

NEW CONTRACTOR FORM

COMPANY NAME _____

ADDRESS: _____

PHONE: (____) _____ FAX: (____) _____

S.S. # OR BUSINESS ID # _____ **W-9 MUST BE ATTACHED**

CONTACT PERSON: _____

EMERGENCY PHONE: _____ HOURS OF AVAILABILITY: _____

IS YOUR COMPANY OWNED/MANAGED BY 51% OR MORE:

a) _____ WHITE _____ BLACK _____ AMERICAN INDIAN/ALASKAN NATIVE
_____ ASIAN/PACIFIC ISLANDER _____ OTHER

b.) _____ HISPANIC _____ NON-HISPANIC

c.) _____ MALE _____ FEMALE

NUMBER OF YEARS IN BUSINESS: _____

NUMBER OF QUALIFIED TECHNICIANS EMPLOYED: _____

NUMBER OF SERVICE VEHICLES AND TOOLS: _____

BUSINESS EXPERIENCE: (list company name, address, and phone number as well as contact person. If you did work as a sub-contractor under a prime contractor please list the complete information on the prime contractor.) Please complete this section in detail, it is our best method of checking your past performance.

1. Have you ever entered into a contract with this agency? If so, please list contract number, when, and the project number.

Other references:

2. _____

3. _____

4. _____

❖ Prior to commencing work all contractors must provide HASLC with a Certificate of Liability Insurance showing the following Insurance is in force:

- a) Commercial General Liability with no less than \$1,000,000 per occurrence.
- b) Automobile Liability with no less than \$1,000,000.00 per occurrence.
- c) Workers Compensation