

**ATTACHMENT NO. 2**

**Southeast Alaska Power Agency  
SEAPA 2026 Cleveland STI Transmission Line Brushing Project**

**BIDDER EXPERIENCE RECORD**

**Name of Bidder:** \_\_\_\_\_

Use this form to list and describe four (4) comparable projects completed by your company. Attach additional sheets as necessary for further explanations and to describe relevant experience and unique qualifications of your company to accomplish the work. The experience should include evidence of experience working on projects that are remotely located and required intense logistical consideration. Attach additional sheets as necessary for further explanations and describe relevant experience and the unique qualifications of your company to accomplish the work.

**PROJECT 1**

1a. Brief description and Scope of Work:

\_\_\_\_\_

\_\_\_\_\_

1b. Were delivery dates met? ☐ YES ☐ NO

1c. If delivery dates were not met, please explain reason and length of delay:

\_\_\_\_\_

\_\_\_\_\_

1d. List the Owner name, location, and key personnel currently on-staff:

\_\_\_\_\_

**PROJECT 2**

2a. Brief description and Scope of Work:

\_\_\_\_\_

\_\_\_\_\_

2b. Were delivery dates met? ☐ YES ☐ NO

2c. If delivery dates were not met, please explain reason and length of delay:

\_\_\_\_\_

\_\_\_\_\_

2d. List the Owner name, location, and key personnel currently on-staff:

\_\_\_\_\_

### PROJECT 3

3a. Brief description and Scope of Work:

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3b. Were delivery dates met? ☐ YES ☐ NO

3c. If delivery dates were not met, please explain reason and length of delay:

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3d. List the Owner name, location, and key personnel currently on-staff:

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### PROJECT 4

4a. Brief description and Scope of Work:

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4b. Were delivery dates met? ☐ YES ☐ NO

4c. If delivery dates were not met, please explain reason and length of delay:

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4d. List the Owner name, location, and key personnel currently on-staff:

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*Submitted by:*

**BIDDER**

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or legibly print signer's name)

Title: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
(Company Name)

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Physical Address (if different): \_\_\_\_\_

Fax No.: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACHMENT NO. 3 – LIST OF SUBCONTRACTORS**  
**Southeast Alaska Power Agency**  
**SEAPA 2026 Cleveland STI Transmission Line Brushing Project**

**NOTE: Any chartered air service, helicopter company, or hired vessel operator/boat will be considered a subcontractor and must be included in the list below.**

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

**Notes:**

1. List all subcontractors who will provide greater than five percent (5%) of the Project work **(including chartered air services, helicopter companies, or hired vessel operator/boat)** and an approximate percentage of their individual participation. The proposer may not subcontract greater than fifty percent (50%) of this project without prior written approval by SEAPA.
2. If the use of subcontractors is not anticipated, write "NONE" on this form.
3. Additional copies of this form may be used, as needed.
4. All subcontractors doing work on the Project are subject to SEAPA approval and insurance requirements.

**SUBCONTRACTOR NO. 1**

**Company Name:** \_\_\_\_\_

**Subcontractor Tasks:** \_\_\_\_\_

**Estimated Percentage of Subcontractor's Participation:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**SUBCONTRACTOR NO. 2**

**Company Name:** \_\_\_\_\_

**Subcontractor Tasks:** \_\_\_\_\_

**Estimated Percentage of Subcontractor's Participation:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**SUBCONTRACTOR NO. 3**

**Company Name:** \_\_\_\_\_

**Subcontractor Tasks:** \_\_\_\_\_

**Estimated Percentage of Subcontractor's Participation:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

ATTACHMENT NO. 4

NON-COLLUSION AFFIDAVIT

STATE OF \_\_\_\_\_ )  
 ) ss:  
\_\_\_\_\_ Judicial District )

The undersigned, whose address is \_\_\_\_\_,  
being of legal age, deposes, and states as follows:

The price shown in the Bid submitted by the undersigned for the Southeast Alaska Power Agency's (SEAPA) 2026 Cleveland Swan-Tyee Intertie Transmission Line Brushing Project ("Project") is arrived at independently and without consultation, communication, or agreement with any other contractor, responder, or potential responder to the Request for Proposals ("RFP") for the Project.

The price in the Bid submitted by the undersigned has not been disclosed to any other firm who is a responder or potential responder to the RFP for the Project, and they will not be disclosed before the Bid opening. No attempt has been made or will be made to induce any firm or person to refrain from responding to the RFP for the Project or to induce them to submit a price that is higher than the price in the Bid submitted by the undersigned, or to submit any intentionally high or non-competitive Bid or other form of non-responsive Bid.

