

**APPLICATION FOR FORSYTH COUNTY
DEPARTMENT OF HOUSING CONTRACTOR LIST
660 WEST FIFTH STREET WINSTON-SALEM, NC 27101**

1) Name of Firm _____

2) Street Address _____
(Required)

Mailing Address _____

e-mail Address _____

3) Office # _____ Pager # _____

Mobile # _____ Fax # _____

Home # _____

4) This firm is: _____ Sole proprietorship _____ Partnership _____ Joint Venture

_____ Corporation _____ Other (specify) _____

5) Number of years in business _____

6) Federal ID # or Social Security # of all Company Owners _____

7) Type of business (check all that apply)

_____ Non - Minority Business

_____ Minority Business (African American, Hispanic American or Native American, Male or Female)

_____ Women Owned Business

_____ Section 3 Business _____ Section 3 Resident

_____ Qualify as Section 3 as a result of use of Subcontractors
(Note: See below for definition of Section 3 Business)

A Section 3 Contractor/Subcontractor is defined as a business that is 51% or more owned by Section 3 residents; or whose permanent full-time employees include persons, at least 30% of whom are currently Section 3 residents; or one that provides evidence as a commitment to subcontract 25% of the dollar award of all subcontracts to business concern that meet the above qualifications. A Section 3 resident is defined as one who lives in public housing and low income persons (income less than 80% of median) who live in the area in which a HUD-assisted project is located.

INCOME GUIDELINES (80% of area median)

1 person	2 persons	3 persons	4 persons	5 persons
\$31,400	\$35,900	\$40,400	\$44,900	\$48,450

8) Identify all individuals who own or share ownership of this firm, and who is authorized to sign contracts:

Name	Race	Sex	% of Ownership	Authorized to sign Y/N
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9) Identify by name and describe the particulars in detail in the space provided below of all owners and part owners within your company who have, or presently hold public office, or any business relationship that could constitute a conflict of interest when conducting business with this government agency.

10) List all individuals in your company with a current general contractors license:

Name	_____	License #	_____
Name	_____	License #	_____
Name	_____	License #	_____
Name	_____	License #	_____

11) List all other types of licenses held by your company and/or individuals within the company:

Name, type of license, and number _____

Name, type of license, and number _____

12) Attached is a copy of Insurance Requirements of Forsyth County Government. A current copy of your insurance certificate must be submitted to the Forsyth County Department of Housing prior to being eligible to participate in Forsyth County Housing projects. *This information must also be filled in below.*

Name of Insurance Company _____

Agent Name _____

Amount of Comprehensive Liability Insurance _____

Amount of Workman's Compensation _____

13) List information regarding the last three (3) most significant jobs completed by your company:

Job Name	Address	Contact Person	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type of Project	Amount	Start Date	Completion Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14) How were you referred to this department? _____

15) List references below:

Credit:

Name _____

Mailing Address _____

Phone Number _____

Account Number _____

Contact Person _____

Business:

Name _____

Mailing Address _____

Phone Number _____

Contact Person _____

I certify that all information provided by this company is true and accurate to the best of my knowledge.

Information provided by _____
Signature

Date Signed _____

WORKER'S COMPENSATION AND EMPLOYER LIABILITY INSURANCE

The CONTRACTOR shall furnish to Forsyth County evidence that the CONTRACTOR, CONTRACTOR'S employees, SUBCONTRACTORS, and SUBCONTRACTOR'S employees are fully covered by Worker's Compensation Insurance and Employer Liability Insurance pursuant to North Carolina Statutory limits during the life of the contract and subject to the greater of the limits imposed by statute or \$100,000.00 per accident.

CONTRACTOR'S LIABILITY INSURANCE

A. The CONTRACTOR shall purchase and maintain such insurance as will protect him from claims which may arise out of or result from the CONTRACTOR'S operations under this contract, whether such operations be by himself or by any SUBCONTRACTOR or by anyone directly or indirectly employed by any of them or by anyone for whose acts any of them may be liable as set forth below:

1. Claims for damages because of bodily injury, sickness or disease, or death of any person other than his employees;
2. Claims for damages because of injury to or destruction of tangible property, including loss of use resulting therefrom;

B. The insurance required by paragraph 8A shall be written for not less than any limits of liability specified in this Contract or required by law, whichever is greater, and shall include CONTRACTOR'S obligations under the Indemnifications Provision. Completed operations liability coverage shall also be included.

C. The minimum limits of Insurance shall be as follows:

a. Commercial General Liability

General Aggregate	\$600,000
Completed Operations Aggregate	\$600,000
Each Occurrence Limit	\$300,000
Fire Damage Limit	\$50,000
Medical Expense Limit	\$5,000

b. Automobile Liability

Bodily Injury each person	\$100,000
Bodily Injury each occurrence	\$300,000
Property Damage each occurrence or Combined Single Limit Bodily	\$50,000
Injury/Property Damage per accident	\$300,000

D. Certificates of Insurance acceptable to the County shall be filed with the County prior to commencement of the Work. These Certificates shall contain a provision that coverages afforded under the policies will not be cancelled or modified until at least thirty (30) days prior written notice has been given to the County.

***Please review this page with your insurance agent.
Ask your agent to provide us with a certificate of
Insurance with the coverage's listed above.***