

PORTAGE METROPOLITAN HOUSING AUTHORITY
CONTRACTOR'S APPLICATION FOR BID APPROVAL

Company Name: _____

Company Address: _____ Telephone Number _____

City: _____ State: _____ Zip: _____

Officers Authorized to Execute Documents: _____

Work Category Specialty: _____

(Concrete, Carpentry, etc.) _____

Number of Years in Existence: _____ Incorporated: _____

SSN: _____ FID#: _____

Type of Insurance Coverage: _____

Insurance Company: _____

Coverage Amounts: _____

Licensed ? _____ Bonded ? _____ Company: _____

Certificate Number: Electric _____ Plumbing _____ Other _____

Worker's Compensation Coverage: Yes ___ No ___ Expiration Date: _____

Suppliers and Addresses: _____

Bank References: _____

Business References: _____

(Banks, Clients, etc.) _____

Signature of Applicant

Date

Note: All contractors are required to furnish a certificate of insurance and a credit report prior to being approved to bid on rehabilitation work.

