



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)

Abatement Lead **Asbestos**
 Board-up and Security
 Carpentry
 Cleaning
 Demolition
 Electrical
 Excavating/ Landscape
 Floor Covering
 Garage Doors
 General Contracting
 Insulation/ Weather Stripping
 Masonry
 Mechanical (HVAC) Specify: _____
 Painting
 Pest Control
 Plaster Dry Wall
 Plumbing
 Roofing Gutters & Downspouts
 Siding
 Water Heating/ Conditioning
 Waterproofing Kitchen/Bath **Masonry/Brick**
 Windows
 Yard Maintenance
 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
Joseph Gunther, Program Specialist
6 Court Street, Room 305
Geneseo, New York 14454

Phone: 585-243-7563

Email: JGunther@co.livingston.ny.us

