

**CHECKLIST FOR CONTRACTOR'S SUBMISSION OF DOCUMENTS**

1. Contractor's Application ( )
2. Current State of Florida Contractors License issued by DBPR ( )
3. City/County Tax Receipt ( )
4. Contractor Local Registration ( )
5. Liability and Workers Compensation Insurance or Exemption ( )  
Minimum Coverages are:
  - a. Comprehensive General Liability - \$200,000/\$300,000 ( )
  - b. Automatic Liability Insurance - \$100,000/\$300,000 ( )
  - c. Construction Insurance/Builder's Risk ( )
  - d. Workers' Compensation & General Liability ( )
  - e. Automobile Liability \$300,000 Property Damage \$50,000 ( )
6. Corporate Resolution of Person Authorized to Execute Contract ( )
7. Sworn Statement Affidavit (if applicable) ( )
8. Certification for Compliance with City, County, State, Federal Laws and Regulations ( )
9. Three letters of reference ( )

**CITY OF TITUSVILLE  
NEIGHBORHOOD SERVICES  
CONTRACTOR APPLICATION**

1. GENERAL INFORMATION

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

IRS ID (FEIN) #: \_\_\_\_\_

Office Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web Page: \_\_\_\_\_

Name of Primary Contact to answer questions about this application

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Contact Phone #: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Are you a licensed contractor?    ☐ Yes                      ☐ No

Please list your license category and licensing entity:

\_\_\_\_\_

License Number(s): \_\_\_\_\_

What is your specialty? \_\_\_\_\_

Do you have any additional licenses? Specify trade and license number:

Trade \_\_\_\_\_ License # \_\_\_\_\_

Trade \_\_\_\_\_ License # \_\_\_\_\_

## 2. COMPANAY INFORMATION

Is your company a:

☐ Corporation      ☐ Partnership      ☐ Individual      ☐ Joint Venture  
☐ LLC      ☐ Other

IF CORPORATION, PLEASE ANSWER THE FOLLOWING:

A. Date Incorporated: \_\_\_\_\_

B. State Incorporated: \_\_\_\_\_

C. President's Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

D. Vice-President's Name: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

E. Secretary's Name: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

F. Treasurer's Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

IF INDIVIDUAL OR PARTNERSHIP, PLEASE ANSWER THE FOLLOWING:

A. Date Established: \_\_\_\_\_

B. Name/Address of all partners (State General or Limited Partnership)

\_\_\_\_\_  
 \_\_\_\_\_

IF OTHER THAN CORPORATION OR PARTNERSIP, DESCRIBE ORGANIZATION  
 AND PROVIDE NAME/ADDRESS OF PRINCIPALS:

\_\_\_\_\_  
 \_\_\_\_\_

How many years has your organization been in business under its present name? \_\_\_\_\_

Has your organization operated under any other name?      ☐ Yes      ☐ No

If yes, list name(s): \_\_\_\_\_

How many employees do you have? \_\_\_\_\_

Have you ever failed to complete any work awarded to your organization?

☐ Yes    ☐ No

If yes, provide the details. Please use separate sheet if necessary.

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Has any officer, partner, owner of your organization or joint venture participant ever been an Officer or Partner of another organization or owner or joint venture participant that failed to complete a construction contract?

☐ Yes      ☐ No

If yes, provide the details. State the name of individual, name of other organization. Please use separate sheet if necessary.

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Have you or any officer, partner, or owner of your company or joint venture participant ever failed to complete any construction contract handled in his own name? If so, state name of individual, name of owner and reason therefore.

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Have you or any officer, partner, or owner of your company ever been suspended, or denied participation in a federally funded contract or any construction project?

☐ Yes    ☐ No

If yes, provide the details. Please use separate sheet if necessary.

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Have you or any officer or partner of your company ever filed for Bankruptcy? \_\_\_\_ Yes \_\_\_\_ No

If yes, please provide date of dismissal \_\_\_\_\_

Are you:

Minority Owned Business (MBE) \_\_\_\_ Yes \_\_\_\_ No

A MBE is defined as a business concern that is at least 51% owned by one or more individuals who are African American, Hispanic American, Native American, Asian-Pacific American or Asian-Indian American; and whose management and daily business operations are controlled by one or more of these owners.

Woman Owned Business (WBE) \_\_\_\_ Yes \_\_\_\_ No

A WBE is defined as a business concern that is at least 51% owned by one or more women and whose management and daily business operations are controlled by one or more of these owners.

