

## CONTRACTOR APPLICATION FORM

### I. General Information

Name of Firm: \_\_\_\_\_

Firm Owner: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address of Firm: \_\_\_\_\_  
(street) (city) (zip code)

Phone – Office: \_\_\_\_\_ After Hours: \_\_\_\_\_

Office Hours: \_\_\_\_\_ During what hours may we call you at home? \_\_\_\_\_

Name of Person Writing Bids: \_\_\_\_\_

Are you a General Contractor? (You handle all phases of work) yes \_\_\_\_\_ no \_\_\_\_\_

When was your firm established? \_\_\_\_\_

How many contractors are part of your firm? (Other than sub-contractors) \_\_\_\_\_

Can you handle more than one job at a time? yes \_\_\_\_\_ no \_\_\_\_\_

- **Contractors must attach evidence of licenses that are required by the State of Michigan. Our program also requires contractors to carry the following insurance coverage:**

(Attach proof of insurance and current Michigan license to this form.)

- A. Comprehensive General Liability Insurance**
  - a. Bodily Injury \$500,000 each person/each occurrence; 1 million aggregate
  - b. Property Damage \$500,000 each occurrence
  
- B. Comprehensive Automobile Liability**
  - a. Bodily Injury \$500,000 each person and each accident
  - b. Property Damage \$100,000 property damage
  
- C. Proof of Worker's Compensation Insurance or proof of exemption**

**II. Areas of Expertise**

Please check the type of work you are qualified to do and indicate the years of experience you have in that area:

Type of Work	Years Experience	Type of Work	Years Experience
General Carpentry		Landscaping	
Roofing		Floor Covering Replacement	
Structural Support Repair		Kitchen Cabinet Replacement	
Window Replacement		Foundation Wall Repair	
Door Replacement		Attic & Sidewall Insulations	
Siding		Chimney Repair	
Concrete Repair		Heating and Ventilation	
Plumbing		Electrical	

List your three most recent jobs completed:

NAME	PHONE	TYPE OF WORK

Have you or any business that you have been affiliated with declared bankruptcy in within the last five years? yes\_\_\_\_\_ no\_\_\_\_\_

Do you guarantee your work for one year? yes\_\_\_\_\_ no\_\_\_\_\_

I authorize the \_\_\_\_\_ program administrators to verify the above information and I certify that the above information is true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date