

**Vinton County Commissioners
Demolition Contractor Application**

Company Information

Company Name _____	Owner Name: _____, Title _____
Address: _____	Owner Name: _____, Title _____
City: _____	
State: _____ Zip: _____	
Phone: _____	
Fax: _____	
Email: _____	
EIN or SSN _____	D.U.N.S Number _____

Company Type		
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC	
<i>Select Only One</i>		

Insurance Information

Commercial Liability Coverage Do you have the minimum coverages described below? Yes _____ No _____
Contractor's Public Liability Insurance providing a limit of not less than \$500,000 for all damages arising out of bodily injuries, including accidental death to one person and a total limit of \$1,000,000 for all damages arising out of bodily injuries, including accidental death, to two or more persons in any one occurrence. Contractor's Property Damage Liability Insurance providing for a limit on not less than \$500,000 for all damages to or destruction of property.

Insurance Company: _____	Phone # _____
Name of Insurance Agent: _____	Fax # _____

Attach a current insurance certificate listing Vinton County Commissioners as the Certificate Holder

Worker's Compensation Coverage BWC Policy Number _____

Attach a current Certificate of Ohio's Worker's Compensation

Certifications and Policies Information

Does your company have a written equal employment opportunity policy, which complies with Federal Regulations?
Yes _____ No _____

Does your company have a written Drug Free Workplace Policy? Yes _____ No _____

Is the owner and company current on their property taxes? Yes _____ No _____

Attach a copy of each of your written policies to this application

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General Information

Years of Experience as a contractor (Owner/s Only) _____ How many people are employed _____

How many \$15,000.00 to \$40,000.00 projects can you fund, staff, and manage at one time? _____

Have you ever defaulted on a contract? Yes _____ No _____. If yes, explain _____

Have you ever had a judgement filed against you for failure to pay material suppliers ore subcontractors?

Yes _____ No _____, if yes, explain _____

To your knowledge, are you included on any Federal or State list of ineligible contractors? Yes _____ No _____

Provide a description of the largest job you have done _____

Dollar Amount of the job described above \$ _____

Circle your typical annual gross volume of contracted work \$0.00 - \$25,000.00 \$25,000.000 - \$50,000.00

\$50,000.00 - \$100,000.00 \$100,000.00 - \$200,000.00 Over \$200,000.00

References

Recent Projects Completed (Local projects are preferred)

Owner's Name _____ Phone _____ Fax _____

Address _____

Description of work _____

_____ Contract Amount _____

Owner's Name _____ Phone _____ Fax _____

Address _____

Description of work _____

_____ Contract Amount _____

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References continued:

Owner's Name _____ Phone _____ Fax _____

Address _____

Description of work _____

_____ Contract Amount _____

Certification and Consent

I certify that all of the information contained in this application is true and complete to the best of my knowledge. I understand that the information provided is subject to verification. I also understand that any false or fraudulent statements may result in my companies indefinite removal from the program and may result in my company being placed in the Federal debarred contractor list. Further, by signing this application I certify that I am authorized to submit this application and agree to the terms contained within. I also give my consent to contact any of the above named parties to verify any of the information provided in this application.

Signature and Title

Date

Verification by Agency Staff