STATE OF CALIFORNIA · DEPARTMENT OF TRANSPORTATION

# BID PROPOSAL

ADM-1412 (REV. 06/06)

## ATTACHMENT 1

**CONTRACTOR'S NAME (Please Print):**

First American Title

## SECTION A*

| ITEM NO. | ITEM | Estimated Quantity | UNIT OF MEASURE | UNIT PRICE (In Figures) | TOTAL (In Figures) |
|---|---|---|---|---|---|
| 1. | Preliminary Title Reports/Litigation Guarantees (See Exhibit A, Scope of Work, Section D) | 8 | Per Parcel | $ 500.00 | $ 4,000.00 |
| 2. | Updates (Continuation Guarantees) of the title reports | 5 | Per Parcel | $ 75.00 | $ 375.00 |
| 3. | Title Record Search | 5 | Hourly Rate | $ 75.00 | $ 375.00 |
| 4. | Statement of Record Ownership Charge | 5 | Per Parcel | $ 20.00 | $ 100.00 |
| 5. | Use of contractor facility | 10 | Hourly Rate | $ 75.00 inc | $ 750.00 |
| 6. | Copies of additional documents, including filed maps (subdivision maps, parcel maps, records of survey, etc.) which are not referenced in the preliminary title report/litigation guarantee | 5 | Per Document | $ 20.00 | $ 100.00 |
| 7. | 3rd Party reconveyance and subordination fees. | N/A | Actual Costs | | $ 500.00 |
| | | | | **SUB-TOTAL SECTION A** | $ 6,200.00 |

(1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED.

(2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL.

*CALTRANS UNDERSTANDS IT IS CUSTOMARY TO PAY FOR POLICY OF TITLE INSURANCE BASED ON CONTRACT PURCHASE PRICE. HOWEVER, CALTRANS MAY REQUIRE "PRELIMINARY TITLE REPORTS/ LITIGATION GUARANTEES" ON TENS (OR HUNDREDS) OF POTENTIAL RIGHT OF WAY PARCELS FOR PRELIMINARY DESIGN OR RIGHT OF WAY (RW) ENGINEERING WORK ON ANY GIVEN PROJECT. MANY OF THESE PARCELS MAY NOT BE REQUIRED OR ACQUIRED FOR THE PROJECT, AND THUS POLICY OF TITLE INSURANCE BASED ON CONTRACT PURCHASE PRICE, WILL NOT BE APPLICABLE. CALTRANS NEEDS THE ABILITY TO SECURE PRELIMINARY TITLE REPORTS ON A PER UNIT BASIS, TO ADDRESS THE ABOVE SCENARIO. BIDDERS ARE ADVISED THAT THE BID PROPOSAL WAS WRITTEN WITH THE INTENTION OF BREAKING OUT SPECIFIC SERVICES AND COST RATES. (ALSO REFER TO THE AGREEMENT, EXHIBIT A, SCOPE OF WORK, DESCRIPTION OF SERVICES).

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# BID PROPOSAL

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**ATTACHMENT 1**

## SECTION B – TITLE AND ESCROW FEES - FOR BID COMPARISON ONLY *

| ITEM NO. | ITEM | ESTIMATED QUANTITY | UNIT OF MEASURE | RATE | TOTAL (In Figures) |
|---|---|---|---|---|---|
| 1. | Title Fees, per DOI filed rate sheet. Residential transaction for **Glenn County** (California Land Title Association Owner's Standard Coverage Policy) (Attach fee sheet) | 1 | Transaction Amount $150,000 | $ 648.00 | $ 648.00 |
| 2. | Title Fees, per DOI filed rate sheet. Residential transaction for **Glenn County** (California Land Title Association Owner's Standard Coverage Policy) (Attach fee sheet) | 1 | Transaction Amount $500,000 | $ 1,328.00 | $ 1,328.00 |
| 3. | Title Fees, per DOI filed rate sheet. Commercial transaction for **Glenn County** (California Land Title Association Owner's Standard Coverage Policy) (Attach fee sheet) | 1 | Transaction Amount $1,000,000 | $ 2,108.00 | $ 2,108.00 |
| 4. | Escrow Fees. Residential transaction. (Attach Fee Sheet) | 1 | Transaction Amount $150,000 | $ 550.00 | $ 550.00 |
| 5. | Escrow Fees. Residential transaction (Attach Fee Sheet) | 1 | Transaction Amount $500,000 | $ 850.00 | $ 850.00 |
| 6. | Escrow Fees. Commercial transaction. (Attach Fee Sheet) | 1 | Transaction Amount $1,000,000 | $ 1,875.00 | $ 1,875.00 |
| | | | | **SUB-TOTAL SECTION B** | $ 7,359.00 |

