

# Contractor Bidder's List Application

Terrebonne Parish Consolidated Government  
Department of Housing & Human Services  
Community Development Division  
Housing Rehabilitation Program

Business Name \_\_\_\_\_

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

Business Phone \_\_\_\_\_

## Officers authorized to conduct business and execute documents:

Name	Email	Home Phone	Cell Phone
Address			
<b>Please Circle:</b>			
<b>Gender</b> Male---Female	<b>Race</b> Black---White---Native American---Asian---Other _____		<b>Ethnicity</b> Hispanic---Non Hispanic

Name	Email	Home Phone	Cell Phone
Address			
<b>Please Circle:</b>			
<b>Gender</b> Male---Female	<b>Race</b> Black---White---Native American---Asian---Other _____		<b>Ethnicity</b> Hispanic---Non Hispanic

How long has company been in business? \_\_\_\_\_

Name of insurance company (ies) \_\_\_\_\_

LA Residential Contractor's License Number \_\_\_\_\_

Louisiana Home Improvement License Number \_\_\_\_\_

Other Louisiana Specialty License Number \_\_\_\_\_  
Plumbing, Electrical, HVAC, etc.

Has any officer been convicted of violating federal, state or local laws in the course of discharging duties as a contractor? No Yes If yes, please explain

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Has any officer been debarred from participating as a contractor in any federal, state or local housing program? No Yes If yes, please explain

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List material suppliers:

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Please provide the name address and phone number of three customers that can provide information regarding performance, quality and general business practices of your company.

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Business References (loan officer, vendor, colleague, etc.)

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Financial Institution:

Checking: \_\_\_\_\_  
(Name of financial institution)

Savings: \_\_\_\_\_  
(Name of financial institution)

**The following information must be submitted with your application. Applications without the attached items will be considered incomplete until all documentation is received.**

Sole Proprietorship or Partnership

- Name, address, and phone number of principal owner(s)
- A current copy of your company's Louisiana Contractor or Home Improvement License
- Proof of Workman's Compensation, Comprehensive General Liability, and Business Automobile Liability Insurance that meet the requirements listed below.

Corporation

- Articles of Incorporation
- Name, address, and phone number of majority stockholders
- Name, address, and phone number of corporate officers
- Resolution authorizing corporation to apply and perform rehabilitation work
- A current copy of your company's Louisiana Contractor or Home Improvement License
- Proof of Workman's Compensation, Commercial General Liability, and Automobile Liability Insurance that meet the requirements listed below.

TPCG Insurance Requirements

1. Commercial General Liability (minimum of \$500,000.00)
2. Automobile Liability (minimum of \$250,000.00)
  - Any auto
  - Owned
  - Hired
  - Non-owned
3. Standard Louisiana Worker's Compensation and Employer's Liability
  - Waiver of Subrogation

***All certificates of insurance must include a 30-day notice of cancellation and list Terrebonne Parish Consolidated Government as additional insured.***

Contractor Performance Expectations

Contractors performing work for TPCG are expected to display professional behavior at all times and are subject to removal from the Contractor Bidder's list under the following circumstances:

1. Contractor does not possess a current, valid license appropriate for trade;
2. Contractor does not possess required insurance;
3. The contractor's performance was determined to be unacceptable for any of the following reasons:
  - Project not completed in the required timeframe;
  - Quality of workmanship was determined to be below standard;
  - Contractor did not maintain nor provide necessary and accurate documentation including, but not limited to, permits, warranties, etc.
  - Contractor did not treat client or TPCG personnel in a professional manner;
  - Contractor does not maintain an acceptable performance rating; and
  - Contractor fails three (3) times to attend bid letting when invited during any six month period.

Signature and Understanding

The undersigned hereby acknowledges that any misrepresentation as to the above information can result in disqualification from consideration as a contractor in the program and herewith authorizes TPCG to contact any of the above listed entities and/or individuals as deemed necessary for the purposes of qualifying the contractor herein identified.

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Officer

\_\_\_\_\_  
Date

<b>For TPCG Use Only</b>				
<input type="checkbox"/> Contractor's License	<input type="checkbox"/> Insurance	<input type="checkbox"/> Federal Debarment	<input type="checkbox"/> Accepted	<input type="checkbox"/> Declined
Staff Signature/Date _____				