



**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

Telephone Number: _____ Fax Number: _____

Web Site / Email Address: _____

Billing address, if different.

_____ Address

_____ City State Zip

Company's Authorized Agent and Title _____
typed/printed

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

Bank Telephone Number: _____ Contact Person: _____

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

7. 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

8. Number of Full Time Employees_____ Part Time_____

Experience of Personnel_____

9. Insurance Requirements:

To the fullest extent permitted by law, the Contractor shall indemnify and hold harmless the Kent County Road Commission and its agents and employees from and against all claims, damages, losses and expenses including, but not limited to, attorneys' fees arising out of or resulting from the performance of this Contract including claims, damages, losses and expenses attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property, but only to the extent caused by the fault, negligent acts, or omissions of the Contractor, a Subcontractor, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such claim, damage loss or expense is caused in part by the parties indemnified hereunder. This obligation does not include an obligation to indemnify the parties, indemnified hereunder for their sole negligence and shall not be construed to negate or modify other rights or obligations of indemnity that otherwise exist as to the parties or persons described herein, arising out of and during the progress and to the completion of work all in accordance with Public Act 468 of 2012 and the 2012 Michigan Department of Transportation's "Standard Specifications for Construction", Division 1, paragraph 1.07.10 with the following minimum requirements:

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

10. Able to obtain Performance Bonds or equivalent (if applicable)? _____

Bonding Agency _____

Contact Person _____ Telephone# _____

Dated and signed this _____ day of _____ AD, 20_____

at _____

Signature of proposed Bidder - if an individual

Address

If a Corporation, Partnership, Assumed Name or other Legal Entity

Name of Company

By: _____
Signature of Officer or Partner

Designation of Office

Telephone Number Fax #

STATE OF MICHIGAN

COUNTY OF _____

On this _____ day of _____ AD, 20_____, before me, a Notary Public in and for said County appeared _____

to me known to be the person who signed the foregoing instrument and made oath that he knows the contents thereof with all attachments thereto, and that the same is true of his own knowledge, and that said instrument was signed for the purposes for which the same is intended, and that he has authority to sign the name for and in behalf of the proposed bidder herein above named.

Notary Public

County, Michigan

My commission expires: _____

In lieu of the foregoing Contractor's Pre-Qualification Record, the Standard Michigan Department of State Highways Pre-Qualification Rating will be accepted.