

**NEWBURYPORT HOUSING REHABILITATION PROGRAM
CONTRACTOR REGISTRATION FORM**

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Cell Phone: _____ Email: _____

Owner's Name: _____

Address (if different): _____

Number of employees: _____ Years in Business: _____

Corporation: ☐ Sole Proprietorship: ☐ Partnership: ☐

General types of work performed by company: _____

Average Job Size: ☐ \$0 - \$10,000 ☐ \$10,000 - \$25,000
☐ \$25,000 - \$50,000 ☐ over \$50,000

License #(s) and type: _____

Have you ever had your license revoked? Yes ☐ No ☐

Please explain: _____

Federal Employer I.D.# or Social Security #: _____

Minority Owned Business: Yes ☐ No ☐

If yes, please explain: _____

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

Name	Address	Phone	Est. Project Cost
1.			
2.			
3.			

I certify that all the information in this statement is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____ Title: _____

*****Please attach copies of current licenses and proof of insurance.*****

Please note that Contractors will not be awarded contracts by the Program until evidence of appropriate licenses, Contractor Registration Form, and a Certificate of Insurance are provided. The following insurance is required: Public Liability & 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 his/her employees engaged in work under this contract and in case any such work is sublet, the General Contractor shall ensure that the sub-contractor 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 engaged in work under this contract are covered by a Workers Compensation Policy and any employment or subcontract arrangement which leaves a worker unprotected is not acceptable under the terms of this contract. General Contractors who are sole proprietors and cannot purchase or obtain Worker's Compensation coverage for themselves individually are the sole exemption of this policy.