

MOVING OHIO FORWARD DEMOLITION PROGRAM CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM

NOTE TO CONTRACTORS:

_____ requires that its contractors be qualified for demolition and abatement work. Consequently, _____ has established a pre-qualification procedure for Contractors and has developed and maintains a list of pre-qualified Contractors. Contracts for demolition work are awarded only to pre-qualified Contractors.

INSTRUCTIONS:

In order to pre-qualify, the Contractor must:

- Complete the Contractor's Qualification in its entirety and return it to _____
- Agree to provide equal employment opportunities, as evidenced by Contractor's signature on the Equal Opportunity Employment statement (part of the Qualification form) and agree to hire employees who may have some barriers to employment when feasible
- Agree to warranty all work performed under the Demolition contracts, as evidenced by Contractor's signature on the Contractors Warranty (part of the Qualification form)
- Submit or have agent submit a Certificate of Insurance, confirming the insurance required by the program
- Submit a completed W-9 Tax Form
- Submit copy of Worker's Compensation Certificate or Evidence of adequate private medical insurance

If, in the opinion of the _____, the contractor meets the program's standards for qualified contractors, the Contractor's name will be placed on list of Qualified Contractors.

_____ reserves the right to require additional information, including a financial statement from contractors, as a necessary prerequisite to pre-qualification.

If you have questions about the requirements listed on this form, please contact _____

Thank you in advance for your cooperation

Application Date: _____

PROSPECTIVE BIDDERS QUALIFICATIONS & EVIDENCE OF RESPONSIBILITY

1) GENERAL CONTRACTOR INFORMATION

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Mobile: _____

E-Mail: _____

Federal Tax I.D. Number or Social Security Number: _____

Company Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Phone: _____ Fax: _____

2) ORGANIZATION (Check):

_____ Sole Proprietorship/Owner's Name _____

_____ Partnership/Partner's Name _____

_____ Corporation/Company Name _____

_____ Other/Specify _____

_____ Union _____ Non-Union

Business Classifications (Check All That Apply)

_____ DBE (Disadvantaged Business Enterprise)

_____ MBE (Minority Business Enterprise)

_____ WBE (Women-Owned Business Enterprise)

_____ Other (Classification Please List) _____

When organized? _____ Where Incorporated? _____ How long
contracting under present name? _____

Have you contracted under any other name(s)? _____ Yes _____ No If yes, explain

Have you ever failed to complete work awarded to you? _____ Yes _____ No
If yes, explain _____

Have you ever defaulted on a contract? _____ Yes _____ No
If yes, explain _____

Are you currently listed on any federal or State of Ohio contracting debarment list?
_____ Yes _____ No If yes, explain _____

Are you currently listed as an ineligible contractor by the City of _____ or another
government entity in _____ County?
_____ Yes _____ No If yes, explain _____

CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

Litigation Information:

Has any kind of judgment been rendered against you or your company in the last ten years? Have you been convicted of any crime in the last ten years? Please explain in summary.

3) LICENSES HELD (If any) Please describe the type of licenses you possess and the corresponding identification number.

License Number: _____	Expiration Date: _____
License Number: _____	Expiration Date: _____
License Number: _____	Expiration Date: _____
Other _____	

4) AREAS OF SPECIALIZATION (Non-Subcontracted Work) (Check Which Category Best Apply):

_____ Asbestos [] NESHAP Inspection [] Remediation

_____ Demolition / Excavation

_____ Lead Abatement

_____ Other _____

5) INSURANCE: (See attached)

NOTE: CERTIFICATION OF INSURANCE MUST BE PROVIDED BY AGENT

Insurance Company: _____

Agent Name: _____ Phone Number: _____

Address: _____

Liability Insurance Policy Number: _____ Expiration Date: _____

Auto Insurance Policy Number: _____ Expiration Date: _____

CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

6) PROJECT EXPERIENCE – Provide the following information on your largest project (feel free to attach additional pages where necessary)

Type of Work: _____

Primary Contract Amount: _____

Term of Work: _____

Number of Units Services at One Time: _____

Location of current project(s): _____

References: Please provide no fewer than three business references where contract performance has taken place within the last 12 months.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide demographic information of the ownership of your company
(Check All That Apply)

