

STATEMENT OF CONTRACTOR INFORMATION

PROJECT: RFP PROPOSAL NO. 2023.03.31 – EDMONDS LIBRARY TENANT IMPROVEMENTS					
Note: This statement must be completed, signed, and submitted as part of the Proposal packet.					
BUSINESS INFORMATION					
Name of Firm:					
Address:					
Payment Address:					
Contact Phone #:					
Email #:					
Contact Name:					
LICENSE & REGISTRATION INFORMATION (RCW 39.04.10 Sec. 2)					
State of Washington Dept. of Licensing Contractors Registration Number:					
State of Washington Unified Business Identification (UBI) Number:					
State of Washington Dept. of Employment Security Number: Licensing					
State of Washington Dept. of Labor & Industries Workers Compensation Acct. Number:					
Washington State Excise Tax Registration Number:					
Federal Tax ID Number:					
Teachar tax to Number.					
INSURANCE AND BONDING					

Name of Insurance Company:				
Name of Insurance Agent:				
Insurance Phone Number:				
Insurance Fax Number:				
Bonding Company (If Applicable):				
Name of Bond Agent:				
Bonding Company Address:				
Bonding Phone Number:				
SUBCONTRACTORS		UBI NUMBER		
Are you listed on any debarment lists:				□N
Are you on the list of parties excluded from the Federal procurement/Non-Procurement programs:			□Y	□N
The above company/vendor acknowledges the receipt of the applicable). Bidder acknowledges each Addendum by initial			enced solicitatio	on (if
Addendum #1: Addendum #2	Addendum #3 Addend		um #4	
Signature	Title			