



# Pacific West Builders, Inc.

430 East State Street, Suite 100, Eagle, Idaho 83616 • Phone (208) 461-0022 Fax (208) 461-0033

(Date)

You are invited to submit a bid for the construction of the (Project) in (Town, City) located at (Address). All work is to be in accordance with the Invitation to Bid and all of the attachments as follows: Drawings and specifications by, (Company), Architect, and relevant engineers; Soils report by (Company) and Idaho Pacific West Builders, Inc.'s insurance requirements. All bids are to include the cost of permits specific to that trade only.

All bidders submitting proposals on this work shall first examine the site and all conditions thereon. All questions concerning the bid or the drawings are to be submitted to Idaho Pacific West Builders, Inc. Per written RFI. Drawings can be reviewed at (Plan Centers Addresses and Phone Numbers).

(ATTACH IF NEEDED)

THIS PROJECT IS A FEDERAL DAVIS BACON ACT. ALL BIDS MUST INCLUDE THIS WAGE DETERMINATION. ABSOLUTLY NO EXCEPTIONS, Decision Number:

Submit the bid proposal marked: (Job Name) and deliver mail or fax to the following address:

Idaho Pacific West Builders, Inc.  
430 East State Street #100  
Eagle, ID 83616  
Office (208) 461-0022  
Fax (208) 461-0033  
www.tpchousing.com  
CA License 840164

**Bid Due: (Date)  
(TIME)**

Sincerely,

Construction Manager

**EXHIBIT C**  
**SUBCONTRACTOR INSURANCE REQUIREMENTS**

PACIFIC WEST BUILDERS, INC. DBA IDAHO PACIFIC WEST BUILDERS, INC.  
430 East State Street, Suite 100 Eagle, ID 83616  
Phone: 208/461-0022 FAX: 208/461-0033

**PLEASE FORWARD TO YOUR INSURANCE AGENT/S**

SUBCONTRACTOR SHALL MAINTAIN INSURANCE WITH COVERAGE AND MINIMUM LIMITS OF LIABILITY AS REQUIRED BY THE CONTRACT DOCUMENTS BUT NOT LESS THAN COVERAGE AND LIMITS OF LIABILITY AS FOLLOWS:

(A) **WORKERS' COMPENSATION** including Occupational Disease Insurance, meeting the statutory requirements of the State in which work is to be performed, together with a Broad Form All States Endorsement and containing Employers' Liability Insurance in an amount of not less than \$1,000,000 (or such higher minimum limits as required by State of Contract Documents).

(B) **COMMERCIAL GENERAL LIABILITY INSURANCE** providing combined single limits of liability in the following amounts, with aggregates applying on a "per project" basis:

General Aggregate Limit:	\$2,000,000.00
Products – Completed Operations Limit:	\$2,000,000.00
Personal Injury Limit:	\$1,000,000.00
Per Occurrence Limit:	\$1,000,000.00

Coverage shall include **X, C, U HAZARDS** and shall include this Subcontract as an "Insured Contract" in the policy definitions. The Policy CANNOT be "Claims Made" type. Products-Completed Operations coverage shall be maintained for three (3) years following project completion.

(C) **COMPREHENSIVE AUTOMOBILE LIABILITY** on "occurrence" basis covering all owned, non-owned and hired vehicles with limits of liability not less than \$1,000,000 per occurrence.

(D) **INSURANCE CERTIFICATES** SHALL BE ON FORMS APPROVED BY CONTRACTOR AND:

- (1) ALL INSURANCE EXCEPT WORKERS COMPENSATION, SHALL INCLUDE PACIFIC WEST BUILDERS, INC. DBA IDAHO PACIFIC WEST BUILDERS, INC. (AND THE OWNER AND OTHERS AS REQUIRED BY CONTRACT DOCUMENTS) AS ADDITIONAL INSURED AND SHALL NOT BE LIMITED IN ANY WAY (E.G., NOT JUST FOR "GENERAL SUPERVISION") AS TO ADDITIONAL INSURED; AND
- (2) SHALL BE DELIVERED TO PACIFIC WEST BUILDERS, INC. DBA IDAHO PACIFIC WEST BUILDERS, INC. WITH A COPY OF THE ADDITIONAL INSURED ENDORSEMENT; AND
- (3) SHALL IDENTIFY THE SPECIFIC PROJECT; AND
- (4) SHALL CONTAIN A CANCELLATION CLAUSE STATING COVERAGE WILL NOT BE ALTERED, CANCELLED OR ALLOWED TO EXPIRE WITHOUT THIRTY (30) DAYS WRITTEN NOTICE TO PACIFIC WEST BUILDERS, INC. DBA IDAHO PACIFIC WEST BUILDERS, INC. SUCH NOTICE REQUIREMENT SHALL STATE THAT INSURER "WILL MAIL" NOT "WILL ENDEAVOR" TO MAIL; AND
- (5) SHALL STATE THAT ALL POLICIES ARE PRIMARY INSURANCE AND ARE NOT CONTRIBUTORY WITH OTHER INSURANCE AVAILABLE TO PACIFIC WEST BUILDERS, INC. DBA IDAHO PACIFIC WEST BUILDERS, INC.

