

**COMMUNITY IMPROVEMENT UNIT  
Contractor's Application**

**COMPANY INFORMATION:**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_  
Physical

City State Zip

Email Address: \_\_\_\_\_

Phone Number: Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Dun & Bradstreet Number: (DUNS#) \_\_\_\_\_ SSN#/EFIN# \_\_\_\_\_

---

**OWNERS INFORMATION:**

Owner's Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
(Mailing if physical is the same as company)

City State Zip

Main Phone Number: \_\_\_\_\_

---

**INSURANCE INFORMATION:**

Insurance Provider: \_\_\_\_\_

Full Address: \_\_\_\_\_

City State Zip

Insurance Provider Phone No: \_\_\_\_\_ Amount of Coverage: \_\_\_\_\_

Policy Number/ID: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

---

**BUSINESS LINCENSE INFORMATION:**

Business License Number/Permit: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### **BOARD-UP AND/OR GRASS AND WEED CONTRACTORS' QUALIFICATIONS**

- DUNS & Bradstreet Number
- SIN# or EFIN#
- Privilege License
- General Liability Insurance Coverage for injury to a person and/or property
  - \$100,000.00 per person
  - \$100,000.00 per occurrence
- Workman's Compensation Insurance **MAY** be required for sickness, disability, or other injury of an employee arising out of and in the course of the employment
- Automobile Liability Insurance Coverage with minimum limits for injury to person or property or \$25,000.00 per person and \$50,000.00 per occurrence
- **MUST** be able to provide dump receipts for all work performed
- Necessary equipment to perform work
  - Trailer, Bush Hog, Zero Turn Mower, Weed Eater, Chainsaw, etc.

**\*Equipment will be verified twice a year\***

**\*City of Jackson MUST be listed as the Lienholder on Insurance\***

### **DEMOLITION CONTRACTORS' QUALIFICATIONS**

- DUNS & Bradstreet Number
- SIN# or EFIN#
- Privilege License
- General Liability Insurance with maximum bodily injury coverage of not less than \$500,000.00 and \$500,000.00 per occurrence
- Workman's Compensation Insurance **MAY** be required for sickness, disability, or other injury of an employee arising out of and in the course of the employment
- Automotive Public Liability Insurance with maximum limits of not less than \$500,000.00 per one accident
- Automotive Property Damage Insurance with maximum limits of not less than \$500,000.00 per one accident
- Owner's Protective Liability Insurance with the City of Jackson as a named insured and their servants, agents and employees as additional insured in amount not less than \$500,000.00 as well as property damage liability coverage in the amount of \$500,000.00 per occurrence and \$500,000.00 for all damages arising out of injury to or destruction of property during policy period
- Obtain Permit
- Certified Abatement Supervisor **MUST** be on site
- **MUST** be able to provide dump receipts for all work performed
- Have access to heavy equipment to perform demolition work necessary
  - Track hoe, Dozer, etc.

**\*Equipment will be verified twice a year\***

**\*City of Jackson MUST be listed as the Lienholder on Insurance\***