

# TOWN of SHARON, Vermont

69 Vermont Route 132

PO Box 250

Sharon, VT 05065

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## **BID FORM**

### **Building Repairs & Maintenance**

Due Date: Thursday, August 1, 2019 at 3:00 PM

DESCRIPTION OF WORK: Oversee and perform repairs to town buildings on as-needed part-time basis through September 1, 2020.

Proposer's Contact Information:

Printed Name \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Proposed Fixed Bill rate: \_\_\_\_\_

**Please summarize the skills, qualifications, and years of experience of the person or persons to be overseeing and/or performing repairs:**

**Describe 3 relevant projects that you or your employees have completed or overseen:**

**List the name of 3 professional references, their phone numbers, and their email addresses:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(over)

**Required Attachment to Bid Form:**

Certificate of Insurance illustrating the following coverages:

**Commercial General Liability Coverage:**

Commercial General Liability Insurance including but not limited to Bodily Injury, Personal/Advertising Injury, Broad Form Property Damage, Products and Completed Operations Liability and Contractual Liability with limits of, at minimum, \$1,000,000 Combined Single Limit for each occurrence. *The Contractor must list the Named Member as Additional Insured's on their Commercial General Liability Policy.*

**Commercial Auto Coverage:**

Commercial Auto Liability Insurance covering all Owned & Hired and Non-Owned vehicles, with limits of, at minimum, \$1,000,000 Combined Single Limit for each occurrence. *The Contractor must list the Named Member as Additional Insured's on their Commercial Auto Liability Policy*

**Workers' Compensation & Employers Liability Insurance:**

Statutory Worker's Compensation Insurance and Employers Liability with limits of, at minimum, \$1,000,000 any one occurrence.

**Bid Due Date & Time:**

3:00PM Thursday, August 1, 2019.

**Submit Bid to:**

Mail: Sharon Selectboard Office, P.O. Box 250, Sharon, VT 05065

Email: [selectboard@sharonvt.net](mailto:selectboard@sharonvt.net). Please do not fax your bid. Faxed bids will be disqualified.

Signature of Bidder \_\_\_\_\_ Date \_\_\_\_\_

*The Sharon Selectboard reserves the right to reject any and all bids should it be deemed in the public's interest to do so.*