The Bid prepared by the undersigned is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or non-competitive Bid.

No person or persons, firms or corporation has, had, or will receive directly any rebate, fee, gift, commission or thing of value on account of such sale.

I certify under penalty of perjury under State of Alaska law that I know the contents of this affidavit and that the statements are true and correct.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

By: \_\_\_\_\_ (Signature)

\_\_\_\_\_  
(please print name of signer legibly)

Its: \_\_\_\_\_ (Title)

SUBSCRIBED AND SWORN to before me, a Notary Public in and for the State of Alaska this  
\_\_\_\_ day of \_\_\_\_\_, 2026.

[SEAL]

\_\_\_\_\_  
Notary Public for \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

ATTACHMENT NO. 5

Southeast Alaska Power Agency  
SEAPA 2026 Cleveland STI Transmission Line Brushing Project

BIDDER'S PROPOSED SCHEDULE

Bidders must calculate the milestones and start and completion dates for the Southeast Alaska Power Agency's (SEAPA) 2026 Cleveland STI Transmission Line Brushing Project and describe their company's capacity to respond to the required work in a timely and efficient manner. Bidder's proposed schedule is subject to Agency approval in writing. Additional pages may be attached to this form if necessary.

Milestone	Start Date	Completion Date

Describe your company's capacity to respond to the required work in a timely and efficient manner: \_\_\_\_\_

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

*(Attach additional pages to this form if necessary)*

Submitted by:

**BIDDER (Company Name):**

\_\_\_\_\_  
*(Please write legibly)*

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

*\*Signature*

*(Note: Signer must have legal binding authority)*

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

*Printed Name*

\_\_\_\_\_  
*Title*

**Date:** \_\_\_\_\_, 2026

**ATTACHMENT NO. 6**  
**GENERAL INFORMATION FORM**

Provide the following information regarding the respondent. (Note: If respondent is proposing as a team or joint venture with each entity signing the contract, if awarded, each should complete this information. Subcontractors are not co-respondents and should not be identified here. If additional space is required to answer fully, please attach extra sheets, listing the question and response.)

Question	Response
1. Bidder's Company Name (exact legal name as it will appear on any contract awarded)	
2. Address and contact phone number(s) of Bidder's company office from which this project would be managed and which notices may be sent to.	
3. Printed name and title of person with legal binding authority for contract who will sign the contract.	
4. Single point of contact for SEAPA to communicate with concerning your proposal or setting dates for meetings (include <b><u>name, title, email address and office or cell phone</u></b> )	
5. Business structure (e.g., individual/sole proprietorship, partnership, corporation, limited liability company, joint venture, or other)	
6. Federal Employer Identification Number. (If respondent is an individual, sole proprietor, or single-member LLC, a W-9 form will be sent for your taxpayer ID number – <b><u>do not write your social security number on this form</u></b> )	
7. Planned mergers, transfer of organization ownership, management reorganization, or departure of key personnel expected within the next twelve (12) months of which respondent or its affiliated individuals are aware.	
8. Has the respondent, its affiliated individuals, or affiliated entities ever been disbarred or suspended from contracting, or had a contract terminated for cause or otherwise? If so, identify the other entity and the name and current phone number of a representative of the entity familiar with the disbarment or suspension, and state the reason for or circumstances surrounding the disbarment, suspension, or termination, including but not limited to the period for any debarment or suspension.	
9. Has the respondent or any related entity ever had a bond or surety canceled or forfeited? If so, describe the circumstances.	
10. Has the respondent or any related entity ever been declared bankrupt or filed for protection from creditors under bankruptcy laws? If so, state the date, court, case number, and status (disposed or active case)	
11. Has respondent, related individual, entity or predecessor entity failed to perform under a contract, or had a contract terminated or been sued for alleged failure to perform under a contract? If so, describe and include case numbers and disposition of any litigation.	

**ATTACHMENT NO. 7**

**Southeast Alaska Power Agency  
SEAPA 2026 Cleveland STI Transmission Line Brushing Project ("Project")**

**CONTRACTOR'S GENERAL QUESTIONNAIRE**

This questionnaire shall be filled out for the subject Project and must be submitted with the Bidder's proposal.

