

TOWN OF WINDSOR
Community Development Housing Rehabilitation
Contractor Information Sheet

Company Name:		Telephone:
Address:		Email address:
Contact:		EIN:
CT State License #:	DUNS #:	Lead Certificate #:
Types of work performed:		

Is this business incorporated? YES NO **Date of incorporation:** _____ (If so, please include a copy of the corporate resolution indicating who is authorized to sign for the corporation)

PLEASE LIST AT LEAST THREE SUPPLIERS WITH WHOM YOU DO BUSINESS:

Name:	Name:
Address	Address:
Telephone #:	Telephone #:
Name:	Name:
Address:	Address:
Telephone #:	Telephone #:

PLEASE LIST AT LEAST THREE PROJECTS RECENTLY COMPLETED:

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Work Done:	Work Done:
Contact Person:	Contact Person:
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Work Done:	Work Done:
Contact Person:	Contact Person:

Ownership Information: Please check where applicable and attach certificate:

- Female owed company 51% or more. Minority owned company 51% or more. Section 3 Company. Small Business Enterprise.

CERTIFICATION REQUIREMENTS

Please include a copy of your current insurance certificate (showing Workman's Comp and Liability if you have employees), a copy of your Contractor's License, a copy of EPA's Lead-Based Paint Renovation, Repair, and Painting Program (RPP) Certificate for yourself and all employees and a [W9 form](#) (if we don't have it already). Incomplete applications will not be approved. All certificates must be sent to:

**Town of Windsor
Office of Community Development
275 Broad Street
Windsor, CT 06095**

OR

Via email to reydecastro@townofwindsorct.com

INSURANCE CERTIFICATION REQUIREMENTS

This cancellation clause should appear on the insurance certificate:

"Should any of above described policies be modified, not renewed or cancellation before the expiration date thereof The issuing company will mail within 30 days written notice to the certification holder below".

The Insurance Certification should list the "**Town of Windsor and Connecticut Department of Housing**" with the above address listed as loss payees.

You must carry a minimum of \$500,000 insurance for PERSONAL LIABILITY and PROPERTY DAMAGE. You must also carry WORKMEN'S COMPENSATION insurance, if applicable.

Do you have direct experience in the rehabilitation of buildings?	YES	NO
Do you have direct experience with the Small Cities Program?	YES	NO
Have you ever failed to complete any work or defaulted on a contract awarded to you?	YES	NO
Are you currently involved in any litigation?	YES	NO

I certify that the information in this application is true and complete: _____ (Initial)

Signature

Date

Printed Name