



Contractor Application

Company Information:

Company Name _____

Federal Tax ID# _____ or SS# _____

Authorized Representative _____

Contact E-Mail _____ Website _____

Company Address _____

Office Phone _____ Cell Phone _____ Fax _____

Please include a W-9 form with your application.

Firm Ownership: If Minority/Women/Small Business please attach certification.

Type of Organization: (Please check one)

Corporation _____ *Partnership _____ *Individual _____ *(attach DBA Cert)

Workers Compensation: (Please check one)

I do not carry WC (no employees) _____ I do carry WC _____ (attach certificate)

Signatories:

The following individuals are authorized to submit bids, execute contracts, and sign lien waivers on behalf of the company.

Print Name _____ Signature _____

Title _____ Date _____

Print Name _____ Signature _____

Title _____ Date _____

The above signatory parties hereby certify the above and forgoing information is a full, true, and correct statement of the facts. It is understood that failure to respond on 3 consecutive solicitations may result in your firm's removal from our list of eligible bidders.

Construction Trade/Specialties:

Please list: (Examples: general contracting, electrical, mechanical, roofing, plumbing, abatement, flooring, lead testing, mold remediation, power washing). Attach any applicable licenses.

Please check contract amounts your firm would be interested in:

Under \$2,000 _____

Between \$2,000 and \$50,000 _____

\$50,000 and above _____

*All construction or maintenance service contracts exceeding \$2,000 require the use of wage rates and certified payroll per the Davis-Bacon and Related Acts. For information, please visit their website at <https://www.dol.gov/whd/govcontracts/dbra.htm>.

Insurance Requirements:

It is the contractor's responsibility to ensure certificates are received by MCHA as well as any subsequent updates/renewals are received. Any contractor without proof of insurance will be suspended.

All contractors must supply MCHA with valid certificates of insurance as required by HUD-5370 General Conditions for Contract and Construction in the amounts set forth below. MCHA must be listed as an additional insured (not just the certificate holder). Certificates must be mailed, e-mailed, or faxed directly from the insurance carrier (fax 618.532.2024 Attn: Angie Clifton, aclifton@mchahomes.org).

No hand delivered certificates will be accepted.

Forms of Insurance Required:

Commercial General & Professional Liability: \$1,000,000 per occurrence and \$2,000,000 aggregate limit minimum.

Automobile Liability: A split limit for bodily injury and property damage of not less than \$100,000 per person/\$300,000 per accident/\$100,000 property damage for contracts less than \$25,000 or \$1,000,000 combined single limit for contracts greater than \$25,000.

Workers Compensation: Required by the State of Illinois for any business performing work within the state when your firm hires/pays employees directly. Please supply proof of coverage if applicable.

Please submit applications to MCHA by e-mail to aclifton@mchahomes.org or call 618.532.1894 with any questions.