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| Date Received: | / / | Date References Checked: | / / |

# Town of Bourne Affordable Housing Trust

## Contractor Registration Form

NOTE: Homeowners participating in the Bourne Affordable Housing Trust Program will be responsible for determining which contractors they wish to have bid on work to be done and will choose the lowest bidder so only those contractors whom the homeowner(s) would be willing to hire to perform the work will be invited by the home owner to bid. THE BOURNE AFFORDABLE TRUST FUND DOES NOT RECOMMEND OR CERTIFY IN ANY WAY THE CONTRACTORS THAT REGISTER THIS FORM INDICATING THEY WOULD BE INTERESTED IN DOING HOME REPAIR WORK.

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| I am interested in participating in the following program(s): |
| Housing Rehabilitation |

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| Company Information | | | | | | | | |
| Name of Company: | | | | | | | | |
| Company Address: | | | | | | | | |
| Telephone: | | | | Fax: | | | | |
| Cell: | | | | Email: | | | | |
| Owners of Company | | | | | | | | |
| Name: | | Address: | | | | | Phone: | |
| 1. | |  | | | | |  | |
| 2. | |  | | | | |  | |
| Number of Employees: | | | | | Years in business: | | | |
| Type of business (check one):  Corporation  Sole Proprietorship  Partnership | | | | | General types of work performed by company: | | | |
| Average job size (check one):  < $25,000  $25,000-$50,000  > $50,000 | | | | | Contractor License(s) – Type & Number | | | |
| Any other licenses/certificates held: | | | | | | | | |
| ***Note: Include copies of all current licenses and certificates held.*** | | | | | | | | |
| Have you ever had your license revoked? | | Yes  No | If yes, explain: | | | | | |
| Federal Employer ID/Social Security Number: | | |  | | | | | |
| Minority-owned business: | Yes \_\_\_\_\_\_%  No | | | | | Women-owned business: | | Yes \_\_\_\_\_%  No |

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| List three suppliers with whom you currently do business: | | | |
| Name: | Address: | | Telephone: |
| 1. |  | |  |
| 2. |  | |  |
| 3. |  | |  |
| List three references from projects you completed within the past year: | | | |
| Name: | Project cost: | Address: | Telephone: |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

I certify that all the information in this statement is true and complete to the best of my knowledge and belief.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that contractors will not be awarded contracts through the program(s) until evidence of appropriate licenses and a “Certificate of Insurance” is provided. The following insurance is required: “Public Liability and Property Damage Insurance” in an amount not less than $500,000 for injuries, including accidental death to each person, and subject to the same limit for each person in an amount not less than $1,000,000 on account of each accident and “Property Damage Insurance” in an amount not less than $250,000 per accident and $500,000 aggregate.

The general contractor shall maintain, during the life of this contract, “Worker’s Compensation Insurance” for all of his employees engaged in work under this contract and in case any such work is sublet, the general contractor shall ensure that the subcontractor and all his employees engaged in such work are covered by a worker’s compensation policy. The intent of these requirements is to ensure that all persons who can be insured and are engaged in work under this program are covered by a worker’s compensation policy. Any employment or subcontract arrangement that leaves a worker unprotected in not acceptable under the terms of this contract.

The Trust reserves the right not to permit specific contractors to bid on projects on the basis of past or current performance in the Trust’s programs.

### **Return this form to:**

### **Bourne Town Hall**

### **Attn: Affordable Housing Trust Fund**

### **24 Perry Ave**

### **Buzzards Bay, MA 02532**