

**HERNANDO COUNTY
SHIP PROGRAM
CONTRACTOR APPLICATION**



DOCUMENT CHECKLIST

1. Hernando County SHIP Contractor Application	()
2. Current State of Florida Occupational License Issued by the Department of Business and Professional Regulation	()
3. Public Liability and Worker Compensation Insurance or Exemption/ Minimum Coverages are: a. Comprehensive/General Liability Insurance Limits - \$200,000/\$300,000 Combined Single Limit, Bodily Injury/Property Damage b. Automatic Liability Insurance Limits - \$100,000/\$300,000 Combined Single Limit c. Construction Insurance/Builder's Risk d. Worker's Compensation & General Liability Insurance	()
4. Corporate Resolution of Person Authorized to Execute Contract and Other Documents	()
5. Sworn Statement Affidavit	()
6. Certification for Compliance with Hernando County, State, Federal Laws and Regulations	()
7. Three References	()



CONTRACTOR APPLICATION

GENERAL INFORMATION

Company Name: _____

Company Address: _____

IRS ID (EIN#): _____

Office number: _____

Fax: _____

Email: _____ Web page: _____

Name of Primary Contact to answer questions about this application

Name & Title: _____

Phone of Primary Contact _____

Email of Primary Contact: _____

Are you a licensed contractor (____) Yes (____) No

Please list your license category and license entity:

License Number: _____

What is your specialty: _____

Do you have any additional licenses? Specify trade and license number

Trade _____ License # _____

Trade _____ License # _____

COMPANY INFORMATION:

Is your company a:

(____) Corporation (____) Partnership (____) Individual (____) Joint Venture (____) LLC

(____) Other, please list if so _____

IF CORPORATION, PLEASE ANSWER THE FOLLOWING:

A. Date Incorporated _____

B. State Incorporated _____

C. President's Name _____

Phone _____ Email _____



- D. Vice Presidents Name _____
Phone _____ Email _____
- E. Secretary's Name _____
Phone _____ Email _____
- F. Treasurer's Name _____
Phone _____ Email _____

IF INDIVIDUAL OR PARTNERSHIP, PLEASE ANSWER THE FOLLOWING:

- A. Date Established: _____
- B. Name/Address of all partners (State General or Limited Partnership)

IF OTHER THAN A CORPORATION OR PARTNERSHIP, DESCRIBE ORGANIZATION AND PROVIDE NAME/ADDRESS OR PRINCIPALS:

How many years has your organization been in business under its present name? _____

If yes, list name(s) _____

How many employees do you have? _____

Have you ever failed to complete any work awarded to you? (____) Yes (____) No

If yes, provide the details. Please use separate sheet if necessary.

Within the last 5 years, has any Officer or Partner of your organization ever been an Officer or Partner of another organization when it failed to complete a construction contract? (____) Yes (____) No

If yes, provide the details. Please use separate sheet if necessary.

Have you or any Officer of your company ever been suspended, or denied participation in a federally funded contract or any construction project? (____) Yes (____) No

If yes, provide the details. Please use separate sheet if necessary.

Have you or any Officer/Partner of your company ever filed for bankruptcy? (____) Yes (____) No



If yes, provide the details. Please use separate sheet if necessary.

Are you:

Minority Owned Business (MBE) (____) Yes (____) No

A MBE is defined as a business concern that is at least 51% owned by one or more individuals who are African American, Hispanic American, Native American, Asian Pacific American, or Asian-Indian American, and whose management and daily business operations are controlled by one or more of these owners.

Woman Owned Business (WBE) (____) Yes (____) No

A WBE is defined as a business concern that is at least 51% owned by one or more women and whose management and daily business operations are controlled by one or more of these owners.

REFERENCES

Have you ever performed any residential work for a City, County, State or any Government Office?

