The Defiance, Fulton, Henry, Paulding and Williams County Land Banks have teamed together to create an efficient and time effective pre-qualification process for demolition & asbestos services contractors. To quote and bid demo/asbestos services, interested companies must become pre-qualified. While pre-applications will be accepted and graded on a rolling basis, we encourage your submission of the completed forms to be as soon as possible. This will allow us to roll out the bid process for the Ohio Department of Development's Revitalization Demolition Program quickly.

These forms should be submitted to Estee Miller at Maumee Valley Planning Organization (MVPO) via **email:** <u>demo@mvpo.org</u> **or mail:** Maumee Valley Planning Org. Attn: Estee Miller 1300 E Second St. Suite 200, Defiance, OH 43512

The Defiance, Fulton, Henry, Paulding and Williams County Land Banks emphasize the importance of craftsmanship and quality materials in the performance of work. This emphasis requires a certain level of skill and experience on the part of the Contractor. Consequently, the land banks have established a pre-qualification procedure for Contractors in the respective trades. Contracts for work are awarded only to pre-qualified Contractors.

**INSTRUCTIONS**: In order to apply for qualification, the Contractor must:

Complete this Contractor's Pre-qualification Application in its entirety and submit to MVPO
Agree to provide equal employment opportunities, as evidenced by Contractor's signature on
the Equal Employment Opportunity Employment Statement
Submit or have agent submit a Certificate of Insurance, confirming the insurance required
Contractor's Warranty Statement
Submit a copy of Articles of Incorporation/Organization or Name Registration
Submit a completed W-9 Tax Form
Submit a copy of Worker's Compensation Certificate
If applicable, submit copies of DBE/FBE/MBE designation letters

The land banks reserve the right to require additional information, including a financial statement from contractors as a necessary prerequisite to the pre-qualification. Once we have reviewed your completed application and other submittals, we will contact you regarding further steps in our pre-qualification process. Your application will be kept on file for the duration of the grant cycle.

Thank you in advance for your cooperation and attention to details in completing this application.

Please note – if any of the information on this application is contained in a separate business portfolio/resume you are encouraged and welcome to submit those documents in lieu or in partnership with this application

#### 1) **COMPANY INFORMATION:**

Company Name	Application Date
Mailing Address	City, State, Zip
Physical Address	City, State, Zip
Email Address	Company Phone
Company Website	Company Fax
Principal Owner of Business (if more than one, ple	ease attach additional sheet):
Name	Position
Mailing Address	City, State, Zip
Email Address	Phone
Primary Contact (if different than Principal Owner	r):
Name	Position
Mailing Address	City, State, Zip
Email Address	Phone
Additional Contact (anyone else you would like to	receive information and updates about jobs):
Name	Position
Mailing Address	City, State, Zip
Fmail Address	Phone

2) ORGANIZATION:			
Sole Proprietorship			
Partnership			
Corporation/Limited Liabil	ity Company (LLC)		
Other/Specify			
Union	Non Union		
<b>Business Classifications</b> (pleas	se check all that apply):		
DBE (Disadvan	itaged Business Enterprise)		
MBE (Minority	Business Enterprise)		
WBE (Women	Owned Business Enterprise)		
SBE (Small Bus Other (please	siness Enterprise) specify):		
Other (please specify):			
Please provide demographic	information of the ownership of yo Male-Owned	our company (chec Woman-Owned	k all that apply
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White American Black American Hispanic American Native American Asian American Other:  ate Incorporated:  ow long have you operated under you ave you contracted under any other rave you or your company ever failed to ave you or your company ever default	Male-Owned  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  State I  wr present name?  names?  to complete work awarded to you?  ted on a contract?	Woman-Owned  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  moderated  Yes  Yes	No No
White American Black American Hispanic American Native American Asian American Other:	Male-Owned  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [	Woman-Owned  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  moderated  Yes  Yes  Yes	No No No

#### **Citation, Notice of Violation, or Litigation Information:**

been issued or	f citation, notice of violation, judgment, includin entered you or your company, in the last ten yo explain in summary.	g that which is the result of regulatory preceding ears, related to those services being proposed		
_				
3) AREAS	<b>OF SPECIALIZATION:</b> Non-subcontracted work	c. Check all that apply:		
	Debris/Trash Removal			
	Demolition			
	Demolition of multi-story buildings > 3	3 stories		
	Excavating			
	General Contracting			
		Landscaping Installation		
	Lawn Maintenance			
Tree Removal Asbestos Removal Asbestos Testing Recycling/Salvage/Deconstruction				
	Other (please specify):			
	<b>SES HELD</b> : Please describe the type of licenses yer. Feel free to submit additional documentation			
License:	Number:	Expiration Date:		
License:	Number:	Expiration Date:		
License:		Expiration Date:		
	<b>ENCES</b> : Please provide no fewer than three busi place within the last 12 months	ness references where contract performance has		
Name:	Company:	Phone:		
Name:	Company:			
Name:	Company:			

	6) PROJECT EXPERIENCE
	Please provide a brief history of your company and its experience. Attachments in lieu of filling the following out detailing experience and previous work are accepted and encouraged.
	Description and location of <b>largest</b> project:
	Description and location of <b>current</b> projects:
	Please provide a list of all equipment your company owns:
	Have you ever worked with Land Banks? If so, in which counties:
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#### **EQUAL EMPLOYMENT OPPORTUNITY STATEMENT**

This is to certify that the undersigned Contractor is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of race, color, religion, military status, national origin, disability, age, ancestry, familial status, sex, sexual orientation, or gender identity or expression. The Contractor shall ensure that applicants are employed and that the employees shall be treated during their employment without regard to their race, color, religion, military status, national origin, disability, age, ancestry, familial status, sex, sexual orientation, or gender identity or expression. Such action shall include, but not limited to employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through the Defiance, Fulton, Henry, Williams, and/or Paulding County Land Reutilization Corporations may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further contracts.

