





What is the construction experience of all owners, officers, partners, and principal individuals in your organization? Also list any other individuals or organizations who, in any way and to any extent, control or influence your business' bidding.

Individual/Organization's Name	Present Position or Office	Years of Construction	Magnitude and Type of Work	In What Capacity

Client Information

Provide references from three (3) past jobs you have completed – refer us to whole-home rehabilitation projects similar to those we might ask you to do:

Client 1's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Start and Completion Dates: \_\_\_\_\_ to \_\_\_\_\_

Describe Client 1's project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Client 2's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Start and Completion Dates: \_\_\_\_\_ to \_\_\_\_\_

Describe Client 2's project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Client 3's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Start and Completion Dates: \_\_\_\_\_ to \_\_\_\_\_

Describe Client 3's project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List your four (4) largest projects completed in the past two (2) years:

	Funding Source or Program	Total Project Amount	Amount Subcontracted	Project Address	Owner Name and Phone Number
1.					
2.					
3.					
4.					

For how many customers has your business provided its Services in the past two (2) years? \_\_\_\_\_ Please list the dates, size of the area maintained, and the annual amount of the billing to each customer (use a separate sheet if needed): \_\_\_\_\_

Subcontractor Information

Provide three (3) subcontractor references:

Subcontractor 1's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Subcontractor 2's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Subcontractor 3's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Provide the following specific subcontractor information:

Type	Subcontractor Name	Contact Person	Phone Number	Fax Number
Electrician	Applicant self-performs this work			
Plumber	Applicant self-performs this work			
Roofer	Applicant self-performs this work			
HVAC	Applicant self-performs this work			

**IV. Financial Information; Capacity**

Bonding

Indicate your company's current bonding capacity: \$ \_\_\_\_\_ per project | \$ \_\_\_\_\_ aggregate.

NOTE: Bonds are not typically required for projects under \$100,000.

Banks, Equipment Suppliers and Material Suppliers

Provide names and addresses of the banks, equipment suppliers, and material suppliers with whom your company has done the major volume of business in the last two (2) years. (Do not include bank account numbers):

Name of Bank or Supplier Company	Bank or Supplier and Address	Bank or Supplier Company Contact Name and Phone Number

How much work is your business currently contracted to provide (i.e. the current total amount of work from all sources at the time of this application)? \$ \_\_\_\_\_

Does your company have the financial capacity to undertake new construction of single family homes on a reimbursement basis and demonstrated capability to pay subcontractors and suppliers?    no    yes **If yes, provide documentation to substantiate that you can satisfy this requirement, include a statement for a line of credit, credit accounts used for ordering supplies, etc.**

**V. Insurance Requirements**

By agreeing to perform the work or submitting this Application, you verify that Applicant complies with and agree to be bound by the insurance requirements shown on the attached and incorporated Schedule of Insurance Requirements.

**VI. Performance and Integrity**

Has your company ever failed to complete work awarded to your company?    no    yes. If yes, provide details on a separate sheet.

Has any officer or partner of your company ever been an officer or partner of another company that failed to complete work under a contract?    no    yes. If yes, provide details on a separate sheet.

Has any officer or partner of your company ever been failed to complete work under a contract issued under that individual's own name?    no    yes. If yes, provide details on a separate sheet.

Have you or any officer or partner of your company ever been debarred or suspended from contracting with a public entity?    no    yes. If yes, provide details on a separate sheet.

Within the last five (5) years has any officer or partner of your company ever been an officer of partner of another company or organization when it failed to complete work awarded to it?    no    yes. If yes, provide details on a separate sheet.

Have you or any officer or partner of you company ever filed for bankruptcy?    no    yes. If yes, provide details on a separate sheet.

Has your company ever been denied prequalification by any state, local or federal agency?    no    yes. If yes, provide details on a separate sheet.

Has your company had any claims placed against a payment or performance bond in the past 10 years?    no    yes. If yes, provide details on a separate sheet.

Has your company filed for bankruptcy in the past 10 years?    no    yes. If yes, provide details on a separate sheet.

Has your company had any willful OSHA violations in the past 10 years?    no    yes. If yes, provide details on a separate sheet.

Has any officer or partner of your company ever applied for City prequalification under a different name?    no    yes. If yes, provide details on a separate sheet.

Has your company ever had a bond or surety canceled or forfeited?    no    yes. If yes, provide the name of the bonding company, date, amount of bond, and reason for such cancellation or forfeiture: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. Statement on President's Executive Orders**

Has your company previously performed work subject to the President's Executive Orders Numbers 11246 and 11375 or any preceding similar executive orders (Executive Orders Numbers 10925 and 11114)?    no    yes

I for myself and my business entity acknowledge that contractors on work paid by federal funds will be required to comply with the President's Executive Order Number 11246, "Equal Employment Opportunity," as amended by Executive Order Number 11375, and as supplemented by regulations at 41 CFR part 60, Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor.