**A. FINANCIAL**

1. Have you ever failed to complete a contract because of insufficient resources? \_\_\_\_\_  
\_\_\_\_\_
2. Have you made sufficient arrangements to finance the work? \_\_\_\_\_  
If so, with whom and for what amount? \_\_\_\_\_  
\_\_\_\_\_
3. Have you arranged with a surety company duly authorized to do business in Alaska to provide bonds in such sums as may be required for the faithful performance on the contract? \_\_\_\_\_. If so, with what company? \_\_\_\_\_  
\_\_\_\_\_.

**B. EQUIPMENT (IF NECESSARY)**

1. Set forth below the equipment you have available for the work, which you proposed to do. This equipment should be listed in detail. (General statements will not be accepted).

Year	Make/Model	Description	Horsepower	Size Capacity

NOTE: If more spaces are required, copy this sheet.

2. Do you thoroughly understand that in case the contract is awarded to you that you may be required to use any or all the equipment listed on the work covered by this contract? \_\_\_\_\_
3. Do you propose to purchase any equipment for use on this project should contract be awarded to you? \_\_\_\_\_
4. Do you propose to rent any equipment for this work? \_\_\_\_\_ If so, state type, quantity, and reason for renting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Have you made contracts or received firm offers for all necessary materials with the prices used in preparing your Bid? \_\_\_\_\_

Dated at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 2026.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

By: \_\_\_\_\_ (Signature)

\_\_\_\_\_  
(please print name of signer legibly)

Its: \_\_\_\_\_ (Title)



**ATTACHMENT NO. 8**  
**SIGNATURE PAGE FORM**

**Southeast Alaska Power Agency**  
**SEAPA 2026 Cleveland STI Transmission Line Brushing Project**

By submitting a proposal, respondent represents that:

(1) If respondent is a corporation, respondent will be required to provide a certified copy of the resolution evidencing authority to enter into the contract if other than an officer will be signing the contract.

(2) If awarded a contract in response to the RFP, respondent will be able and willing to comply with the Insurance Requirements set out in Attachment No. 11 to the RFP.

(3) If awarded a contract in response to this RFP, respondent will be able and willing to comply with all representations made by respondent in respondent's proposal and during the proposal process.

(4) Respondent agrees to fully and truthfully submit the General Information Form set out in RFP Attachment No. 6 and understands that failure to fully disclose requested information may result in disqualification of this proposal from consideration or termination of contract, once awarded.

(5) Respondent will comply with SEAPA's restriction on communication that prohibits a person or entity seeking a SEAPA contract, or any other person acting on behalf of such a person or entity, from contacting SEAPA Directors after the release date of this RFP and prior to award.

(6) Respondent is authorized to submit this proposal on behalf of the entity.

**Complete the following and sign on the signature line below.**  
**Failure to properly sign and submit this Signature Page may result in rejection of your proposal.**

By its signature and in connection with its submission of a proposal to this RFP, respondent understands and agrees that SEAPA may confirm any information provided herein and may contact any reference listed herein. Respondent authorizes such persons to provide any such information to SEAPA and releases and discharges such persons and SEAPA and its agents from all claims and damages arising out of or relating to any such confirmations.

Respondent Entity Name:

(If applicable):

Co-Respondent Entity Name:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

(Note: If proposal is submitted by co-respondents, an authorized signature from a representative of each co-respondent is required. Add additional signature blocks as required.)

Co-respondent agrees to these representations and those made in respondent's proposal. While co-respondent does not have to submit a copy of respondent's proposal, co-respondent should answer any questions or provide any information directed specifically to co-respondent.

Co-Respondent Entity Name:

Co-Respondent Signature:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**ATTACHMENT NO. 9**

**Southeast Alaska Power Agency  
SEAPA 2026 Cleveland STI Transmission Line Brushing Project**

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Company Name

**ALCOHOL AND DRUG FREE WORKPLACE  
ACKNOWLEDGMENT OF POLICY**

\_\_\_\_\_ (name of Company) is committed to maintaining a safe and healthy work environment free from the influence of drugs and alcohol. Compliance with the Company's drug and alcohol abuse policy is a condition of employment.

The Company strictly prohibits the use, possession (including storage in any work clothing, tool kits, work equipment, or other repository) manufacture, distribution, or sale of illegal drugs, drug paraphernalia, controlled substances or alcohol on Company premises, or at a project work site, on Company business or in Company vehicles. The Company prohibits any activity that compromises the integrity or accuracy of the Company's drug and alcohol testing programs. The Company will take disciplinary action against employees who fail or refuse to abide by the Company's drug and alcohol abuse policy, which could include termination of employment.

