



## Small Works Roster Application

Company Name \_\_\_\_\_

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

Street Address \_\_\_\_\_

(if different from mailing)

Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Annual Volume of Business: \$ \_\_\_\_\_ (approx.)

Banking Reference: Name of Bank \_\_\_\_\_

Branch \_\_\_\_\_

Type of Ownership:      corporation      Single Proprietorship      Partnership      Other \_\_\_\_\_

Minority and Women Owned Business:    MBE    WBE    Section 3    Other DBE _____
Certificate Number _____                      Certificate Pending

Contractor License Number \_\_\_\_\_ UBI Number \_\_\_\_\_

City Business Licenses: check all that apply      Lakewood      Fife      Other \_\_\_\_\_

Municipal References (2) Name, Company and Phone Number:

1. \_\_\_\_\_

2. \_\_\_\_\_

Bonding Capacity:      \$100,000.00 OR List Dollar Amount \$ \_\_\_\_\_

In order to be placed on the small works roster, you must attach a letter from you Surety Company certifying your bonding capacity.

Insurance Agent / Company \_\_\_\_\_ Exp. Date \_\_\_\_\_

Include your Specialty preferences on the attached list.

By signature below, I acknowledge that I have read and understand the requirements described in this application, and to the best of my knowledge, information provided is a true representation of the named firm's ability to perform any contracts which may result by my submittal of this application.

Name and Title of Preparer (type or print) \_\_\_\_\_

Signature and Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Company Profile.**

All information given here must be exactly as shown on official registration forms.

Contact Name (if different from Owner)

---

How long has this firm been in business?

---

If less than **FIVE YEARS** provide name of predecessor business (if any)

---

Does this Business maintain General Liability Insurance of at least \$1,000,000.00 per occurrence; \$1,000,000.00 aggregate, Combined Single Limit (CSL); and Automobile Liability of at least \$1,000,000.00 per accident CSL?

Yes \_\_\_ or NO \_\_\_

If no describe the differences to the specified coverage amounts above. \_\_\_\_\_

---

Are there any claims pending against this policy? YES \_\_\_ or NO \_\_\_

If yes, describe the nature of the claim \_\_\_\_\_

---

Has this Business been disqualified by any Public Agency from participation in public contracts? YES \_\_\_ or NO \_\_\_

If yes, identify the agency, date and cause. \_\_\_\_\_

---

Describe in detail the steps this firm takes to insure job – site and workplace safety. Please be specific. \_\_\_\_\_

---

---

---

## Company Experience

Please identify four satisfactorily completed public jobs. If you do not have public project experience, specify private projects. Lesser experience may be accepted, but may qualify the firm for projects less than \$10,000.00 at the discretion of the Housing Authority.

Name of Project: \_\_\_\_\_

Name of Owner's representative and phone number. \_\_\_\_\_

Prime Contractor: \_\_\_\_\_

Dollar amount of your portion of the work: \_\_\_\_\_

Nature of the work you performed: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Name of Owner's representative and phone number. \_\_\_\_\_

Prime Contractor: \_\_\_\_\_

Dollar amount of your portion of the work: \_\_\_\_\_

Nature of the work you performed: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Name of Owner's representative and phone number. \_\_\_\_\_

Prime Contractor: \_\_\_\_\_

Dollar amount of your portion of the work: \_\_\_\_\_

Nature of the work you performed: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Name of Owner's representative and phone number. \_\_\_\_\_

Prime Contractor: \_\_\_\_\_

Dollar amount of your portion of the work: \_\_\_\_\_

Nature of the work you performed: \_\_\_\_\_

I swear under penalty of perjury that the above and attached information is correct, and that there are no known conflicts of interest, which are prohibited by law:

Authorized Company Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check the disciplines that are most suitable to your firm. Bold disciplines are the most commonly used.

- ASBESTOS/LEAD TESTING
- ASBESTOS/LEAD ABATEMENT
- ASPHALT PAVING/SEALING
- CARPENTRY
- CARPET CLEANING**
- CONCRETE CUTTING
- CONCRETE INSTALLATIONS
- CURBING INSTALL / REPAIR
- DATA/TELECOM WIRE/SYSTEM INSTALL
- DEMOLITION**
- DRAPERY/BLINDS/WINDOW COVERING**
- ELECTRICAL CONTRACTORS**
- ENVIRONMENTAL SERVICES
- EXCAVATING
- FENCE / GATES**
- FIRE EXTINGUISHERS
- FIRE SMOKE WATER DAMAGE CLEAN UP
- FLOOR COVERING**
- GARAGE DOOR INSTALL / REPAIR
- GEN CONTRACTORS/BLDG CONST**
- GUTTER INSTALL / REPAIR
- HYDROSEEDING
- HAZARDOUS MATERIAL SERVICES
- INSULATING

- JANITORIAL SERVICES**
- LANDSCAPE MAINTENANCE
- PAINTING**
- PEST CONTROL**
- MASONRY INSTALL REPAIR
- HVAC REPAIR / INSTALL / CLEANING**
- METAL FABRICATORS/WELDING
- PLASTIC LAMINATE INSTALL /REPAIR / RESURFACE
- PLUMBING CONTRACTOR**
- PRESSURE WASHING SVCS
- ROOFING INSTALL / REPAIR**
- SECURITY SYSTEMS & FIRE ALARMS (MAINT / REPAIR)
- SEWER/SEPTIC SYST. INSTALL
- SEWER/SEPTIC SERVICE / REPAIR**
- SIDING
- SIGNAGE
- SPRINKLERS, FIRE
- SPRINKLERS LAWN REPAIR
- STUMP GRINDING
- STORM DRAIN CLEANING / REPAIR
- TREE SERVICE
- WALLBOARD INSTALL / FINISH
- WINDOWS AND GLAZING**

**SPECIFY OTHER:**

---

---

---

---

---