

**NEIGHBORWORKS® SOUTHERN MASS HOUSING REHABILITATION PROGRAM
CONTRACTOR REGISTRATION FORM**

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Cell Phone: _____ Email: _____

Owners Name: _____

Address (if different): _____

Number of Employees: _____ Years in Business: _____

Corporation Partnership Sole Proprietorship Other

General types of work performed by this company: _____

Average Project Size:	\$0 - \$10,000	\$10,000 – 25,0000
	\$25,000 - \$50,000	Over \$50,000

Trade Licenses and Types:

Have you ever had your license revoked? Yes No

If yes, please explain: _____

Federal Employer I.D. # or _____

Minority Owned Business: Yes No

If yes, please explain: _____

List three (3) references from projects completed within the last year:

Name	Address	Phone	Estimated Project Cost
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please attach copies of current licenses and proof of insurance.

I certify that all the information in this statement is true and complete to the best of my knowledge. I authorize NeighborWorks Southern Mass, to contact any or all of the above parties as references, and for the release of all necessary information.

Signature: _____ Date: _____

Print Name: _____ Title: _____

Please note that Contractors will not be awarded contracts by the NWSOMA Housing Rehabilitation Program until evidence of appropriate Contractor Licenses, Contractor Registration and Certificate of Insurance are provided. The following insurance coverage is required:

Workman's Compensation Insurance
Liability Insurance \$300,000 Minimum
Property Damage Insurance \$500,000 Minimum

The General Contractor shall maintain during the life of this contract Workman's Compensation Insurance for all his/her 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 Workman's Compensation Insurance Policy. The intent of these requirements is to ensure that all persons engaged in work under this contract are covered by a Workman's Compensation Insurance Policy and any employment or subcontract arrangement which leaves a worker unprotected is not acceptable under the terms of this contract.

Signature: _____ Date: _____

Print Name: _____ Title: _____