

BID REGISTRATION FORM
IFB#GHURA-COCC-021-002
FY2021 INSURANCE COVERAGES FOR EXCESS LIABILITY, AUTOMOBILE,
AND WORKERS COMPENSATION

GHURA will receive bids on December 31 until 2:00 pm at the GHURA Main Office located in Sinajana. Bids received after this time will not be considered.

Company Name _____
(Name written on Contractor's License)

Company Mailing Address _____

Email Address: _____

Company Owner _____
(Or Name of Responsible Management Employee (RME))

Company Phone Nos. _____
(Incl. Cell phone number, if any)

Fax Number _____

Information **will not be released** pertaining to other contractors who have picked up bid specifications or number of contractors who have purchased bid specifications for this project.

For Office Use Only:

Bid spec cost:

Free

Bid available:

12/09/2020

Date _____ Receipt# _____ Staff Initial _____