### 3. REFERENCES

How many years' experience in residential new construction work has your organization had as a contractor? \_\_\_\_\_ As a subcontractor? \_\_\_\_\_

How many years' experience in residential remodeling or rehabilitation work has your organization had as a contractor? \_\_\_\_\_ As a subcontractor? \_\_\_\_\_

Have you ever performed any work for the City of Titusville? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

List below the requested information concerning projects your organization has completed in the last five (5) years (use additional sheets if necessary) for residential construction or rehabilitation contracts:

Contract Amount	Project Title	Completion Date	Name/Address/ Tel # of Owner

Please provide up to three references for residential construction/rehabilitation underway:

Name	Ph or Email	Address

Please provide three references for prior residential construction/rehabilitation jobs:

Client Name	Phone or Email	Address	Job Date

Has your company been in disputes or litigations in the last five (5) years over construction projects, which are completed or still pending for completion? If so, describe the nature of the disputes or litigations and state the Owner's Name, Address, Telephone, and amount of disputes or litigations.


List of suppliers and address:

a.	<div>Name</div> <div>Address</div>	<div>Phone number</div> <div>Years acquainted</div>
b.	<div>Name</div> <div>Address</div>	<div>Phone number</div> <div>Years acquainted</div>
c.	<div>Name</div> <div>Address</div>	<div>Phone number</div> <div>Years acquainted</div>

Bank References:

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#### 4. CONFLICT OF INTEREST

Are you related to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the City of Titusville?      ☐ Yes      ☐ No

If yes, please disclose your relationships:

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#### 5. CONDITIONS AND CERTIFICATION

Will you, upon request, fill out a detailed financial statement and furnish any other information that may be required?      ☐ Yes      ☐ No

In consideration of being placed upon the “Active Contractor List,” the undersigned contracting firm will comply with the following conditions on all construction/rehabilitation work performed and agrees:

- a. To use only contract forms approved by the program.
- b. That work will be performed in accordance with the standards established by the program, the Florida Building Code, and City and/or County codes.
- c. That if work performed by the contractor is found to be unsatisfactory or if contract relations between the contractor, homeowner, or other parties are found to be unsatisfactory, the Department may temporarily or permanently remove the contractor’s name from the “Active Contractor List.”
- d. That adequate public liability and workers’ compensation insurance will be provided as follows:
  1. Workers’ compensation insurance as required by Chapter 440, Florida Statutes.
  2. Public liability insurance on a comprehensive basis in an amount not less than \$300,000 combined single limit bodily injury and property damage. Policy shall be endorsed to include the City of Titusville as an additional insured.
  3. Automobile liability insurance covering all owned, and non-owned and hired vehicles used in connection with the work in an amount not less than \$100,00 combined single limit for bodily injury and property damaged combined.

The public liability insurance as required in paragraph (b) above shall include those classifications, as listed in standard liability insurance manuals, which are applicable to the operations of the contractor in the performance of the work. The insurance policy required above shall be issued with companies authorized to do business under the law of the State of Florida. They shall have a general policy holders rating of “A” or better and financial rating of no less than C+ as reported by Best’s Key Rating Guide, published by A.M. Best Company, latest edition.

- e. That the contractor will abide by Equal Opportunity laws of the Civil Rights Act and all other applicable City, Federal, State, and County laws and regulations.

I certify that the information provided on this application is true as completed and authorize the City/Department to verify the information listed herein.

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

STATE OF FLORIDA  
COUNTY OF

\_\_\_\_\_, being duly sworn deposes and says that  
he/she is \_\_\_\_\_, of \_\_\_\_\_, and all statements  
therein contained are true and correct.

Sworn, to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_ who has produced photo identification  
\_\_\_\_\_ or who is personally known to me and who did/did  
not take an oath.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires



## AUTHORIZATION TO RELEASE CREDIT INFORMATION

This is authorization for the City of Titusville to verify previous or current credit information. The undersigned specifically acknowledges that: 1) verification or re-verification of any information contained in this application may be made by the City from any source named in this application including banks, credit unions, a credit reporting agency and other sources not specifically identified here; and 2) the City may make copies of this letter for distribution to any party with which I (we) have a financial or credit relationship and that any party may treat such copy, including a faxed or scanned/emailed copy, as an original.

Please complete all information below:

Federal Tax ID #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number if business is sole proprietorship: \_\_\_\_\_

Company Name: \_\_\_\_\_

List any D/B/A's: \_\_\_\_\_

Business Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Check one: \_\_\_\_\_ Corporation    \_\_\_\_\_ Partnership    \_\_\_\_\_ Sole Proprietorship    \_\_\_\_\_ LLC

Date Incorporated: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Account Number: \_\_\_\_\_

Credit References: \_\_\_\_\_(Business Suppliers)

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Authorized Office