Company requires all applicants who have received offers of employment to pass a pre-employment drug test. The Company may also require drug and alcohol testing when the Company suspects that an employee's work performance or on-the-job behavior may have been affected in any way by drugs or alcohol, or when the Company determines that an employee may have contributed to an accident that involved a fatality, serious bodily injury, or substantial damage to property. Employees may also have to submit to drug and alcohol testing as a prerequisite for doing work performed at customer sites. Any positive drug or alcohol test result is a violation of the Company's drug and alcohol abuse policy.

Employees are required to notify Company, in writing, not later than \_\_\_\_\_ (\_\_\_\_) calendar days following criminal conviction for the use of alcohol or a controlled substance occurring in the workplace, or at a project work site, or while performing official duties on behalf of the Company.

Questions regarding this policy should be directed to: \_\_\_\_\_ (Company human resources director or Company manager) at telephone number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ or email to \_\_\_\_\_.

\_\_\_\_\_  
(Company Name) Date: \_\_\_\_\_

By \_\_\_\_\_  
(Signature of Company official with legal binding authority)

\_\_\_\_\_  
(Print Name and Title legibly)

**ATTACHMENT NO. 10**

**Bidder Name:** \_\_\_\_\_

**Southeast Alaska Power Agency ('SEAPA')  
SEAPA 2026 Cleveland STI Transmission Line Brushing Project**

**BIDDERS ASSUMPTIONS, CLARIFICATIONS, AND EXCEPTIONS LIST**  
(add additional sheets if necessary)

Name of Document and Section Number	Original Language	Proposed Changes	Rationale for Changes


**BIDDER (Company Name):**

\_\_\_\_\_  
*(Please write legibly)*

**By:** \_\_\_\_\_  
*\*Signature*  
*(Note: Signer must have legal binding authority)*

**By:** \_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

**Date:** \_\_\_\_\_, 2026

***Bidder Business Address:***

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

\_\_\_\_\_  
*Office Phone/Cell Phone Number(s)*

\_\_\_\_\_  
*Email Address*

**ATTACHMENT NO. 11 - INSURANCE REQUIREMENTS**  
**Southeast Alaska Power Agency**  
**SEAPA 2026 Cleveland STI Transmission Line Brushing Project**

If selected to provide the services described in this RFP, respondent shall comply with applicable insurance requirements set forth below. SEAPA reserves the right to negotiate the final contract with the successful bidder.

**INSURANCE**

Notwithstanding any other obligation under the contract to provide insurance coverage, the Contractor shall make a reasonable good-faith effort to acquire, provide, and maintain the insurance required herein, together with any other type of insurance required by the contract, with the following requirements and at the levels provided below:

1. Policies shall be issued by insurance companies rated "A-/VII" or better, by Best's Insurance Guide and Key Ratings (or, if Best's Insurance Guide and Key Ratings is no longer published, an equivalent rating by another nationally recognized insurance rating agency of similar standing) or other insurance companies of recognized responsibility satisfactory to SEAPA, until all obligations of respondent pursuant to the contract have been fully discharged, unless otherwise stated herein.

2. Respondent shall obtain and maintain the insurance coverage specified below on an occurrence-basis, except for Professional Liability insurance (if applicable and required), which may be on a claims-made basis. If Professional liability insurance is provided on a claims-made form, then the insurance coverage must continue for a minimum period of two (2) years beyond the expiration or termination of the contract, and any retroactive date must coincide with or predate the effective date.

3. Respondent shall require any subcontractors to provide and maintain during the term of their agreements the insurance coverages specified below, with limits of liability deemed appropriate by respondent. In the event work is performed by a subcontractor, respondent shall be primarily responsible for any liability arising directly or indirectly out of the services performed that is not otherwise covered by any subcontractor's insurance. Contractor must provide Agency with subcontractor's insurance endorsement naming the Southeast Alaska Power Agency as additional insured and that subrogation is waived against SEAPA, its directors, officers, employees, and agents.

4. THE COVERAGE SHALL NOT BE CONSTRUED AS ESTABLISHING OR LIMITING RESPONDENT'S LIABILITY.

5. Southeast Alaska Power Agency, 55 Don Finney Lane, Ketchikan, Alaska 99901, must be named as Certificate Holder and as an "additional insured" on all applicable policies. Respondent must include the policy's endorsement evidencing such additional insured status.

6. Respondent for itself and its insurers hereby waives subrogation against SEAPA, its directors, officers, employees, and agents and must provide policy endorsements evidencing subrogation is waived.