* These item rates must match rates on the attached Department of Insurance-approved rate sheet.
These quantities are estimates only

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# BID PROPOSAL

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**ATTACHMENT 1**

## SECTION C

| | | | |
|---|---|---|---|
| 1. | Title and Escrow Services will be charged based upon the escrow and policy fees set forth in the Contractor's Standard Sheet of Title and Escrow fees – as outlined in Exhibit A, Scope of Work, Description of Services. Attach to bid approved rate sheet (rates approved by the California Department of Insurance) or independent escrow company standard rate sheet, as applicable. These rates shall be in effect for the term of the Agreement. | FIXED RATE | $3,500.00 |
| | | **SUB-TOTAL SECTION C** | $ 3,500.00 |

Rates from rate sheets are in effect for the term of the Agreement.

| | |
|---|---|
| **TOTAL OF SECTIONS A AND C** | $ 9,700.00 |
| **FINAL PROPOSAL AMOUNT** | |

# ATTACHMENT 4

## BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

A. Our all-inclusive bid is submitted in a sealed envelope marked "**Bid Submittal - Do Not Open**".
B. All required attachments are included with this certification sheet.
C. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
D. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

**An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection**

| 1. Company Name | 2. Telephone Number | 2a. Fax Number |
|---|---|---|
| First American Title | 707) 462-1441 | 866) 940-0182 |

2b. Email Address dlucido@firstamerican.com

3. Address
704 East Perkins St #C Ukiah CA. 95482

Indicate your organization type:

| 4. ☐ Sole Proprietorship | 5. ☐ Partnership | 6. ☒ Corporation |
|---|---|---|

Indicate the applicable employee and/or corporation number:

| 7. Federal Employee ID No. (FEIN) 95-2295073 | 8. California Corporation No. 0424619 |
|---|---|

Indicate applicable license and/or certification information:

| 9. Contractor's State Licensing Board Number | 10. PUC License Number CAL-T- |
|---|---|
| 11. Bidder' Name (Print) David Lucido | 12. Title County Manager VP |
| 13. **Signature** | 14. Date 10-6-15 |

15. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as:

| a. Small Business Enterprise Yes ☐ No ☒ | b. Disabled Veteran Business Enterprise Yes ☐ No ☒ |
|---|---|
| If yes, enter certification number: | If yes, enter your service code below: |

**NOTE**: A copy of your Certification is required to be included if either of the above items is checked **"Yes"**.

Date application was submitted to OSDS, if an application is pending: _____

16. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation?
Yes ☐ No ☒

If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.

# BIDDER DECLARATION

**1.** Prime bidder information **(Review attached Bidder Declaration Instructions prior to completion of this form)**:

**a.** Identify current California certification(s) **(MB, SB, SB/NVSA, DVBE): _____ or None** X (If "None", go to Item #2)

**b.** Will subcontractors be used for this contract? **Yes ___ No** X (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

_____

_____

**c.** If you are a California certified DVBE: (1) Are you a broker or agent? **Yes ___ No** X
(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? **Yes ___ No ___ N/A** X

**2.** If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

| Subcontractor Name, Contact Person, Phone Number & Fax Number | Subcontractor Address & Email Address | CA Certification (MB, SB, DVBE or None) | Work performed or goods provided for this contract | Corresponding % of bid price | Good Standing? | 51% Rental? |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

**CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.**

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