Authorized Signature of Contractor	Company Name	
	<u> </u>	
Print Name & Title	Date	

#### **CONTRACTOR MINIMUM INSURANCE COVERAGES**

Each Contractor, in order to become pre-qualified to perform work for the land banks, shall provide MVPO and the Land Banks with evidence of liability insurance. The Certificate of Insurance (CoI) to be submitted with the pre-qualification must show the minimum insurance coverages/basic requirements given below listed <u>by contractor category</u>. All of the land banks reserves the right to modify these insurance requirements as they see fit.

If your company enters into a contract with the land banks, the insurance must 1) have them named as an Additional Insured on the CoI, 2) provide evidence of a Waiver of Subrogation on the CoI in favor of all Additional Insureds with respect to losses arising out of or in connection with the work, and 3) any deductible or self-insured retention may not exceed \$5,000 per claim or occurrence.

Each Contractor shall be responsible for the verification of insurance coverage of subcontractor(s) in sufficient amounts and types to meet requirements outlined below prior to the start of any work.

#### **RENOVATION/CONSTRUCTION CONTRACTORS:**

- COMMERCIAL GENERAL LIABILITY COVERAGE as follows:
  - a. The following minimum limits of liability:

i. Each occurrence \$1,000,000
 ii. General liability aggregate \$2,000,000
 iii. Products/completed operations aggregate \$2,000,000
 iv. Personal and advertising injury \$1,000,000

- 2. BUSINESS AUTOMOTIVE/VEHICLE LIABILITY INSURANCE for vehicles owned, hired and non-owned (i.e. employee's personal vehicles used during work) with minimum coverage of \$1,000,000 each accident. If Contractor has no employees, the Contractor should submit evidence of a personal automobile policy with minimum coverage of at least \$100,000/person \$300,000/accident for bodily injury liability and \$100,000 property damage liability.
- 3. WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE as required by law with minimum limits:

a. Bodily injury caused by accident \$1,000,000b. Bodily injury caused by disease \$1,000,000

Provided however, if your company has no employees, the contractor/vendor should sign, in the presence of a notary, the form given on the last page of this form.

continued on next page

#### **DEMOLITION CONTRACTORS:**

Among other additional requirements, if your demolition company enters into a contract with one or multiple of the land banks, your company's insurance must have no limitation for coverage arising from explosion, collapse, or underground property damage.

- 1. COMMERCIAL GENERAL LIABILITY COVERAGE as follows:
  - a. The Certificate must indicate that coverage is for Business Classification Code 99986
  - b. The following minimum limits of liability:

i.	Each occurrence	\$1,000,000
ii.	General liability aggregate	\$2,000,000
iii.	Products/completed operations aggregate	\$2,000,000
iv.	Personal and advertising injury	\$1,000,000

- 2. BUSINESS AUTOMOTIVE/VEHICLE LIABILITY INSURANCE for vehicles owned, hired and non-owned (i.e. employee's personal vehicles used during work) with minimum coverage of \$1,000,000 each accident
- 3. WORKERS COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE as required by law with minimum limits:

a. Bodily injury caused by accident \$1,000,000b. Bodily injury caused by disease \$1,000,000

#### **CONTRACTOR'S WARRANTY**

This is to certify that the undersigned Contractor hereby warrants as follows:

- That all materials used in the performance of the work funded through the Defiance, Fulton,
   Henry, Paulding County Land Banks shall be free from defect,
- That all work performed and funded through the Defiance, Fulton, Henry, Paulding County Land Banks shall be free from defect of faculty workmanship,
- That the Contractor shall, at Contractors expense, replace any defective materials installed by Contractor and correct any faulty workmanship performed by Contractor, upon notice from the Defiance, Fulton, Henry, Paulding County Land Banks Staff at any time up to one (1) year from the date of the final payment to the contractor covering such work,
- That the Contractor will furnish the owner with all applicable manufacturer's and supplier's written guaranties
  - and warranties covering materials and equipment installed or constructed,
- That the warranty contained herein shall apply to all work performed by any subcontractor to the Contractor.

In the event of the Contractor's non-compliance with the non-discrimination certification, contracts for work through the Defiance, Fulton, Henry, Paulding County Land Banks Demo Program may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further Defiance, Fulton, Henry, Paulding, and Williams County Land Bank contracts.

Date	Authorized Signature of Contractor
Company	Please Print Name

### CONTRACTOR CERTIFICATION OF NON-APPLICABILITY OF OHIO WORKERS' COMPENSATION LAW

(to be signed and submitted <u>only</u> by contractors/vendors who do not have any employees)

Name of Contractor:	
through the Ohio Bureau of Workers' Compensa	d contractor does not carry workers' compensation insurance ation because: (i) has no employees, as that term is defined in an exempt employer under Ohio Workers' Compensation Law.
_	event the contractor becomes subject to the Ohio Workers' workers' compensation insurance as required by law, and (ii) alton, Henry, Paulding County Land Banks
(Signature)	
Print Name:	
Title:	
Date:	
State of Ohio ) ) ss:	
County of)	
The foregoing instrument was acknowledged before, 20,	
	Notary My Commission Expires: