



**TOWN OF WINDSOR
COMMUNITY DEVELOPMENT HOUSING REHABILITATION
CONTRACTOR INFORMATION SHEET**



Company Name:	Address:
Primary Contact:	Email address:
Telephone #:	EIN:
DUNS#:	CT State Lic. #:
EPA RPP Certificate:	Lead Abatement Lic. :
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 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 owned company 51% or more. Minority owned company 51% or more. Section 3 Company. Small Business Enterprise.

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

CERTIFICATION REQUIREMENTS

Please include a copy of you're the following documents along with your application:

- Current insurance certificate (showing Workman's Comp and Liability if you have employees)
- A copy of your current contractor's license
- A copy of all relevant lead abatement licenses (if applicable)
- A copy of all relevant EPA's Lead-Based Paint Renovation, Repair, and Painting Program (RPP) Certificates (if applicable).

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

LOW BIDDER REQUIREMENTS

Should you be the lowest bidder on a project, you will be required to provide:

- **Certificate of Liability Insurance** containing the following:
 - a. Worker's Compensation
 - b. General Liability Insurance with a broad form contractual endorsement with minimum limits of \$1,000,000 per occurrence for bodily injury and \$500,000 per occurrence for property damage
 - c. Inclusion of the following as additional insured:
Town of Windsor, 275 Broad Street, Windsor CT 06095 (for the work being done for homeowners' name, address)
- **DUNS# Registered with Sam.gov**
- **All relevant licenses and Certificates**

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

Signature

Date

Printed Name