

IF IT'S BROKE, FIX IT

AHIP Home Repair Nonprofit
 2127 Berkmar Drive,
 Charlottesville, VA 22901
 434.817.2447
 434.973.3730
www.ahipva.org
 E-mail info@ahipva.org

Contractor Qualification Statement

PLEASE NOTE:

All questions must be answered in full. Additional sheets for clarification of answers or additional information may be attached.

Subcontractors **must** have a current Certificate of Insurance on file in order to be included on the bidding list, and all contractors, GENERAL CONTRACTOR, and subcontractors (by GENERAL CONTRACTOR and/or AHIP) shall carry a general liability and workers' compensation insurance policy during the construction period and term of the contract protecting the OWNER. As stated below:

➤ General Liability:	➤ Workers' Compensation
<input type="checkbox"/> 1,000,000 Each occurrence	<input type="checkbox"/> 1,000,000 Accident (each accident)
<input type="checkbox"/> 1,000,000 Fire Damage (any one fire)	<input type="checkbox"/> 5,000,000 Disease (policy limit)
<input type="checkbox"/> 5,000 Med Exp (any one person)	<input type="checkbox"/> 1,000,000 (each employee)
<input type="checkbox"/> 1,000,000 Personal & Adv Injury	
<input type="checkbox"/> 2,000,000 General Aggregate	
<input type="checkbox"/> 2,000,000 Products- Comp/op Agg	

The subcontractor's policy shall:

1. Provide 30 days advance written notice to the Contractor for any material change in coverage, cancellation, or nonrenewal of insurance.
2. Name the Contractor as an additional insured.
3. Include ISO endorsement CG 20 10 so that any insurance maintained by the Contractor shall be excess and noncontributory.
4. Include completed operations.

COMPANY INFORMATION	
Company Name: _____	
Owner: _____	
Principal Officer: _____	
Company Address: _____ _____	
Office Phone # (_____) _____	FAX# (_____) _____
Mobile # (_____) _____	E-Mail _____
Date company was organized: _____	
Federal Tax Identification Number: _____	
Circle your answers: Are you a sole proprietor? Yes No Section 3/Minority/Female Owned? Yes No	

IF IT'S BROKE, FIX IT

AHIP Home Repair Nonprofit
2127 Berkmar Drive,
Charlottesville, VA 22901
434.817.2447
434.973.3730
www.ahipva.org
E-mail info@ahipva.org

Please provide a general description of your company's trade experience and key personnel.

VIRGINIA CONTRACTORS BOARD INFORMATION

Is your company required to have a contractor's license by the Virginia Department of Professional and Occupational Regulations (DPOR)?

Yes _____ No _____

If Yes, please supply the following:

Contractor License Number: _____

Expiration Date: _____

Number of Years Licensed: _____

Classification: (A, B, C, or other) _____

Registered Trades: (BLD, ELE, PLB, etc.) _____

Is your company and/or are you on any list of debarred contractors maintained by the U.S. Department of Labor, the U.S. Department of Housing and Urban Development, or the Virginia Department of Highways?

Yes _____ No _____

Have there been any contracts awarded to your company or you in which you failed to complete or the contract was defaulted? If so, please describe the circumstances; with whom you were contracted, the date of the contract, and reasons why the contract was not completed or was defaulted.

EPA RENOVATION REPAIR PAINT CERTIFICATION

Certified Firm Certificate #: _____ Expiration Date: _____

Certified Renovator Certificate #: _____ Expiration Date: _____

Note: Please provide copies of your certificates for our files.

LOCAL LICENSE INFORMATION

Please list the county or city in which you are licensed:

License Account #: _____

Expiration Date: _____

IF IT'S BROKE, FIX IT

AHIP Home Repair Nonprofit
2127 Berkmar Drive,
Charlottesville, VA 22901
434.817.2447
434.973.3730
www.ahipva.org
E-mail info@ahipva.org

REFERENCES (if requested by AHIP)

List three of the most recent contracts you have completed or are currently working on. List the owner with address and phone number, the nature of the work, and the cost of the job.

1. _____

Job Started _____ Job Completed _____

2. _____

Job Started _____ Job Completed _____

3. _____

Job Started _____ Job Completed _____

The undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by Albemarle Housing Improvement Program, Inc. (AHIP) in verification of the recitals comprising this Contractor Qualification Statement.

Company Name: _____

Signature of Representative: _____

Title of Representative: _____

Date of Signature: _____