop Gap 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)

RE: Project Number XXXXX, Project Name XXXXX, Project Location XXXXX

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CERTIFICATE HOLDER

CANCELLATION

Highline School District #401
its directors, officers and employees
15675 Ambaum Blvd SW
Burien, WA 98166

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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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; or2. 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; or2. 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".

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 24 04 05 0

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.