CUYAHOGA COUNTY LAND REUTILIZATION CORPORATION (CCLRC)
Contractor Pre-Qualification Application

The CCLRC emphasizes the importance of craftsmanship and quality materials in the performance of work. This emphasis requires a certain level of skill and experience on the part of the Contractor. Consequently, the CCLRC has established a pre-qualification procedure for Contractors in the respective trades. Contracts for work are awarded only to pre-qualified Contractors.

INSTRUCTIONS: In order to apply for qualification, the Contractor must:

☐ Complete this Contractor’s Pre-qualification Application in its entirety and submit it to the CCLRC

☐ Agree to provide equal employment opportunities, as evidenced by Contractor’s signature on the Equal Opportunity Employment statement (page 6 of this application)

☐ Agree to warranty all work to be performed under Renovation Program contracts, as evidenced by Contractor’s signature on the Contractors Warranty (page 11 of this application)

☐ Submit or have agent submit a Certificate of Insurance, confirming the insurance required by the program (pp. 7-9)

☐ Submit a copy of Articles of Incorporation/Organization or Name Registration as filed with the Ohio Secretary of State

☐ Submit a completed W-9 Tax Form

☐ Submit copy of Worker’s Compensation Certificate (page 12 of this application)

☐ If applicable, submit copies of DBE/FBE/MBE designation letters

☐ If applicable, submit copy of current license from the Ohio EPA to perform asbestos-related activities

☐ If applicable, submit proof of certification from the Ohio Dept. of Health to perform lead-based paint activities

The CCLRC reserves the right to require additional information, including a financial statement from contractors, as a necessary prerequisite to pre-qualification.

Once we have reviewed your completed application and other required submittals, we will contact you regarding further steps in our pre-qualification process. Submitting this application does not mean that you are pre-qualified and does not guarantee that you services will be ever be requested by the CCLRC. Your application with be kept on file for two years.

Thank you in advance for your cooperation and attention to thoroughness in completing this application.
CUYAHOGA COUNTY LAND REUTILIZATION CORPORATION

Contractor Pre-Qualification Application

1) CONTRACTOR INFORMATION:

Company Name: __________________________________________________________

Application Date: ________________________________

Federal Tax ID Number____________________________________________________

Company Address __________________________________________________________________________

City, State, Zip __________________________________________________________________________

Company Phone __________________________ Email Address __________________________

Company Fax __________________________ Website __________________________

Yard/Shop Address __________________________________________________________________________

City, State, Zip __________________________________________________________________________

Principal Owner of Business (if more than one, please attach additional sheet):

Name __________________________ Position/Title __________________________

Address __________________________________________________________________________

City, State, Zip __________________________________________________________________________

Phone __________________________ Email Address __________________________

Primary Contact (if different from Principal Owner):

Name __________________________ Position/Title __________________________

Address __________________________________________________________________________

City, State, Zip __________________________________________________________________________

Phone __________________________ Email Address __________________________

Please check the appropriate box for services your firm is qualified to provide to the CCLRC:

[ ] Title, Escrow, Appraisal
[ ] Rehabilitation
[ ] New Construction
[ ] Board Up and Security
[ ] Debris/Trash Removal
[ ] Landscaping installation
[ ] Lawn Maintenance
[ ] Asbestos Survey
[ ] Asbestos Abatement
[ ] Demolition
[ ] Other __________________________
2) ORGANIZATION (Please check which type of organization):

_____ Sole Proprietorship

_____ Partnership

_____ Corporation/Limited Liability Company (LLC)

_____ Other/Specify __________________________

_____ Union   _____ Non-Union

Business Classifications (Please check all that apply):

_____ DBE (Disadvantaged Business Enterprise)

_____ MBE (Minority Business Enterprise)

_____ WBE (Women-Owned Business Enterprise)

_____ SBE (Small Business Enterprise)

_____ Other (Classification Please List) __________________________

Please provide demographic information of the ownership of your company (Check all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Male-Owned</th>
<th>Woman-Owned</th>
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<tbody>
<tr>
<td>White American</td>
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<td>Black American</td>
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<td>Hispanic American</td>
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<td>Asian American</td>
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<tr>
<td>Other</td>
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Date incorporated/organized? __________________________ State in which incorporated/organized? __________________________

How long operating under present name? _____________________________________________________________________

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

________________________________________________________

Have you or your company ever failed to complete work awarded to you? _____ Yes _____ No If yes, explain _____________________________________________________________________

________________________________________________________

Have you or your company ever defaulted on a contract? _____ Yes _____ No If yes, explain __________________________

________________________________________________________

Are you or your company currently listed as an ineligible contractor by the U.S. Department of Housing & Urban Development?

