



INVITATION TO BID

DATE: January 26, 2012

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TO: ESTIMATOR

FROM: Randy Tucker Estimator rtucker@dbkenyon.com
Debi Gillette Bid Coordinator dgillette@dbkenyon.com

RE: INVITATION TO BID
Sacred Heart Parish Center
5752 Blanding Blvd.
Jacksonville, FL 32244

SUBMIT BIDS VIA BID FAX OR BID EMAIL ONLY
BID PH: 904-777-0833
BID FX: 904-224-2465
BID EMAIL: bid@dbkenyon.com
Please send bids via the bid fax or bid email listed above only. Please do not send bids to personal email addresses or personal fax numbers.

You are invited to submit a bid for the project listed above. Your bid is to include your proposal on company letterhead and DBK Bid Form. The bid forms will be posted to our website as soon as they are completed. Bids received after the bid date and time or without the required bid form will be discarded. See attached insurance requirements for this project. Insurance documents will only be requested if you are awarded a contract.

PROJECT DESCRIPTION: New 12,734 SF Parish Center. See project documents on our website at www.dbkenyon.com for complete scope of work.

BID DOCUMENTS: The Plans and Specifications are on our website at www.dbkenyon.com. An email will be sent to you when updates to the bid documents, such as; RFIs, revised drawings, addenda, DBK Bid Form and any document used in the pricing of this project are received. All updates will be posted to the website. **Please check your emails and DBK website on a regular basis for updates on these documents.** It is the subcontractor's responsibility to view the website during the bidding process and include pricing from all documents per your scope of work. All addenda, RFI, etc is required to be acknowledged on the DBK bid form.

SCOPE QUESTIONS: All scope questions are to be directed to Randy Tucker via email to rtucker@dbkenyon.com or via phone (904) 777-0833.

BID SUBMISSION: Bids are to be submitted on the DBK Bid Form and sent to Dana B. Kenyon Company by Monday, February 13, 2012 @ 2:00 PM via one of the following methods: Bid Fax: (904) 224-2465 / Bid Email: bid@dbkenyon.com. **DO NOT SEND BIDS TO ANY OTHER EMAIL OR FAX.**

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Sacred Heart Parish Center
 5752 Blanding Blvd.
 Jacksonville, FL 32244

Bid Submission:
 Monday, February 13, 2012 @ 2:00 PM
 Send via bid fax or bid email listed below

INVITATION TO BID
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**PLEASE FILL OUT THIS PAGE WITH YOUR COMPANY INFORMATION AND
 BID STATUS AND SEND BACK TO US AS SOON AS POSSIBLE**

**Via the bid fax: 904-224-2465 or bid email: bid@dbkenyon.com. Submission of this form is
 required to be added to bid list. Please do not send back a blank page.**

BID STATUS (please check bid status before sending)		CHECK ONE	
WILL BID - The DBK Bid Form is <u>required</u> with bid submission			
WILL NOT BID - Please send this page back even if you are not bidding so we may update our bid list			
COMPANY INFORMATION (if not bidding, fill out company name & scope of work only – please do not send back blank page)			
Scope of Work			
Company Name			
Company Address (include City, State, Zip)			
Estimator Name			
Estimator Phone / Fax	Phone	Fax	
Estimator Email			
DBK SUBCONTRACTOR BID FORM		CHECK ONE	
I understand that the DBK Subcontractor Bid Form must be submitted with your quote. The bid forms will be posted to our website at www.dbkenyon.com before bids are due.		Yes	No
INSURANCE REQUIREMENTS		CHECK ONE	
I am able to meet the insurance requirements on attached sample certificate. (do not send your company insurance documents during bidding process)		Yes	No
All bidders submitting a bid for this project must have a DBK Vendor Qualification Form on file with our company. This form is located on our website at www.dbkenyon.com (click on Projects Bidding tab). See website for instructions.			
Vendor Qualification Form on File (required)	_____ On File	_____ Will send via DBK website	

CONTINUED TO PAGE 3 – Sample Insurance Certificate

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/18/2010

PRODUCER (Insurance Agency Name & Address)	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED (Subcontract Name & Address)	INSURER A: (Insurance Company)	NAIC#
	INSURER B: (Insurance Company)	NAIC#
	INSURER C: (Insurance Company)	NAIC#
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blnkt Contractual <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	POLICY NUMBER	00/00/00	00/00/00	EACH OCCURRENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
						MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	POLICY NUMBER	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	POLICY NUMBER	00/00/00	00/00/00	EACH OCCURRENCE	\$1,000,000
						AGGREGATE	\$1,000,000
							\$
							\$
							\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	POLICY NUMBER	00/00/00	00/00/00	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
						E.L. EACH ACCIDENT	\$100,000
						E.L. DISEASE - EA EMPLOYEE	\$100,000
						E.L. DISEASE - POLICY LIMIT	\$500,000
A		OTHER Installation Fltr	POLICY NUMBER	00/00/00	00/00/00	\$100,000 Per Location \$100,000 Per Disaster	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
RE: (Name & Location of Project) All policies except workers Compensation have been endorsed to include Dana B Kenyon Company and project owner as additional insured including completed operations and have been endorsed to provide Dana B Kenyon Company 30 days written notice prior to cancellation, nonrenewal or material change. All policies include Waiver of Subrogation.

<p>CERTIFICATE HOLDER</p> <p>Dana B Kenyon Company 5772 Timuquana Road Jacksonville, FL 32210</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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