Allegany County LAND BANK
6087 State Route 19 North- Suite 300
585-268-7472 Extension 7
alleganycountylandbank@gmail.com

CONTRACTOR/SUBCONTRACTOR APPLICATION FOR APPROVED STATUS

PART I - GENERAL INFORMATION

Name of Company_____

Name(s) of principal owner(s) _____

Business Address_____

State_____Zip Code_____Business Phone (___)_____Number of years in business _____

Tax ID Number_____DBA (doing business under assumed name) _____

PART II - EXPERIENCE

Please indicate by a check mark which of the following service areas your company is qualified to perform:

A) Attic and Sidewall Insulation
B) General Infiltration (caulking, glazing, weather-stripping, etc.)
C) Installation of window units, storm doors, doors, siding
D) Rough Carpentry/Finish Carpentry
E) Furnace repair/replacement
F) Plumbing
G) Septic Systems
H) Repairing/Replacing Roofs
I) Masonry Work, including chimney and foundation work
J) Electrical
K) Water Wells
I) Landscaping

Please list any and all certifications or training you or your employees possess:

_____
_____
_____
_____
_____
_____

PART III - INSURANCE

All Subcontractors must carry Commercial General Liability Insurance in amounts not less than $1,000,000 per occurrence/per location, $2,000,000 in the annual aggregate, and $2,000,000 products/completed operations aggregate.

All Subcontractors must carry Auto Insurance in amounts not less than $1,000,000

All Subcontractors must carry Workers' Compensation & Disability Insurance in amounts complying with industry standards for the type of work that the Subcontractor is conducting.

If the Subcontractor will be involved in any environmental remediation of any kind, the Subcontractor must have Environmental Pollution Liability Insurance with a $1,000,000 limit to new construction projects or demolition.

Please include a copy of your insurance certificate showing your Liability, Auto and Workers' Compensation insurance.

1) Liability Insurance - Property Damage_____ Amount of Coverage $_____

Personal Injury_____ Amount of Coverage $_____

2) Workers' Compensation Amount of Coverage $_____

3) Automobile Liability -Property Damage_____ Amount of Coverage $_____

Personal Injury_____ Amount of Coverage $_____

PART IV - FINANCIAL INFORMATION

Name, address of bank/lending institution your company dealswith regularly:

_____

_____

_____

_____

_____

_____

PART V - REFERENCES

Please list below a minimum of four (3) individuals, commercial establishments, etc. that your company has provided services for within the past two (2) years. List names, addresses, and phone numbers, as well as the type of services you provided. Attach additional sheet as needed.

List names, addresses, and phone numbers:

1)_____

2)_____

3)_____

PART VI - ADDITIONAL INFORMATION/QUESTIONS

Please read carefully and answerappropriately.

1) Has your firm ever worked for any other governmental agency, either local, state, or federal? _____
If yes, please provide details: _____
_____
_____

2) Does your company have any history of Local, State, or Federal Tax Arrears?_____Arson, Bribery, Fraud, Grand Larceny Convictions or Pending Cases?_____Denial of a contract based on any obligation to, or unsatisfied judgment/lien, held by a government agency?____Labor Law Violations? _____

3) Does your company have access to legal representation if necessary? _____

4) Minority/Female Enterprise? _____

I hereby attest that the information supplied in this application is true and factual to the best of my knowledge and consent to have any and all information verified by Allegany County Land Bank Corporation and recognize and acknowledge that the agency maintains the right to remove me from their approved list without notice as a result of providing false information on this application.

I hereby attest that I have the required Liability, Auto and Compensation Insurance, ALL of which are mandatory. I also, have enclosed a copy of my insurance certificate(s), showing all three insurances.

I understand and acknowledge that, if selected to provide services, my company shall perform work in accordance with obligations, regulations, and policies outlined in a certain contract agreement I will sign with Allegany County Land Bank Corporation.

I also understand that Allegany County Land Bank Corporation may, at their discretion, utilize as many contractors selected from their approved list as production needs dictate and that the awarding of approved status does not obligate the agency to select my company to provide services.

I also agree to comply fully with all applicable state and federal regulations, all Affirmative Action requirements, affordability covenants, procedures and other policies to which Allegany County Land Bank Corporation is also subject.

I understand that the Allegany County Land Bank Corporation maintains the right to alter, change, or modify any local project operating at its discretion as needed without notice.

_____ _____

Signature of Company Representative Date

ALLEGANY COUNTY LAND BANK CORPORATION USE ONLY

Application received

Date of Review

Approved Status: Granted_____ Denied_____

Reason(s) for rejection/denial:

_____

_____

_____

_____

_____

Selected as a service provider _____
Date

_____ TITLE:
ACLBC REP.