**VIII. Certification and Authorization**

I, the undersigned authorized individual, certify that the information in this application is true and correct. I authorize the City of Tampa to obtain personal and business credit reports, for me and my business entity as may be deemed

necessary. Permission is granted to contact any source named in this application. I understand that I and my business entity (as applicable) will be subject to removal from the HCD Contractor Register if my or my entity's performance is unsatisfactory. By submitting this application, I and my business entity agree to be bound by the terms and conditions of the Handbook, including without limitation any review, dispute, or protest procedures described therein.

**FAILURE TO COMPLETE THE ABOVE MAY RESULT IN YOUR APPLICATION BEING REJECTED**

[SEAL]

Name of Applicant: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Signer's Printed Name: \_\_\_\_\_

Signer's Title: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

For an entity: The forgoing instrument was sworn (or affirmed) before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ as \_\_\_\_\_ of \_\_\_\_\_, a/n  Partnership  Joint Venture  LLC  Corp  Other: \_\_\_\_\_, on behalf of such entity. Such individual is  personally known to me or  produced a/n \_\_\_\_\_ state driver's license as identification.

For an individual: The forgoing instrument was sworn (or affirmed) before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is  personally known to me or  produced a/n \_\_\_\_\_ state driver's license as identification.

[NOTARY SEAL]

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

Notary Printed Name: \_\_\_\_\_

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

END OF 7-PAGE APPLICATION

AUTHORIZATION TO RELEASE CREDIT INFORMATION

In consideration for the City of Tampa, Florida (City) processing Applicant's **HCD Contractor Registration List Application** (Application) to which this document is attached, the undersigned authorized representative of Applicant who is specifically empowered by Applicant to execute this Authorization to Release Credit Information (Authorization) and bind Applicant as stated herein specifically acknowledges and agrees for itself and Applicant that: (1) the City may verify or re-verify any information contained in the Application and this Authorization from any source named in the Application and/or this Authorization, including without limitation banks, credit unions, credit reporting agencies together with other sources not so specifically identified; and (2) the City may make copies of this Authorization for distribution to any party with which Applicant has a financial or credit relationship and that any such party may treat such copy, including a faxed or scanned/emailed copy, as an original; and (3) any banks, credit unions, credit reporting agencies, financial institution or other source contacted by the City, their employees, agents, or representatives are authorized to release information to the City and are released from any liability as a result of such inquiries or disclosures; and (4) the City is also released from any and all liability with respect to the release or dissemination of any such information. It is understood that the City at its discretion will determine the time period(s) for which financial records are needed. I authorize the City to fill in the time period(s) for which financial records are necessary. It is further understood and agreed that Applicant may fail to be pre-qualified or its Application rejected based on the reports issued and/or information authorized by this Authorization to be released to the City.

It is understood that any individual or sole proprietor signing below is consenting to allow the City to access and any all consumer credit reporting agencies to obtain their consumer credit reports in connection with the Application and this Authorization. Any individual or sole proprietor who asks will be informed whether or not such a report was obtained and, if so the name and address of the consumer credit reporting agency that furnished the report. The information the City obtains is only to be used in the processing of the Application and can be shared with various agencies that fund the City's affordable housing programs.

Complete and submit all information below.

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

Applicant is: Individual/Sole Proprietor Partnership Joint Venture LLC Corp. Other: \_\_\_\_\_

Fictitious Name (if applicable): \_\_\_\_\_

Tax ID No. (FEI/EIN) \_\_\_\_\_ If Individual/Sole Proprietor: Date of Birth: \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

What year was your business started? \_\_\_\_\_ Date incorporated (if applicable): \_\_\_\_\_

Has your company operated under any other name? no yes. If yes, please list all prior company names and dates you operated under those names: \_\_\_\_\_

Applicant's Present Address: \_\_\_\_\_  
Street Address City State Zip Code

Previous Address: \_\_\_\_\_  
Street Address City State Zip Code

Bank References:

Bank Name	Bank Address	Bank Contact Name & Phone Number

Credit References (Business Suppliers)

Reference Name	Reference Address	Reference Contact Name & Phone Number

Applicant Authorized Signature: \_\_\_\_\_

Print Signer's Name & Title: \_\_\_\_\_

Date: \_\_\_\_\_

## Schedule of Insurance Requirements

If any additional contract documents are executed, the actual Indemnity language and Insurance Requirements may include additional provisions as deemed appropriate by the City in consultation with individual project owner(s). You should check with your Insurance advisors to verify compliance and determine if additional coverage or limits may be needed to adequately insure your obligations under this agreement. These are the minimum required and do not in any way represent or imply that such coverage is sufficient to adequately cover the liability involved. The full coverage and limits afforded under your policies of Insurance shall be available to the City and the individual project homeowner(s) and these Insurance Requirements shall not in any way act to reduce coverage that is broader or exclude higher limits than those required. The Insurance obligations shall be the greater of: 1—all the Insurance coverage and limits carried by or available to the Contractor; or 2—the minimum Insurance requirements of this Schedule; or 3— as shown in any resulting agreement with individual project homeowner(s). Any insurance proceeds in excess of the specified minimum limits and coverage required, which are applicable to a given loss, shall be available to the City and/or project homeowner(s).

