

RESPONSIBILITY OF BIDDER FORM

This form must be completed in full and submitted with bid. Misrepresentation or failure to complete will automatically disqualify bid. All information is confidential and exempt from the Open records Law, pursuant to KRS 45A.395.

NAME _____ PHONE _____

ADDRESS _____
Street or P.O. Box City State Zip Code

1) Type of services/supplies provided in normal course of business: _____

2) Length of time in business: _____

3) Experience in providing bid required services/supplies: _____

4) Currently a party / defendant in lawsuit(s)? () Yes () No If yes, explain _____

5) State past history as party / defendant in lawsuit(s) _____

6) Name of contract / product liability insurance Carrier: _____

7) Limits: \$ _____ (minimum of \$1 million required) (attach Insurance Proof)

8) Name of Workman's Comp Carrier (if have one (1) or more employees work under you a minimum of \$1 million is required (attach proof) _____

9) If construction bid how many other projects currently ongoing? _____

10) City of Glasgow Occupational License No.: _____

11) List of references (public or private) and contact person for whom similar services / supplies provided: _____

Name of Firm Address Contact Person

Name of Firm Address Contact Person

Name of Firm Address Contact Person

I do solemnly swear that to the best of my knowledge and belief the above is true and accurate statement of facts.

Signed _____ Date _____

*Note: If more space is needed, please attach separate sheet(s).