



QUALIFIED CONTRACTOR APPLICATION

**NOTE: YOU MUST HAVE A LICENSE AND CERTIFICATES OF INSURANCE
TO BE CONSIDERED FOR REGISTRATION.**

Date: _____

Business Name: _____

Owner (s): _____

Authorized Agent (s): _____

Business Address: _____

Phone No. _____

Type of Business: _____ Corporation _____ Proprietorship _____ Partnership

1. Describe Trades and types of Construction in which your company has current capacity to perform (check those that apply):

___ Siding ___ Electrical ___ Masonry ___ Painting

___ Plumbing/heating ___ Roofing ___ Other, describe: _____

2. Do you have "Scattered Site Substantial Rehabilitation" experience? ___ Yes ___ No

3. Number of years your company has been in business: _____

**4. Company Name: Have the principals (owner/owners) of the
Company had construction businesses under other names?**

___ Yes ___ No. If yes, list the following information:

Company Name(s) Address(s) Date(s)

a. _____

b. _____

c. _____

5. How many employees does your company have? _____

6. What is your NJ DCA Registration No. _____

7. Give this reference information for your clients with whom you have jobs

Currently in progress (list three if possible):

Current Client Name	Phone no.	Dollar value	% Complete
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Give reference information for completed jobs (list three)

Past Client Name	Phone no.	Dollar value
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Please indicate by checking off the spaces below that your firms insurance coverage equals or exceeds the following minimum requirements in each category:

Insurance Carried (x)	Occurrence Aggregate
___ General Liability	\$1,000,000 /\$2,000,000
___ Bodily Injury, including Death	\$1, 000,000/\$2,000,000
___ Property Damage	\$100,000/\$200,000
___ Automobile:	\$100,000/\$200,000

Do you carry workman's compensation insurance: ___yes ___no

IF ANY OF THE ABOVE INSURANCE IS NOT CARRIED, YOU WILL NOT BE CONSIDERED FOR REGISTRATION UNTIL YOU OBTAIN INSURANCE.

List the following information about your insurance company (ies)

Company	Contact Person	Phone Number
_____	_____	_____
_____	_____	_____

ATTACHMENTS: The following documents must be attached to the application or mailed separately.

Current license (s)

Current liability and automobile insurance certificate

Current workman’s compensation certificate

Company’s “Federal Tax Returns” for the last two years

If the current certificates of insurance are not attached, they should be mailed, faxed or emailed to the following address by the Insurance Company:

**The Heart of Camden Inc.
1840 Broadway
Camden N.J. 08104
ATTN: Philip Nippins
Fax Number: (856-966-0236)
pnippins@heartofcamden.org**

Firm Name

Authorized Signature

Title

Social Security Number _____ , or **Federal I.D. Number** _____