

Date Received:	/ /	Date References Checked:	/ /
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Wareham Rehabilitation Program Contractor Registration Form

I am interested in participating in the following program(s):	
<input type="checkbox"/> Housing Rehabilitation	<input type="checkbox"/> Commercial Rehabilitation

Company Information		
Name of Company:		
Company Address:		
Telephone:	Fax:	
Cell:	Email:	
Owners of Company		
Name:	Address:	Home Telephone:
1.		
2.		
Number of Employees:	Years in business:	
Type of business (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership	General types of work performed by company:	
Average job size (check one): <input type="checkbox"/> < \$25,000 <input type="checkbox"/> \$25,000-50,000 <input type="checkbox"/> > \$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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Federal Employer ID/Social Security Number:		
Minority-owned business:	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	Women-owned business: <input type="checkbox"/> Yes _____% <input type="checkbox"/> No

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:	Cost of project:	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 contract are covered by a worker’s compensation policy. Any employment or subcontract arrangement that leaves a worker unprotected is not acceptable under the terms of this contract.

The town reserves the right not to permit specific contractors to bid on projects on the basis of past or current performance in the Town’s program contracts.

Return this form to: Community Development, Wareham Town Hall, 54 Marion Road, Wareham, MA 02571