Dear Contractor,

Thank you for your interest in doing business with Better Housing Coalition (BHC). In order to pre-qualify to receive bid packages and contracting opportunities from BHC, please complete the below forms.

BHC is the Richmond region’s largest nonprofit community development corporation. We create high-quality homes for residents of modest means and empower them with programs and tools to help them reach their fullest potential, at all stages of life. It is our mission to change lives and transform communities through high-quality affordable housing.

To receive a contract award, you must hold a Class A Contractors License for new construction projects, or a Class B License for rehabilitation projects. Please deliver the original completed forms via mail, e-mail, or hand delivery to our offices.

Attn: Phil Cunningham

Better Housing Coalition

23 W. Broad St. Suite 100

Richmond, VA 23220

**INSURANCE REQUIREMENTS**

1. The General Contractor and Subcontractors must maintain the insurance requirements for the duration of this contract as set forth in the General Conditions and below:
2. **Commercial General Liability**
3. Form: 1986 Occurrence
4. Minimum Limit: $2,000,000 Aggregate Limit

$1,000,000 Products/completed operations aggregate

$1,000,000 Personal & advertising injury

$1,000,000 Each Occurrence

$50,000 Fire Damage

$5,000 Medical Expenses

No deductible or Retention

OCP - Owners and Contractors Protective

XCU – explosive, collapse, and underground

1. **Worker’s Compensation**
2. Limits:
3. Worker’s Compensation – Statutory
4. Employer’s Liability
5. $1,000,000 Each Associate
6. $500,000 Disease – Policy
7. $100,000 Disease – Each Employee
8. **Automobile / Hired and Non-Owned Liability**

a. Limit: $1,000,000 per accident Combined Single Limit (CSL).

## **CONTRACTOR QUALIFICATIONS & REFERENCES**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name: |  | | | | | | | | | |
| Mailing Address: |  | | | | | | | | | |
| Phone Number: | Office | | |  | |  |  | Mobile | |  |
| Contractor Taxpayer ID or SSN: |  | | | | | | | | | |
| Type of Organization | Individual | | | |  | Partnership |  | Corporation |  | |
| Individuals authorized to execute documents for the organization | | | | | | | | | | |
| Name & Title: |  | | | | | | | | | |
| Residential Address: |  | | | | | | | | | |
| Home Phone: |  | | | | | | | | | |
| SSN: |  | | | | | | | | | |
|  |  | | | | | | | | | |
| **VA State Class A Contractor License Number:** | | | | | | | | | | |
| Date Applicant began  General Contracting in Virginia: | | | | | |  | |  | | |
| Employees: | | Full-time: | | | | Part-time: | |  | | |
|  | |  | | | |  | |  | | |
| **Active or Recent Projects:** | | | | | |  | |  | | |
| Address: | | |  | | | Contract Amount: $ | |  | | |
| Owner: | | |  | | | Phone Number: | |  | | |
|  | | |  | | |  | |  | | |
| Address: | | |  | | | Contract Amount: $ | |  | | |
| Owner: | | |  | | | Phone Number: | |  | | |
|  | | |  | | |  | |  | | |
| Address: | | |  | | | Contract Amount: $ | |  | | |
| Owner: | | |  | | | Phone Number: | |  | | |
|  | | |  | | |  | |  | | |
| Insurance: | | |  | | |  | |  | | |
| Insurance Carrier: | | |  | | | Phone Number: | |  | | |
| Address: | | |  | | |  | |  | | |
|  | | |  | | |  | |  | | |

|  |  |  |
| --- | --- | --- |
| Suppliers (list at least two) |  |  |
| Supplier Company: |  | Phone Number: |
| Supplier Company: |  | Phone Number: |
| Supplier Company: |  | Phone Number: |

**Please identify all trades performed by your company**. RAH will assume that any unchecked trade will be performed by a sub-contractor.

General Contracting \_\_\_\_ Plumbing \_\_\_\_

Heating & Air Conditioning \_\_\_\_ Electrical \_\_\_\_

Carpentry \_\_\_\_ Siding \_\_\_\_

Gutters \_\_\_\_ Demolition \_\_\_\_

Painting \_\_\_\_ Drywall/Plastering \_\_\_\_

Trim \_\_\_\_ Masonry \_\_\_\_

Roofing \_\_\_\_ Fencing \_\_\_\_

Foundation \_\_\_\_ Landscaping \_\_\_\_

**Other trades performed by your company:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Proposed Subcontractors:** | |  |  | Sec3/MBE/WBE? |
| Mechanical: |  | Phone Number: |  |  |
| Electrical |  | Phone Number: |  |  |
| Plumbing |  | Phone Number: |  |  |
| Masonry |  | Phone Number: |  |  |
| Framing |  | Phone Number: |  |  |
| Roofing |  | Phone Number: |  |  |
| Siding |  | Phone Number: |  |  |
| Footings |  | Phone Number: |  |  |

**Attach current copies of (General Contractor only):**

|  |  |  |
| --- | --- | --- |
|  | Certificate of Liability Insurance |  |
|  | Certificate of Workman’s Compensation Insurance | |
|  | Virginia State Contractor’s License |  |
|  | Business License |  |
|  | Financial Statement/References | Most recent Annual Financial Statement |
|  | Brief History of Company |  |
|  | Statement of Capacity |  |
|  | Evidence of Section 3/Minority/Woman Business Enterprise (if applicable) | |

The undersigned applicant hereby authorizes any organization to furnish information requested by the Richmond Affordable Housing in verification of the above-listed information contained within the contractor’s application. I, the undersigned applicant do affirm that the foregoing statements are correct. Misrepresentation by the applicant may result in his/her disqualification for consideration of this and future projects.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

SEC 3 CERTIFICATION

W9 FORM