

***BID RESPONSE PACKET***  
***SP-19-0065***

# BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION					
Company:					
Address:					
City:		State:		Zip Code:	
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit				
Minority and Women-Owned Designation*:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned				
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>				

<b>PROSPECTIVE CONTRACTOR CONTACT INFORMATION</b> <i>Provide contact information to be used for bid solicitation related matters.</i>			
Contact Person:		Title:	
Phone:		Alternate Phone:	
Email:			

<p style="text-align: center;"><b>CONFIRMATION OF REDACTED COPY</b></p> <p><input type="checkbox"/> YES, a redacted copy of submission documents is enclosed.</p> <p><input type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.</p> <p><i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i></p>
<p style="text-align: center;"><b>ILLEGAL IMMIGRANT CONFIRMATION</b></p> <p>By signing and submitting a response to this <i>Bid Solicitation</i>, a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.</p>
<p style="text-align: center;"><b>ISRAEL BOYCOTT RESTRICTION CONFIRMATION</b></p> <p>By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.</p> <p><input type="checkbox"/> Prospective Contractor does not and will not boycott Israel.</p>

***An official authorized to bind the Prospective Contractor to a resultant contract must sign below.***

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* **will cause the Prospective Contractor's bid to be rejected:**

**Authorized Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
*Use Ink Only.*

Printed/Typed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **PROPOSED SUBCONTRACTORS FORM**

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*Type or Print the following information*

<b>Subcontractor's Company Name</b>	<b>Street Address</b>	<b>City, State, ZIP</b>

☐ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

## **SUBMISSION REQUIREMENTS**

1. Provide evidence of “Satisfactory” rating with USDOT. (IFB Item 2.2.B)
2. Provide the following proofs of insurance (IFB Section 2.4):
  - a. Liability insurance with a minimum of \$150,000 per occurrence. (IFB Item 2.4.A.1)
  - b. State Worker’s compensation insurance, including civil rights violations and sexual assaults, with a limit of \$1,000,000. (IFB Item 2.4.A.2)
  - c. Professional liability insurance, including civil rights and sexual assaults, with a limit of \$1,000,000. (IFB Item 2.4.A.3)
  - d. Comprehensive automobile liability insurance with a combined single limit per occurrence of \$1,500,000 for each vehicle with a capacity of less than fifteen (15) people, including the driver. (IFB Item 2.4.A.4)
  - e. Comprehensive automobile liability insurance with a combined single limit per occurrence of \$3,000,000 for each vehicle with a capacity of more than sixteen (16) people, including the driver. (IFB Item 2.4.A.5)
  - f. Commercial general liability insurance with a combined single limit of \$3,000,000 for each occurrence, including excess umbrella coverage. (IFB Item 2.4.A.6)