



**KENT COUNTY ROAD COMMISSION**  
**1500 Scribner Avenue NW**  
**Grand Rapids, MI 49504**

**BID LIST APPLICATION**

(Pursuant to Act 170 of the Public Acts of 1933)

Submission of the completed form will allow your company to be put on the list of prospective bidders. The Purchasing Department shall send out the Invitation to Bid or Requests for Proposals or Quotes to the appropriate vendors maintained on the Bidders file.

Failure to respond to Bid Invitations, Requests for Proposals or Quotations shall justify the removal of the vendor's name from the Bidders list.

1. Name of company and mailing address for bid forms and purchase orders.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Billing address, if different.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

State whether an individual, partnership, corporation, assumed name or other legal entity.

Individual          Partnership          Corporation          Other  
Check Type of Organization

\_\_\_\_\_  
Federal ID # or Social Security #

2. Number of years in business\_\_\_\_\_
3. Complete sworn financial statement may be requested prior to award of bid.
4. MDOT (Michigan Department of Transportation) Pre-Qualified\_\_\_\_\_ (Yes or No)

5. Bank References

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

6. Telephone Number

\_\_\_\_\_

Fax Number

\_\_\_\_\_

Email Address

\_\_\_\_\_

7. Authorized Agent and Title

\_\_\_\_\_

typed/printed

8. List the type of commodity or service that could be provided by your company.

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

9. List other agencies that have contracted with your company in the last three years.

1. Client	Address	Contact Person	Phone
2. Client	Address	Contact Person	Phone
3. Client	Address	Contact Person	Phone
4. Client	Address	Contact Person	Phone

10. Number of Full Time Employees \_\_\_\_\_ Part Time \_\_\_\_\_

Experience of Personnel \_\_\_\_\_

11. Insurance Requirements:

Contractor shall save harmless and indemnify the Kent County Road Commission, as well as their employees, against all claims for damages to public or private property and for injuries to persons arising out of and during the progress and to the completion of work all in accordance with the 2003 Michigan Department of Transportation "Standard Specifications for Construction", section 107.10, with the following minimum requirements:

Workman's Compensation      Statutory Coverage

Bodily Injury and Property Damage Other Than Automobile:

Each Occurrence                      \$1,000,000

Aggregate                              \$2,000,000

Bodily Injury Liability and Property Damage Liability Automobile:

Bodily Injury Liability              \$500,000 Each Person, Each Occurrence \$1,000,000

Property Damage Liability        \$1,000,000 Each Occurrence - OR

Combined Single Limit for Bodily Injury and Property Damage Liability

Each Occurrence                      \$2,000,000

Insurance Certificate declaring Kent County Road Commission as additional insured, not certificate holder, must be issued and shall become part of contract.

Contractor shall maintain current up-to-date insurance coverage during the term of the contract and failure to do so shall result in termination of said contract.

Certificate must be submitted within ten days upon notification of award of Contract and prior to Contract signing.

Able to obtain insurance requirements? \_\_\_\_\_

Name of Insurance Agency \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone# \_\_\_\_\_

12. Able to obtain Performance Bond or equivalent? \_\_\_\_\_

Bonding Agency \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone# \_\_\_\_\_