7. If respondent fails to meet the requirements herein, SEAPA may suspend the contract, withhold payments, or terminate the contract for breach.

8. SEAPA's receipt of or failure to object to any insurance certificates or policies submitted by respondent or its subcontractors does not release or diminish in any manner the liability or obligations of respondent or its subcontractors or constitute a waiver of any of the insurance requirements under the contract.

9. All policies will be endorsed to specify that they are primary to and not excess to or on a contributing basis with any insurance or self-insurance maintained by SEAPA (not applicable to Workers' Compensation insurance policies).

10. The policies shall also include standard severability provisions that state each insured is provided coverage as though a separate policy had been issued to each, except with respect to limits of insurance. The policies shall not contain a cross-liability or cross-suit exclusion that prevents SEAPA from asserting claims against the respondent or any other insured under the policies.

11. Respondent shall be responsible for premiums, deductibles, and self-insured retentions, if any, stated in policies.

12. Special care should be paid to Workers' Compensation Coverage for out-of-state Vendors. Out-of-state Vendors may have Workers' Compensation coverage valid in their home state, but their carrier may not be licensed to cover workers' compensation for work actually performed by their employees in Alaska. See Table, Item 1 and Item 6(g) below.

13. The following are the types of insurance and minimum coverage requirements applicable to this contract:

	Type of Insurance	Minimum Coverage / Verification of Coverage		Applicable?
1.	Workers Compensation <u>applicable to Alaska</u> (including Jones Act and United States Longshore and Harbor Workers Act coverage), Employer's Liability and Maritime Employers' Liability for applicable operations.	Statutory Benefits with Employers Liability limits of: \$1,000,000 Bodily Injury by Accident \$1,000,000 Bodily Injury by Disease \$1,000,000 Bodily Injury by Policy Limit		Yes
2.	Commercial General Liability	Includes independent contractors, contractual liability, personal injury, broad-form property damage, products/completed operations, and associated defense costs for at least one (1) year after termination of the contract between the parties. Limits of at least \$1,000,000 per occurrence and \$1,000,000 annual aggregate, and shall name SEAPA, its affiliates and subsidiaries, its directors, officers, employees, successors, and assigns as Additional Insureds.		Yes
3.	Commercial Automobile Liability	(owned, hired and non-owned, leased) with a combined single limit of not less than \$1,000,000 for each occurrence.		Yes
4.	Aviation (may be via air carrier's policy)	Aircraft liability insurance on all aircraft used regarding the contract, whether owned, non-owned, or hired, shall have limits for bodily injury or death of not less than \$3,000,000 per occurrence and insuring against claims for personal injury including death, and for property damage limits. This required insurance may be in a policy of policies of insurance, primary and excess, including the umbrella or catastrophe form.  This policy shall include Aircraft hull insurance on all aircraft used regarding the contract, whether owned, non-owned, or hired, for the full insurable value, for loss or damage, including loss of use.		(applicable only if aircraft of any kind is used for the project)
5.	Watercraft Liability including protection and indemnity hired, owned, and non-owned vessels.	\$1,000,000 per occurrence		(applicable only if watercraft of any kind is used for the project)
6.	<p>Include the following items in (a) through (f) when submitting evidence of insurance compliance:</p> <p><b><u>VERIFICATION OF COVERAGE</u></b></p>	(a)	<b>A fully completed ACORD Certificate of Liability Insurance form evidencing compliance with requirements stated in this attachment.</b>	
		(b)	<b>A copy of the declarations page for all policies.</b>	
		(c)	<b>For all liability coverages include the Southeast Alaska Power Agency (SEAPA) as named additional insured utilizing for CG201011/85 or CG2010/10 with CG2037 10/01, or their equivalent, Form CG2033 is not acceptable for subcontractor insurance.</b>	
		(d)	<b>For primary liability coverage(s) include form CG250303/97, or equivalent, for per-project aggregate.</b>	
		(e)	<b>Include endorsement of all policies evidencing policies are primary and non-contributing.</b>	
		(f)	<b>Include evidence of waiver of subrogation for all applicable policies.</b>	
		(g)	<b>For Workers Compensation coverage, include a copy of your policy including Sections 3A-Other States Insurance, and 3C of your Workers Compensation Policy and all extensions of coverage listed in Item 1 above. Policy must list the State of Alaska and evidence coverage for State of Alaska temporary out-of-state workers and full-time residency workers.</b>	