SUBCONTRACTOR SHALL NOT COMMENCE WORK UNTIL SUCH CERTIFICATES OF INSURANCE ARE DELIVERED TO PACIFIC WEST BUILDERS, INC DBA IDAHO PACIFIC WEST BUILDERS, INC., PROVING THAT THE POLICIES ARE IN FULL FORCE AND EFFECT.

(E) Equivalent insurance coverage must be obtained from each of your subcontractors and suppliers, if any before permitting them on the site of the project; otherwise, their protection must be included in your insurance policies.

(F) It is understood and agreed that the insurance coverages and limits required above shall not limit the extent of the Subcontractor's responsibilities and liabilities specified within the Contract Documents or by law.

(G) Contractor may furnish, erect or provide equipment, appurtenances and devices, motorized or otherwise, for its use to complete its Contract with the Owner. Should the Subcontractor use such items, the Subcontractor agrees to insure against either any claims of injury or damage caused by items while in its care, custody or control naming Pacific West Builders, Inc. dba Idaho Pacific West Builders, Inc., as an insured party. Liability limits shall be the same as in (b) above. Physical Damage Insurance against damage to the items themselves shall be on a "Replacement Cost" basis and waiving subrogation against Pacific West Builders, Inc. dba Idaho Pacific West Builders, Inc.

(H) Pacific West Builders, Inc dba Idaho Pacific West Builders, Inc. is authorized to withhold payments to the Subcontractor until a properly executed Certificate of Insurance/s providing insurance/s as required herein are received by Pacific West Builders, Inc. dba Idaho Pacific West Builders, Inc.

(I) As provided by the Contract Documents, Pacific West Builders, Inc. dba Idaho Pacific West Builders, Inc., or the Owner may provide Builder's Risk Insurance coverings subcontractor's and sub-subcontractor's materials and supplies that are to be incorporated into the permanent improvements of the Project. Such insurance will not provide coverage for Subcontractor's tools, equipment or other property that does not become a part of the permanent improvements. Subcontractor shall be responsible to pay any deductible under Builder's Risk Insurance for losses caused by acts, omissions or operations or Subcontractor or its sub-subcontractors or suppliers.

Initial \_\_\_\_\_

# SUBCONTRACTOR PREQUALIFICATION STATEMENT

SUBMITTED BY: Name: \_\_\_\_\_ Company Structure: \_\_\_\_\_  
Address: \_\_\_\_\_ Corporation ( ) Type \_\_\_\_\_  
\_\_\_\_\_ Partnership ( )  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Individual ( )  
Name of Principal: \_\_\_\_\_  
Type of Contractor: \_\_\_\_\_ DBE ( )  
Contractor's State License #: \_\_\_\_\_ State \_\_\_\_\_ MBE ( )  
Add'l State Licenses#: \_\_\_\_\_ State \_\_\_\_\_ VBE ( )  
\_\_\_\_\_ State \_\_\_\_\_ WBE ( )  
\_\_\_\_\_ State \_\_\_\_\_ Type of Work  
Federal I.D. # (EIN): \_\_\_\_\_ Performed:  
Sales Tax #: \_\_\_\_\_ (by CSI code )

BANK REFERENCE: (Name, Address and Phone #)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BONDING COMPANY: (Name, Address and Phone #)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSURANCE COMPANY: (Name, Address, and Phone #)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK HISTORY: PROJECTS PRESENTLY IN PROGRESS (Include name, address, phone# of owner or general contractor, contract amount, and contact person). Use an attachment if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROJECTS COMPLETED IN PAST TOW YEARS: (Include name, address, phone # of owner or general contractor, contract amount, and contact person). Use an attachment if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRADE REFERENCES:	Company Name	Phone #
	_____	_____
	_____	_____
	_____	_____