



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: _____

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Nature of the work you performed: _____

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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:
