

ATTACHMENT E

BARNSTABLE COUNTY – TRADESPERSON BLANKET BID

TRADE SUMMARY SHEET

(ONE FORM TO BE COMPLETED PER TRADE CATEGORY YOU ARE SUBMITTING TO BE QUALIFIED FOR)

TRADE CATEGORY:

16 CATEGORY NAME SEPTIC SERVICES (Both from list on page 3):

General Description of services you provide: INSTALLATION AND MAINTENANCE OF SEPTIC COMPONENTS, TO INCLUDE PUMPING. WORK ON ALL SYSTEMS TO INCLUDE GRAVITY, PUMPED AND ALTERNATIVE TECHNOLOGY

FIRM NAME: BASTOLOTTI CONSTRUCTION, INC. DATE: _____

ADDRESS: 45 INDUSTRY ROAD MARSTONS MILLS MA 02648
Mailing/Street Town State Zip Code

Estimating/Sales Representative:

Name: PAUL WILLARD

Email: PWILLARD.BCI10@VERIZON.NET

Direct Phone Number: 508-428-8926

TRADE/PROFESSIONAL LICENSES HELD (include copies): SEPTIC HAULERS AND INSTALLER LICENSES (SEE ATTACHED)

GENERAL LIST OF SERVICES YOU PROVIDE:

CONSULTING ON PROPOSED DESIGNS AND LOCATIONS.

BIDDER ACKNOWLEDGES ADDENDUM(S): _____

OSHA CERTIFICATION (attached): Yes No (required for Construction) Service only: Yes No

CERTIFICATE OF NON COLLUSION (attached): Yes No

TAX CERTIFICATION (attached): Yes No

PROOF OF INSURANCE (see page 8 for requirements) (attached certificate): Yes No

NAME AND ADDRESS OF BONDING COMPANY: BERKLEY INSURANCE Co.
GREENWICH, CT. 06830

Minority and Woman Owned Business Certification (Massachusetts): MBE WBE Other _____

(include copy of certification with this form)

Note: Contractors are not required to be certified. This is for tracking purposes only.

OSHA VIOLATIONS IN THE PAST THREE YEARS: No Yes Please provide details: _____

HAVE YOU DEFAULTED ON A CONTRACT DURING THE PAST THREE YEARS: No Yes Please provide details: _____

ARE YOU CURRENTLY DEBARRED FROM ANY STATE OR FEDERAL CONTRACTS: No Yes Please provide details: _____

REGISTERED WITH THE SECRETARY OF STATE TO DO BUSINESS IN MASSACHUSETTS: Yes No
(Include screen print of the Secretary of State website with certification registration information or other proof of registration)

Date: 18 FEB 2020 Name of Submitting Contractor: BIRTOLOTTI CONSTRUCTION

YEARS IN BUSINESS 35 Years (Minimum 5 years) (for trade category submitting for)

BARNSTABLE COUNTY REGION(S) YOU WILL SERVICE: (SEE ATTACHMENT A FOR TOWNS INCLUDED)

Location A Upper Cape Yes No

Location B Mid-Cape Yes No

Location C Lower Cape Yes No

Location D Outer Cape Yes No

Location E Nantucket Yes No

By: 

(Authorized Signature)

PAUL B. WILLARD

(Print Name)

Name & Title of Person Signing Bid:

PAUL WILLARD, ESTIMATOR

Business Address:

45 INDUSTRY ROAD

City, State, Zip Code:

MARSTONS MILLS, MA. 02648

Telephone:

508-428-8926

Fax:

508-428-9399

E-mail address:

PWILLARD.BCI10@VERIZON.NET