



CONTRACTOR INFORMATION FORM

COMPANY INFORMATION

1. **Name of Business:** _____
Owner's Name: _____
Business Address: _____

Business Phone: _____ **Cell Phone #** _____
Business FAX: _____ **email** _____
2. **Is this business:** Incorporated Unincorporated
If incorporated, **Employer ID No.** _____
If unincorporated, **owner's Social Security Number** _____ - _____ - _____
3. **Number of years in business under present name:** _____
Was business previously known by another name? Yes No
If yes, list **most recent previous name:**

4. Are you registered with New York State as a **woman-owned** business? Yes No
5. Are you registered with New York State as a **minority-owned** business? Yes No
6. How many **employees** work directly for your business? _____
How many are **full-time**? _____ How many are **part time**? _____
7. Are you willing to work **anywhere in Chautauqua County**? Yes No
If no, where in the County are you willing to work? _____

8. Can you **guarantee** your work for twelve months? Yes No

INSURANCE INFORMATION

Suggested Insurance Requirements: Liability - \$1,000,000
Personal Injury - \$1,000,000
Property Damage, each occurrence-\$1,000,000
Workers' Compensation *required* for all businesses

1. Please list your company's liability insurance limits:

Personal Injury: \$ _____

Property Damage: \$ _____

2. Do you carry NYS Workers' Compensation? Yes No

3. Do you carry Disability Insurance? Yes No

4. Your Insurance Agent/Carrier:

Name: _____

Address: _____

******Please attach Certificate of Insurance showing CHRIC as the Certificate Holder, coverage limits and expiration dates for all coverage including Workers' Comp and Disability Insurance***

LICENSE INFORMATION

1. Is this business licensed within the *City of Dunkirk* to perform:

Plumbing Yes No

Electrical Yes No

2. Is this business licensed within the *City of Jamestown* to perform:

Plumbing Yes No

Electrical Yes No

3. Is this business licensed within the *Village of Fredonia* to perform:

Plumbing Yes No

Electrical Yes No

WORK QUALIFICATIONS/CAPABILITIES

PLEASE CHECK THE BOXES FOR THE TYPE OF WORK THAT YOUR COMPANY IS QUALIFIED AND WILLING TO DO. If there are any limitations to the type of work you are willing to do within each category, please note it on the line provided. (For example, if you are willing to do minor roof repairs, but not willing/capable of complete tear-offs or rebuilds, please note it in the space provided.)

Foundations

Limits: _____

Roofs

Limits: _____

Siding – including soffits, fascia, capping, etc.

Limits: _____

Gutters

Limits: _____

Window Repair/Replacement, including storms, glass block, etc.

Limits: _____

Exterior Door Repair/Replacement, including Bilcos/exterior cellar doors

Limits: _____

Porches/Decks/Exterior Staircases

Limits: _____

Wheelchair Ramps

Limits: _____

Exterior Painting/Staining

Limits: _____

Wells – drilling, pumps, hookups, etc.

Limits: _____

Septic Systems – digging, install, hook-ups, etc.

Limits: _____

Insulation

Limits: _____

Floor Repairs/Rebuilds

Limits: _____

Interior Staircase Repairs/Rebuilds

Limits: _____

Wall/Ceiling Repairs/Replacement

Limits: _____

Interior Door Repair/Replacement

Limits: _____

Interior Painting/Staining

Limits: _____

Kitchen/Bathroom Cabinets and Countertops

Limits: _____

Floor coverings (Vinyl, Carpet, etc)

Limits: _____

Plumbing – mains, pipes, hookups, etc

Limits: _____

Plumbing – sinks, tubs, showers, fixtures, etc.

Limits: _____

Interior Handicap Accessibility features, Including bathrooms and kitchens

Limits: _____

Hot Water Tanks – Repair/Replacement

Limits: _____

Furnaces and Duct Work – Repair/Replacement

Limits: _____

Chimneys, masonry/metal, repointing, etc

Limits: _____

Electrical Work - new service, wiring, outlets, fixtures, etc.

Limits: _____

SPECIAL TRAINING/CAPABILITIES

Please check the box for any of the following for which you have completed approved training:

- EPA-Certified Lead-Safe Firm**
required for all contractors except septic installers and well drillers

Federal law requires any contractor whose work involves disturbing paint in a home built before 1978 to complete the one-day Lead Renovation, Repair and Painting Program and obtain certification from the EPA of completion. This law applies to all of your private work as well. If you have not completed this training and are caught working in a home built before 1978, you could be fined up to \$37,500 per day. For more information, see www.epa.gov/lead/pubs/renovation.htm or call 1-800-424-LEAD.

- Certified/Licensed for **Lead-based Paint Abatement**
- Certified/Licensed **Asbestos Abatement**
- Mold Remediation Training**
- Radon Remediation Training**

Limits on any of the above: _____

***** INCLUDE A COPY OF YOUR CERTIFICATE OF COMPLETION OF AN EPA-APPROVED TRAINING COURSE AND A COPY OF ANY ADDITIONAL STATE CERTIFICATION/LICENSING THAT YOU HAVE RECEIVED**

REFERENCES

Please provide the following information for three recently completed jobs which are representative of your work:

JOB #1 Name: _____
Address: _____

Phone: _____
Type of Work: _____

Completion Date: _____
Total Cost: _____

JOB #2 Name: _____
Address: _____

Phone: _____
Type of Work: _____

Completion Date: _____
Total Cost: _____

JOB #3 Name: _____
Address: _____

Phone: _____
Type of Work: _____

Completion Date: _____
Total Cost: _____

CREDIT REFERENCES

1. What is your company's primary **bank**?

Name: _____

Address: _____

2. Please list **suppliers** from whom you have purchased materials within the last six months:

Name: _____

Address: _____

Approximate amount purchased in last six months: \$ _____

Do you have an account with this supplier? Yes No

Name: _____

Address: _____

Approximate amount purchased in last six months: \$ _____

Do you have an account with this supplier? Yes No

CERTIFICATION

Please complete the following certification:

I, _____, of
(Individual's name)
_____, do hereby
(Name of Company)

state that all statements contained in this Contractor Information Form are true and authorize Chautauqua Home Rehabilitation and Improvement Corporation to verify such information in any way appropriate.

Name (Please Print) _____

Title (Please Print) _____

Signature _____

Date _____

**RETURN THIS FORM AND *ALL REQUESTED INSURANCE
CERTIFICATES/LICENSES TO:**

**CHRIC
2 Academy Street
Mayville, New York 14757-1050**

*Your name will not be added to our contractors list and you will not be able to receive bids until all your current insurance certificates are on file in our office. Please make sure you send in a copy of them, thank you.