FORM OF TENDER

**for**

**RAFM EXTFNC1 PERIMETER FENCING REPLACEMENT**

**RAF MUSEUM, LONDON**

RAF Museum London

Grahame Park Way

London

NW9 5LL

Dear Sirs

I/We the undersigned do hereby undertake and agree to execute and complete the whole of the Works required at the above in accordance with the Drawings, Specification and Conditions of Contract for the following Firm Price:

£\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EXCLUSIVE OF VAT

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_pounds

and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_pence]

I/We confirm that errors will be dealt with in accordance with JCT Tendering Practice Note Alternative 2.

I/We confirm that the amount of this Tender has not been communicated or adjusted, by agreement or otherwise with any person or persons.

I/We have included with this Tender the following signed certificates: Certificate of Non-Collusion; and Certificate of CDM Regulations Compliance.

AS WITNESS my/our hand[s] this \_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_2022

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For and on behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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# Sub-Contractors

The Contractor shall insert below the names of all sub-contractors he proposes to use in carrying out the Works

Name Trade

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## CERTIFICATE AS TO INSURANCE UNDER A JCT CONTRACT

IT is HEREBY certified that insurance which satisfies the requirements of the Contract Conditions Section 5 as summarised below are/will be in operation.

1 **Employers Liability Insurance**

[a] Name and address of Insurance

 Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

 [b] Policy Reference \_\_\_\_\_\_\_\_\_\_\_\_\_

 [c] Commencement Date [if applicable] \_\_\_\_\_\_\_\_\_\_\_\_\_

 [d] Expiry Date [if applicable] \_\_\_\_\_\_\_\_\_\_\_\_\_

 [e] Indemnity limit \_\_\_\_\_\_\_\_\_\_\_\_\_

 [f] Any specified exclusions \_\_\_\_\_\_\_\_\_\_\_\_\_

2 **Public Liability Insurance**

[a] Name and address of Insurance

 Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

 [b] Policy Reference \_\_\_\_\_\_\_\_\_\_\_\_\_

 [c] Commencement Date [if applicable] \_\_\_\_\_\_\_\_\_\_\_\_\_

 [d] Expiry Date [if applicable] \_\_\_\_\_\_\_\_\_\_\_\_\_

 [e] Indemnity limit \_\_\_\_\_\_\_\_\_\_\_\_\_

 [f] Any specified exclusions \_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For and on behalf of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_