



# Dream Home Cash Contractor's Qualification

Contractor Name(s): \_\_\_\_\_

Business is a: Corporation:  Partnership:  Limited LLC  Joint Venture:  Sole Proprietorship:  Date formed: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

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

Years in Business under Current Name: \_\_\_\_\_ Prior Industry Related Experience: \_\_\_\_\_

List all Previous Business Names: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ State(s) you are licensed to do Business: \_\_\_\_\_

Percentage of Work Performed as a: General Contractor  Sub Contractor  Owner's Interest

**Firm's Trade Specialty:**  General Construction  Remolding  Plumbing  Heat/AC  Roofing  Electrical  Well/Septic  
 Flooring  Lead Based Paint  Asbestos Abatement  Brickwork  Siding  Foundation  Termites  Cabinetry  
 Appliances  Bedbugs  Mold/Mildew  Insulation  Light Fixtures  Framing  Doors/Windows  Irrigation  
 Architecture/Engineer  Landscaping  Fencing  Drywall  Tile  Stucco  Drywall  Fireplace  Security

Do you have the appropriate tools and equipment to perform the work you've indicated above?  Yes  No

**Workers Comp Insured Carrier:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

Do you have a business license?  Yes  No

Has a local government entity "certified" you as a small, minority-owned, and or women-owned business enterprise?  Yes  No

Please attached a copy of your valid Business license, all trade license, active insurance decoration page(s), driver's license, work visa.

Insurance coverage minimum levels: **GLI:** \$1M/occurrence, \$1M aggregate (2) **Auto:** \$500K (3) **Workers Compensation:** \$500K

Provide a letter on surety letterhead confirming potential bonding capacity for:

Single contracting limit: \$ \_\_\_\_\_ Aggregate bonding limit: \$ \_\_\_\_\_ Surety Company Name: \_\_\_\_\_

## Sub-Contractors

If you NEVER hire subcontractors please check here  and skip the following questions.

1. Do you always require your subcontractors to sign a hold-harmless or indemnification agreement in your favor? Yes  No
2. Do you utilize a standard contract with all your subcontractors? Yes  No

3. A) Do you require your subcontractors to carry General (public) Liability Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
B) What limit of liability do you require your subcontractors to carry?  
Limits: \_\_\_\_\_ Occurrence: \_\_\_\_\_ Aggregate: \_\_\_\_\_  
C) Do you require that you are named as an Additional Insured on their policies? Yes \_\_\_\_\_ No \_\_\_\_\_  
D) Do you request certificates of Insurance from subcontractors referenced in 3A, 3B, and 3C above? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you require your subcontractors to carry worker's compensation insurance? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Describe the Type of Work Subcontracted: \_\_\_\_\_
6. Does the insured obtain a written contract from all subcontractors which include a Hold Harmless clause in favor of the insured?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**References**

Please provide three (3) references applicable to your experience, capabilities and work product. Insure references include contact information (name, phone and email), and that they apply to work performed within the past 3 years.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Within the past five (5) years has the firm:**

- (a) Been cited for violations of Labor Law? \_\_\_Yes\_\_\_ No
- (b) Been cited by OSHA or other safety violations? \_\_\_Yes\_\_\_ No
- (c) Been defaulted on any contract? \_\_\_Yes\_\_\_ No
- (d) Been suspended, disqualified, or barred from bidding with any owner/agencies?
- (e) Neither the entity submitting this statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. \_\_\_Yes\_\_\_ No

If yes, explain: \_\_\_\_\_

The individual, whose signature is shown below, is either the individual requesting approval/certification or is authorized to make statements for and act on behalf of the business entity which is seeking approval to provide services to this program.

|   |   |
|---|---|
| _____<br>Signature of Authorized Official | _____<br>Signature of Authorized Official |
| _____<br>Printed Name                     | _____<br>Print the Name                   |
| _____<br>Tax ID Number                    | _____<br>Date                             |