



Contractor Information Form

1 GENERAL CONTRACTOR INFORMATION

Name _____ Date _____
Address _____ Phone _____
Cell _____ City _____
State _____ Zip _____

2 ORGANIZATION

☐ Sole Proprietor: Owner's name _____
☐ Partnership: partner's name _____
☐ Corporation: Company Name _____
☐ OTHER: Specify _____
☐ Union _____
☐ Non-Union _____

BUSINESS CLASSIFICATION (CHECK ALL THAT APPLY)

☐ DBE Disadvantaged Business Enterprise
☐ MBE Minority Business Enterprise
☐ WBE Women-Owned Business Enterprise
☐ SBE Small Business Enterprise
☐ VBE Veteran Business Enterprise
☐ Other, Specify _____

When business began _____ Where _____

How long contracting under present name _____

Have you contracted under any other name(s)? Yes ☐ No ☐ If yes, explain: _____

Have you ever failed to complete work awarded to you? Yes ☐ No ☐ If yes, explain: _____

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

Are you licensed to operate in New York State? Yes ☐ No ☐

3 MEMBERSHIP/LICENSING

Is your organization a member of a home builder association? Yes ☐ No ☐

If yes, name of association and member #:

List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.

4 AREAS OF SPECIALIZATION (Non-subcontracted work)

<input type="checkbox"/>	Abatement	Lead <input type="checkbox"/>	Asbestos <input type="checkbox"/>
<input type="checkbox"/>	Board-up and Security		
<input type="checkbox"/>	Carpentry		
<input type="checkbox"/>	Cleaning		
<input type="checkbox"/>	Demolition		
<input type="checkbox"/>	Electrical		
<input type="checkbox"/>	Excavating/ Landscape		
<input type="checkbox"/>	Floor Covering		
<input type="checkbox"/>	Garage Doors		
<input type="checkbox"/>	General Contracting		
<input type="checkbox"/>	Insulation/ Weather Stripping		
<input type="checkbox"/>	Masonry		
<input type="checkbox"/>	Mechanical (HVAC) Specify:	_____	
<input type="checkbox"/>	Painting		
<input type="checkbox"/>	Pest Control		
<input type="checkbox"/>	Plaster Dry Wall		
<input type="checkbox"/>	Plumbing		
<input type="checkbox"/>	Roofing	Gutters & Downspouts <input type="checkbox"/>	
<input type="checkbox"/>	Siding		
<input type="checkbox"/>	Water Heating/ Conditioning		
<input type="checkbox"/>	Waterproofing	Kitchen/Bath <input type="checkbox"/>	Masonry/Brick <input type="checkbox"/>
<input type="checkbox"/>	Windows		
<input type="checkbox"/>	Yard Maintenance		
<input type="checkbox"/>	Other:	_____	

5 EXPERIENCE

List Most Recent Projects Completed

Type of Work	Location	Cost	Time to Complete
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

6 REFERENCES

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

7 LITIGATION INFORMATION

Has any kind of judgment been brought against you, in the last ten years, related to services you plan to provide? Please explain _____

a. Has the contractor defaulted on a real estate obligation? If so, please explain.

b. Has the contractor been delinquent on a commercial or housing development debt? If so, please explain.

c. Has the contractor declared bankruptcy or made compromised settlements with creditors? If so, please explain.

8 INSURANCE INFORMATION Note: Certificate of Insurance to be provided by Agent

Insurance Company _____ Phone number _____

Address _____

Liability Insurance Policy Number _____ Expiration Date _____

Auto Insurance Policy Number _____ Expiration Date _____

9 I hereby certify that the information provided is accurate and complete, to the best of my knowledge.

Date

Signature of Contractor

Company

Please print name

Please return completed form to:

Livingston County Land Bank Corporation
Angela Ellis, Executive Director
6 Court Street, Room 305
Geneseo, New York 14454

Phone: 585-243-7550

Email: AEllis@co.livingston.ny.us

