## 3. PRICING FORM

The respondent is required to complete and sign the below all in accordance with Appendix C - Pricing

ITEM
Asbestos Abatement
sbestos Disposal (Including Container)
Demolition (Including Mechanical Equipment)
Transport/Trucking
Safety and Health Provisions
Insurances
Overheads and Profit
Svemedde and Frem
TOTAL TENDER SUN

TOTAL FIXED TENDER SUM (WORDS)	
Contract Period	(weeks to complete)
Name: Signature:	
Name: Block letters:	
On Behalf Of: Company name:	
Date:	

## **SCHEDULE OF RATES**

The rates and prices (in Bermuda dollars) in the following schedule are to be inclusive of services overheads, administration, profit, taxes, disbursements, and related charges in providing the service. These rates shall be used for determining charges for the services rendered.

CATEGORY	<u>ITEM</u>	<u>UNIT</u>	COST
General Labour Rates			
	Supervisor	per hour	\$
	Labourer	per hour	\$
	Machine Operator	per hour	\$
	Truck Driver	per hour	\$

## **Proponent's Submission Check List**

The following shall be returned with your proposal. Failure to do so may cause for rejection of proposal as non-responsive. (It is the responsibility of the proponent to acknowledge receipt of all addenda).

Items:	Included: (x)	
<ol> <li>Submission Fo</li> <li>Pricing Form</li> <li>Local Benefits</li> <li>Certificate of N</li> <li>References</li> </ol>		
Name: Signature:	 	
Name: Block letters:		
On Behalf Of: Company name:		
Date:		