Contractor shall provide the City with Certificates of Insurance (COI) including all required endorsements and a copy of the Declarations and Endorsement Page of the CGL policy listing all policy endorsements before work begins. The City reserves for itself and each project owner(s) the right to require from time to time full-certified copies of all Insurance coverage and endorsements. Regardless, the receipt, acceptance, and/or approval of certificates or other documentation of insurance or policies or copies of policies by the City the individual project homeowner(s), their employees, representatives, agents, etc., which indicate less coverage than required does not constitute a waiver of Contractor's obligation to fulfill these insurance requirements.

### **MINIMUM SCOPE AND LIMITS OF INSURANCE <sup>1</sup>**

Coverage shall be at least as broad as:

- A. Commercial General Liability (CGL) Insurance on the most current Insurance Services Office (ISO) Form CG 00 01 or its equivalent on an "occurrence" basis, including premises and operations, independent contractors, contractual liability, products and completed operations, property damage, bodily, personal and advertising injury, contractual liability, explosion, collapse, underground coverages, personal injury liability, death, employees-as-insureds. Products and completed operations liability coverage maintained for at least 3 years after completion of work. Limits shall not be less than \$1M per occurrence and \$2M general aggregate. General aggregate limit shall apply separately to the project/location (ISO CG 25 03 or 25 04 or equivalent).
- B. Automobile Liability (AL) Insurance in accordance with Florida law, as to the ownership, maintenance, and use of all owned, non-owned, leased, or hired vehicles, with limits no less than \$500,000 combined single limit each occurrence bodily injury and property damage. If transportation of hazardous material involved, the MCS-90 endorsement (or equivalent).
- C. Worker's Compensation (WC) as required by the

State of Florida, with statutory limits.

D. Employer's Liability Insurance with minimum limits of \$1M each employee and \$1M per accident for bodily injury by disease policy limit.

E. Builder's Risk (Course of Construction) and/or Installation Floater. Builder's Risk coverage with limits equal to the completed value of the project. Installation Floater only when Builder's Risk will not respond to cover damage or destruction to renovations, repairs or equipment being installed or otherwise being handled or stored by Contractor (including off-site storage, transit and installation) at full replacement value. Both must be "All Risk" form have no coinsurance penalties, eliminate the "occupancy clause", cover Contractor (together with its subcontractors and suppliers), and name the City and the individual property owner(s) as a Loss Payee.

F. Contractor's Pollution Legal Liability and/or Asbestos Legal Liability and/or Errors and Omissions (if project involves environmental hazards) with limits no less than \$1M per occurrence or claim, and \$2M policy aggregate.

G. Excess (Umbrella) Liability Insurance may compensate for a deficiency in CGL, AL, or WC.

### **ADDITIONAL REQUIREMENTS**

Acceptability of Insurers - Insurance is to be placed with insurers with a current A.M. Best rating of no less than **A-: VII**, unless otherwise acceptable to the City and the individual project owner(s).

Additional Insured - Project owner(s), any applicable state or federal funding agency together with the City, their elected officials, departments, officers, officials, employees, and volunteers together with, as applicable, any associated lender of the project owner(s) as applicable shall be covered as additional insureds on all liability coverage (e.g. CGL, AL, and Excess (Umbrella) Liability) as to liability arising out of work or operations performed by or on behalf of Firm including materials, parts, or equipment furnished in connection with such work or operations and automobiles owned, leased, hired, or borrowed by or on behalf of Firm. Coverage can be provided by endorsement to Firm's insurance (at least as broad as ISO Form CG 20 10 11 85 or **both** CG 10 20, CG 20 26, CG 20 33, or CG 20 38 **and** CG 20 37 if later revisions used).

Waiver of Subrogation - **Contractor hereby agrees to waive rights of subrogation which any insurer of Contractor may acquire** from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation. **The Workers' Compensation policy shall be endorsed with a waiver of subrogation** in favor of the City and the individual project homeowner(s) for all work performed by the Contractor, its employees, agents and subcontractors.

Subcontractors - Contractor shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and Contractor shall ensure that the City, individual project homeowner(s), and any federal or state agency required are additional insured on insurance required from subcontractors. For CGL coverage subcontractors shall provide coverage with a form at least as broad as CG 20 38 04 13.

Special Risks or Circumstances - The City reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other circumstances.

<sup>1</sup> "M" indicates million(s), for example \$1M is \$1,000,000