

**ATTACHMENT E**

**BARNSTABLE COUNTY – TRADESPERSON BLANKET BID**

**TRADE SUMMARY SHEET**

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

**TRADE CATEGORY:**

# 7898      **CATEGORY NAME**    Roofing      **(Both from list on page 3):**

**General Description of services you provide:**

Roof Repairs & Maintenance

**FIRM NAME:** GIBSON Roofs, Inc.      **DATE:** January 24, 2020

**ADDRESS:** 369 Winter Street      ,      Hanover      ,      MA      ,      02339  
Mailing/Street      Town      State      Zip Code

**Estimating/Sales Representative:**

**Name:** Giovanni Colafrancesco

**Email:** Gio@GibsonRoofs.com

**Direct Phone Number:** 781-826-6344

**TRADE/PROFESSIONAL LICENSES HELD (include copies):**

Construction Supervisor - # CS-111796

**GENERAL LIST OF SERVICES YOU PROVIDE:**

Roof Repairs, Installation & Maintenance

**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:** \_\_\_\_\_

Travelers Casualty and Surety Company Company of America

**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:** 01/24/2019

**Name of Submitting Contractor:** GIBSON Roofs, Inc.

**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:  Kevin K. Gibson, President  
(Authorized Signature) (Print Name)

**Name & Title of Person Signing Bid:** Kevin K. Gibson, President

**Business Address:** 369 Winter Street

**City, State, Zip Code:** Hanover, MA 02339

**Telephone:** 781-826-6344

**Fax:** 781-826-8063

**E-mail address:** CAlmeida@GibsonRoofs.com

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