(____) Yes (____) No List the City, County, State or Gov. Office: _____

List below the three most recently completed construction/rehabilitation contracts: Client References

Name	Phone or email	Address	Job Date	Amount \$

List of suppliers and address:

1. _____
 NAME

 ADDRESS

 PHONE

 YEARS ACQUAINTED

2. _____
 NAME

 ADDRESS

 PHONE

 YEARS ACQUAINTED

3. _____
 NAME

 ADDRESS

 PHONE

 YEARS ACQUAINTED



4. _____
 NAME PHONE

 ADDRESS YEARS ACQUAINTED

5. _____
 NAME PHONE

 ADDRESS YEARS ACQUAINTED

Bank Reference:

CONFLICT OF INTEREST

Are you related to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the City/County/Agency: (____) Yes (____) No

If yes, please disclose your relationship: _____

CONDITIONS AND CERTIFICATION

Will you, upon request, fill out a detailed financial statement and furnish any other information that may be required? _____

In consideration of being placed upon the "Active Contractor List", the undersigned contracting/firm will comply with the following conditions on all construction/rehabilitation work performed and agrees:

- a. To use only contract forms approved by the program
- b. That work will be performed in accordance with the standards established by the program, the Florida Building Code, and County Code
- c. That if work performed by the contractor is found to be unsatisfactory, the Department may temporarily or permanently remove the contractor's name from the "Active Contractor List"
- d. That adequate public liability and workers compensation insurance will be provided as follows:
 - Workers compensation insurance as required by Chapter 440, Florida Statutes
 - Public liability insurance on a comprehensive basis in an amount not less than \$300,000 combined single limit bodily injury and property damage. Policy shall be endorsed to include the County as an additional insured

The public liability insurance as required in paragraph (b) above shall include those classifications, as listed in standard liability insurance manuals, which are applicable to the operations of the contractor in the performance of the work. The insurance policy required above shall be issued with companies authorized to do business under the law of the State of Florida. They shall have a general policy holders



rating of "A" or better and a financial rating of no less than C+ as reported by Best's Key Rating Guide, published by A.M. Best Company, latest edition

- e. That the contractor will abide by Equal Opportunity laws of the Civil Rights Act and all other applicable City, Federal, State, and County laws and regulations.

I certify that the information provided on this application is true as completed and authorize the County to verify the information listed herein.

Signed at _____, this _____ day of _____, 20____.

Signature

Print Name

Title

Company

STATE OF FLORIDA
COUNTY OF _____

_____, being duly sworn deposes and says that he is
_____, of _____, and all statements therein contained are true
and correct.

Sworn, to and subscribed before me this _____ day of _____, 20____ by
_____, who has produced photo identification _____
Or who is personally known to me and who did/did not take an oath.

Notary Public: _____

My Commission Expires: _____



CERTIFICATION FOR COMPLIANCE WITH CITY, COUNTY, STATE, FEDERAL LAWS AND REGULATIONS

I, _____ agree to comply will all County, State and Federal laws and regulations, including, but not limited to the following:

CONFLICTS OF INTEREST

Contractor covenants that no person who presently exercises any functions or responsibility on behalf of the County in connection with this agreement has any personal financial intersts, direct or indirect, with the Contractor. Contractor further covenants that, in the performance of any contract, no person having such conflicting interest, shall be employed by the Contractor. Any conflict of interest attributable to the Contractor or its employees must be disclosed in writing to the County immediately upon discovery.

Contractor is aware of the conflict-of-interest laws of the State of Florida, particularly Chapter 112, Part III, Florida Statutes; and the United States Department of Housing and Urban Development, particularly 24 CFR Part 570, 560.611, and agree to fully comply with all respects to those provisions.

EQUAL OPPORTUNITY

Contractor agrees that it will comply with equal opportunity requirements, which require that no person in the United States shall on the ground of race, creed, color, national origin, age, sex, religion, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with State or Federal funds.

In the event local laws or ordinances governing equal opportunity apply as well, Contractor agrees to comply.

DEBARMENT/SUSPENSION

The Contractor certifies, by submission of this certification, that neither the Contractor nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal department or agency.

Where the Contractor is unable to certify any of the statements in this certification, such prospective participant shall attach an explanation to this certification.

ZONING CODES AND BUILDING CODES

Contractor must comply with the County Housing Quality Standards, the Florida Building Code, local building codes and other standards established by the County, as deemed necessary by such agency.



Signature: _____

Print Name: _____

Date: _____

STATE OF FLORIDA
COUNTY OF HERNANDO

Sworn to and subscribed before me this _____ day of _____, 20____, by
_____, who has/have produced photo identification
_____ or is personally known to me and who did/did not take an oath.

Notary Public, State of Florida

My Commission Expires: _____

