

CITY OF WESTLAND COMMUNITY DEVELOPMENT DEPARTMENT
APPLICATION FOR QUALIFIED HOUSING REHABILITATION CONTRACTORS

STATEMENT OF CONTRACTOR'S QUALIFICATIONS

COMPANY NAME: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email address: _____

EMPLOYER'S TAX ID # _____ DUNS # _____

PRINCIPALS IN FIRM

1. Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

2. Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

3. Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

HISTORY OF COMPANY

Number of years in business _____ 18 Month Work Warranty provided? YES NO

Number of Employees: Office _____ Trades _____ (Give average if number fluctuates)

Michigan Builder's License Number _____ Other State License? YES

NO Michigan Lead Certification # _____ Category _____

Is your company listed as a Minority Business Enterprise? _____ Woman-owned Business? _____

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Have you ever had your Builder's or Home Improvement license revoked?

YES NO If so, give details _____

Have any members of the firm been sued in the last 18 months by subcontractors, suppliers or customers?

YES NO If so, give details _____

Have you ever been debarred from a federal job?

YES NO If so, give details _____

Have you been reinstated?

YES NO If so, give details _____

Area(s) of Expertise Check all that apply

General Carpentry	Lead Abatement	Window/Door Replacement
Roofing	Asbestos Removal	Chimney Repair
Heating & Cooling	Attic & Sidewall Insulation	Environmental Services
Plumbing	Siding	Other (list):
Electrical	Masonry	

Types and Limits of Insurance Coverage

The firm shall, at its own cost and expense, procure and maintain during the entire performance of any contract with the City of Westland the following types and Limits of Insurance Coverage, which may be subject to change. Each policy shall be for the benefit of the City of Westland with the City of Westland named as an additional insured. (Attach copies of Certificate of Insurance)

Type of Insurance	Limits
1. Workers 'Compensation	\$500,000 each accident, \$500,000 disease policy limit and \$500,000 disease each employee regardless of state exclusions
2. Commercial General Liability (Including Contractual Liability)	\$1,000,000 per occurrence \$2,000,000 general aggregate
3. Automobile Liability (covering vehicles owned, non-owned or leased)	\$1,000,000 each accident
4. Excess or Umbrella Liability Insurance	\$1,000,000 over primary insurance may be necessary

Banking Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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Subcontractors:

1. Name: _____ Trade: _____
Address: _____
City: _____ State: _____ Zip: _____
Person to Contact: _____ Telephone: _____
2. Name: _____ Trade: _____
Address: _____
City: _____ State: _____ Zip: _____
Person to Contact: _____ Telephone: _____
3. Name: _____ Trade: _____
Address: _____
City: _____ State: _____ Zip: _____
Person to Contact: _____ Telephone: _____

Suppliers:

1. Name: _____ Type of Materials: _____
Address: _____
City: _____ State: _____ Zip: _____
Person to Contact: _____ Telephone: _____
2. Name: _____ Type of Materials: _____
Address: _____
City: _____ State: _____ Zip: _____
Person to Contact: _____ Telephone: _____
3. Name: _____ Type of Materials: _____
Address: _____
City: _____ State: _____ Zip: _____
Person to Contact: _____ Telephone: _____

List two Residential Rehabilitation jobs performed during the past two years:

1. Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip: _____

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Type of Job: _____ Contract Price: _____

Date Completed: _____

2. Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Job: _____ Contract Price: _____

Date Completed: _____

Similar Government Programs in which you have performed Residential Rehabilitation work:

1. Name of City: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: _____

2. Name of City: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Telephone: _____

The City of Westland reserves the right to verify all of the information given above by the contractor.

Contractor acknowledges the following:

- furnish insurance in at least the minimum amount as required, in accordance with the above stated insurance reference;
- must comply with the terms and conditions as set forth by this application and the Rehabilitation Program;
- furnish copies of their Builder's License and/or Mechanical Licenses, Lead Abatement License and/or Lead Certifications with this application.

The above statements are true to the best of my knowledge.

BY: _____
(Signature)

NAME: _____
(Type or print)

TITLE: _____
(Type or print)
DATE: _____ CDSpecialist/Rehab/Contractors/contractor application