

CONTRACTOR/SUBCONTRACTOR APPLICATION FOR APPROVED STATUS

PART I - GENERAL INFORMATION

Name of Company _____

Name(s) of principal owner(s) _____

Business Address _____

State _____ Zip Code _____ Business Phone (____) _____ Number of years in business _____

Tax ID Number _____ DBA (doing business under assumed name) _____

PART II - EXPERIENCE

Please indicate by a check mark which of the following service areas your company is qualified to perform:

- A) Attic and Sidewall Insulation ___
- B) General Infiltration (caulking, glazing, weather-stripping, etc.) ___
- C) Installation of window units, storm doors, doors, siding ___
- D) Rough Carpentry/Finish Carpentry ___
- E) Furnace repair/replacement ___
- F) Plumbing ___
- G) Septic Systems ___
- H) Repairing/Replacing Roofs ___
- I) Masonry Work, including chimney and foundation work ___
- J) Electrical ___
- K) Water Wells ___
- I) Landscaping ___

Please list any and all certifications or training you or your employees possess:

PART III - INSURANCE

All Subcontractors must carry Commercial General Liability Insurance in amounts not less than \$1,000,000 per occurrence/per location, \$2,000,000 in the annual aggregate, and \$2,000,000 products/completed operations aggregate. \$3,000,000 minimum umbrella.

All Subcontractors must carry Commercial Auto Insurance in amounts not less than \$1,000,000

All Subcontractors must carry Workers' Compensation & Disability Insurance in amounts complying with industry standards for the type of work that the Subcontractor is conducting.

If the Subcontractor will be involved in any environmental remediation of any kind, the Subcontractor must have Environmental Pollution Liability Insurance with a \$1,000,000 limit to new construction projects or demolition.

Please include a copy of your insurance certificate showing your Liability, Auto and Workers' Compensation insurance.

1) Liability Insurance - Property Damage _____ Amount of Coverage \$ _____

Personal Injury _____ Amount of Coverage \$ _____

Umbrella _____ Amount of Coverage \$ _____

2) Workers' Compensation- # of Employees _____ Amount of Coverage \$ _____

3) Automobile Liability -Property Damage _____ Amount of Coverage \$ _____

Personal Injury _____ Amount of Coverage \$ _____

PART IV - FINANCIAL INFORMATION

Name, address of bank/lending institution your company deals with regularly:

PART V – REFERENCES (Not needed if you have already done work for ACLBC)

Please list below a minimum of four (3) individuals, commercial establishments, etc. that your company has provided services for within the past two (2) years. List names, addresses, and phone numbers, as well as the type of services you provided. Attach additional sheet as needed.

List names, addresses, and phone numbers:

- 1) _____
- 2) _____
- 3) _____

PART VI - ADDITIONAL INFORMATION/QUESTIONS

Please read carefully and answer appropriately.

1) Has your firm ever worked for any other governmental agency, either local, state, or federal? _____
If yes, please provide details:

2) Does your company have any history of Local, State, or Federal Tax Arrears? _____ Arson, Bribery, Fraud, Grand Larceny Convictions or Pending Cases? _____ Denial of a contract based on any obligation to, or unsatisfied judgment/lien, held by a government agency? _____ Labor Law Violations? _____

3) Does your company have access to legal representation if necessary? _____

4) Minority/Female Enterprise (MWBE) ? Yes / No

I hereby attest that the information supplied in this application is true and factual to the best of my knowledge and consent to have any and all information verified by Allegany County Land Bank Corporation and recognize and acknowledge that the agency maintains the right to remove me from their approved list without notice as a result of providing false information on this application.

I hereby attest that I have the required Liability, Auto and Compensation Insurance, ALL of which are mandatory. I also, have enclosed a copy of my insurance certificate(s), showing all three insurances.

I understand and acknowledge that, if selected to provide services, my company shall perform work in accordance with obligations, regulations, and policies outlined in a certain contract agreement I will sign with Allegany County Land Bank Corporation.

I also understand that Allegany County Land Bank Corporation may, at their discretion, utilize as many contractors selected from their approved list as production needs dictate and that the awarding of approved status does not obligate the agency to select my company to provide services.

I also agree to comply fully with all applicable state and federal regulations, all Affirmative Action requirements, affordability covenants, procedures and other policies to which Allegany County Land Bank Corporation is also subject.

I understand that the Allegany County Land Bank Corporation maintains the right to alter, change, or modify any local project operating at its discretion as needed without notice.

Signature of Company Representative

Date

ALLEGANY COUNTY LAND BANK CORPORATION USE ONLY

Application received

Date of Review

Approved Status: Granted _____ Denied _____

Reason(s) for rejection/denial:

Selected as a service provider _____
Date

_____ TITLE:
ACLBC REP.