

COMMUNITY IMPROVEMENT DIVISION

Contractor's Application

COMPANY INFORMATION:

Name of Company: _____

Address: _____
Principal Address

City State Zip

Email Address that you check frequently. *(This will be a primary source of communication):*

Phone Number: Business: _____ Fax: _____
Other: _____

DUNS #: _____ SSN#, EIN# or EFIN# _____

If you have a CAGE CODE to bid on federally funded projects provide it here:

OWNERS INFORMATION:

Owner's Name: _____
Last First

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

City State Zip

Cellphone Number: _____

INSURANCE INFORMATION (attach a certified copy of Certificate of Insurance):

Insurance Provider: _____

Full Address: _____

City State Zip

Insurance Provider Phone No: _____ Amount of Coverage: _____

Policy Number/ID: _____ Expiration Date: _____

BUSINESS LICENSE INFORMATION (attach copy of license):

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Business License Number/Permit: _____ Expiration Date: _____

Name of Company: _____

Vendor's Interest (check all that apply). You will only be eligible to participate in work for which you have been approved. (See Contractor Qualifications pages.)

All contractors must be licensed, bonded, and insured. Must provide a copy of privilege license, contractor's bond, and proof of insurance

- Demolition of dilapidated and burned structures and removal of debris
- Cutting of grass and weeds and removal of trash and debris
- Boarding up of vacant structures
- Draining of pools, cesspools, and other containers where water collects
- Removal of fallen trees and debris

Have you completed the City of Jackson's Vendor Application? *(If you already have a vendor number list it here.)* _____

List any equipment that you own:

List any equipment that you rent:

For rented equipment, what is the name of your vendor(s)? *(Please provide a verification letter or other proof from your vendor showing that you are in good standing and approved for renting).*

For applicants interested in demolition work: Do you have experience demolishing structures? *(Please provide proof, for example, addresses, pictures, references, etc.)*

By signing this application you are verifying that information provided herein is true and correct. If any statement is found to be untrue by the City of Jackson, vendor may be barred from contracting with the City of Jackson.

Vendor's Signature _____ Date _____

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

All contractors must be licensed, bonded, and insured. Must provide a copy of privilege license, contractor's bond, and proof of insurance

- DUNS & Bradstreet Number
- SIN# EIN# or EFIN#
- Privilege License
- City of Jackson Vendor Number
- 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*
- The City of Jackson must be listed as the Insurance Certificate Holder

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DEMOLITION CONTRACTORS' QUALIFICATIONS

All contractors must be licensed, bonded, and insured. Must provide a copy of privilege license, contractor's bond, and proof of insurance

- DUNS & Bradstreet Number
- SIN# EIN# or EFIN#
- CAGE Code (if you plan to bid on CDBG projects)
- Privilege License
- Certificate of Responsibility (Commercial License)
- City of Jackson Vendor Number
- \$500,000.00 Pollution Liability Insurance
- 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.
- 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*
- The City of Jackson must be listed as the Insurance Certificate Holder