Male-Owned Female-Owned

- | | | |
|-------------------|-----|-----|
| White American | [] | [] |
| African American | [] | [] |
| Hispanic / Latino | [] | [] |
| Native American | [] | [] |
| Asian American | [] | [] |

Other: _____

CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

EQUAL OPPORTUNITY EMPLOYMENT

This is to certify that the undersigned Contractor is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, sexual orientation, or gender identity or expression. The Contractor shall ensure that applicants are employed and that the employees shall be treated during their employment without regard to their race, creed, color, sex, national origin, sexual orientation, or gender identity or expression. Such action shall include, but are not limited to, employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through _____ may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further contracts.

Date

Authorized Signature of Contractor

Company

Please Print Name

CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

DRUG FREE WORKPLACE

This is to certify that the undersigned Contractor complies with the Drug Free Workplace Act of 1988:

1. Any individual contractor must agree not to engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the performance of this contract.
2. All organizations covered by the Drug-Free Workplace Act of 1988 are required to provide a drug-free workplace.

In the event of the Contractor's non-compliance with the drug free workplace certification, contracts may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further contracts.

Date

Authorized Signature of Contractor

Company

Please Print Name

CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

CONTRACTOR'S WARRANTY

This is to certify that the undersigned Contractor hereby warrants as follows:

- The contractor will comply with all laws, ordinances, regulations and rules promulgated by the jurisdiction in which work is to be performed
- The contractor will comply with all statutory provisions and regulations with reference to the performance of the work, and establishing a contained and secure site during installation, and particularly agrees that he will place proper site restraints during periods of non-construction.
- All work under this contract is subject to inspection and acceptance by _____ as to compliance with the specifications and any non-complying work or imperfect work that is discovered before final acceptance shall be corrected on demand of _____, notwithstanding it may have been overlooked by an interim inspector.
- The contractor shall provide a finished site that is level and free of debris, including along lot lines. The contractor shall seed the site with slow growing grass at a rate of 6 lb. per 1000 sq. ft. and provide a cover of straw. The contractor is responsible for insuring that grass is growing on the site and that the site is sufficiently level and debris-free so that the site may be safely mowed. For winter projects, the contractor is responsible for returning to the site when conditions allow and providing the above described site finish. **A ten percent (10%) retainage will be held until site finish is complete.**

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through _____ may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further contracts.

Date

Authorized Signature of Contractor

Company

Please Print Name

CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

MINIMUM INSURANCE COVERAGE

Each Contractor, in order to become pre-qualified to perform work under _____, shall purchase, maintain current and furnish evidence of the following insurance:

1. GENERAL LIABILITY COVERAGE which may be Comprehensive General Liability with a MINIMUM limit of liability of \$1,000,000 each occurrence, \$2,000,000 aggregate.
2. AUTOMOBILE LIABILITY COVERAGE with a \$1,000,000 limit of liability.
3. WORKERS COMPENSATION with statutory limits.

Additionally, upon the award of any contracted work, the contractor shall provide evidence that the _____ is an **ADDITIONAL INSURED with CERTIFICATE HOLDER STATUS** on the contractor's above policy.

NOTE:

_____ reserves the right to: a) waive the minimum limits of liability to some lower limits of liability for certain Contractors performing work involving limited exposure to risk; b) raise the minimum limits of liability to some higher limit for certain Contractors performing work involving high exposure to risk and c) require additional types of coverage as need arise.

Each Contractor shall be responsible for the verification of insurance coverage of subcontractor(s) in sufficient amounts and types to meet requirements outlined above prior to the start of any work.

CONTRACTOR PRE-QUALIFICATION VERIFICATION FORM (continued)

I certify that the information provided here is, to the best of my knowledge and belief, true, accurate and complete. I have attached a completed copy of IRS Form W-9 and acknowledge that _____ is required by law to report any income earned by me in conjunction with work performed.

Date

Authorized Signature of Contractor

Company

Please Print Name

Please Return Completed Form To:

SAMPLE