

CONTRACTOR APPLICATION

Company's Name _____
Street _____ Fed ID# _____
City _____ State _____ Zip _____ SSN# _____
E-mail Address _____

Company Type: General Contractor Yes ___ No ___
 Sole Proprietor Yes ___ No ___ Home Phone _____
 Partnership Yes ___ No ___ Work Phone _____
 Corporation Yes ___ No ___ Fax # _____

SPECIALTIES

Electric ___ Plumbing ___ Heating ___ Roofing ___ Sewage Disposal Systems ___
Masonry ___ Excavating ___ Structural Deficiencies ___
Other _____

LIST OF COMPANY OWNERS

Name/Title _____
Street _____ City _____
State _____ Zip _____ Phone _____

Name/Title _____
Street _____ City _____
State _____ Zip _____ Phone _____

Name/Title _____
Street _____ City _____
State _____ Zip _____ Phone _____

INSURANCE INFORMATION

PROVIDE PROOF OF THE FOLLOWING COVERAGE WITH THIS APPLICATION

Does your company have at least the following amounts of insurance coverage?

Public Liability, \$25,000 each person and \$100,000 each occurrence: Yes ___ No ___

Property damage, \$50,000 for life of contract: Yes ___ No ___

Workmen's Compensation Coverage (if "no" please explain): Yes ___ No ___

State Licenses (if " no " please explain) Yes ___ No ___

Name of Company _____
Name of Agent _____ Phone _____

Insurance (Check)

Public Liability Yes _____ No _____ Valid Through _____
Property Damage Yes _____ No _____ Valid Through _____
Workmen's Compensation Yes _____ No _____ Valid Through _____

GENERAL INFORMATION

Company's years in existence _____
When were you established as an independent contractor? _____
How many tradesmen do you employ other than sub-contractors? _____
Can you handle more than one \$10,000-15,000 Housing Rehabilitation jobs at a time? Yes _____ No _____
Have you ever defaulted on a contract? Yes _____ No _____
If yes, please explain _____

To your knowledge, are you included on any Federal or State list of ineligible contractors? Yes ___ No ___
What is the largest job you have ever done?
(Describe) _____

Dollar Amount \$ _____

Circle Yearly Gross Volume of Contracted Work:

\$0 to \$25,000 \$25,000 to \$50,000 \$50,000 to \$100,000 Over \$100,000 Over \$250,000

Does your company have an equal employment opportunity policy, which complies with federal regulation?
Yes _____ No _____

Company Ownership:

(The following information is OPTIONAL and is only for statistical purposes)

White _____ Black _____ Other _____ Male _____ Female _____ Please check one

Recent jobs completed (Local)

1. Name of Owner _____
Address _____ Phone _____
Dollar amount and type of work _____
2. Name of Owner _____
Address _____ Phone _____
Dollar amount and type of work _____
3. Name of Owner _____
Address _____ Phone _____
Dollar amount and type of work _____

List the communities (political jurisdictions) in which you are registered to work

BANKING INFORMATION

Bank	Address	Type of Account	Person to Contact
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REFERENCES

Name of Supplier	Type of Material	Phone No.	Person to Contact
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Name of Subcontractor	Trade	Phone No.	Person to Contact
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I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND COMPLETE AND I AUTHORIZE THE LORAIN COUNTY COMMUNITY DEVELOPMENT DEPARTMENT TO VERIFY ALL INFORMATION SUPPLIED ON THE APPLICATION AND TO CONTACT ANY OR ALL NAMED PARTIES TO VERIFY THE INFORMATION AND OBTAIN A CREDIT REPORT.

Owner Signature Date

Owner Signature Date

Owner Signature Date

NOTE:

This information must be completed by the Contractor and returned to the Lorain County Community Development Department.

Lorain County Community Development Department
Administration Building, 5th Floor
Attn: Linda Blanchette
226 Middle Avenue
Elyria, OH 44035-5628

(440) 328-2332