_____ Yes _____ No If yes, explain __________________________________

________________________________________________________
CCLRC CONTRACTOR PRE-QUALIFICATION APPLICATION (continued)

Citation, Notice of Violation, or Litigation Information:
Has any kind of citation, notice of violation, judgment, including that which is the result of a regulatory preceding been issued or entered you or your company, in the last ten years, related to those services being proposed herein? Please explain in summary.

________________________________________

<table>
<thead>
<tr>
<th>Citation, Notice of Violation, or Litigation Information</th>
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<tbody>
<tr>
<td>Has any kind of citation, notice of violation, judgment, including that which is the result of a regulatory preceding been issued or entered you or your company, in the last ten years, related to those services being proposed herein? Please explain in summary.</td>
</tr>
</tbody>
</table>

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3) Areas of Specialization (Non-Subcontracted Work) (Check which categories best apply):

- [ ] Appraisal, Specify: ______________________
- [ ] Asbestos Abatement
- [ ] Asbestos Surveys
- [ ] Biohazard Removal
- [ ] Board Up and Security
- [ ] Carpentry: _____ Rough _____ Finish
- [ ] Cleaning
- [ ] Concrete
- [ ] Debris/Trash Removal
- [ ] Demolition
- [ ] Demolition of multi-story buildings > 3 stories
- [ ] Electrical
- [ ] Excavating
- [ ] Floor Covering
- [ ] Garage Doors
- [ ] General Contracting
- [ ] Gutters & Downspouts
- [ ] Insulation/Weather-stripping
- [ ] Inspection, Specify: ______________________
- [ ] Landscaping Installation
- [ ] Lawn Maintenance
- [ ] Lead Testing
- [ ] Lead Abatement
- [ ] Mechanical (HVAC) Specify ______________________
- [ ] New Construction
- [ ] Painting
- [ ] Pest Control
- [ ] Plaster/Drywall
- [ ] Tree Removal
- [ ] Trash/Debris Removal
- [ ] Plumbing
- [ ] Recycling/Salvage/Deconstruction
- [ ] Roofing
- [ ] Septic
- [ ] Siding
- [ ] Water Heating/Conditioning
- [ ] Waterproofing: _____ Kitchen/Bath _____ Masonry/Brick
- [ ] Window installation
- [ ] Title & Escrow Services

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4) **LICENSES HELD** Please describe the type of licenses you possess, if any, and the corresponding identification number.

License: __________________________ Number ___________ Expiration Date: __________________________

License: __________________________ Number ___________ Expiration Date: __________________________

License: __________________________ Number ___________ Expiration Date: __________________________

Other ____________________________________________________

5) **PROJECT EXPERIENCE:**

Provide a brief history of your company and its experience (or note here if this information is provided in an attachment)

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

Provide the following information on your company’s largest project

Type of Work: __________________________

Location: ____________________________________________

Primary Contract Amount: __________________________ If applicable, no. of units serviced: __________

Term of Work: ______________________________________

Description and location of current project(s):

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

References: Please provide no fewer than three business references where contract performance has taken place within the last 12 months.

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<tr>
<th>Name</th>
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EQUAL OPPORTUNITY EMPLOYMENT STATEMENT

This is to certify that the undersigned Contractor is an equal opportunity employer and will not discriminate against any employee or applicant for employment because of race, color, religion, military status, national origin, disability, age, ancestry, familial status, sex, sexual orientation, or gender identity or expression. The Contractor shall ensure that applicants are employed and that the employees shall be treated during their employment without regard to their race, color, religion, military status, national origin, disability, age, ancestry, familial status, sex, sexual orientation, or gender identity or expression. Such action shall include, but not limited to employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship.

In the event of the Contractor’s non-compliance with the non-discrimination certification, contracts for work through the Cuyahoga County Land Reutilization Corporation (CCLRC) may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further contracts.

__________________________________________
Authorized Signature of Contractor

__________________________________________
Company Name

__________________________________________
Print Name & Title

__________________________________________
Date
CCLRC CONTRACTOR MINIMUM INSURANCE COVERAGE

Each Contractor, in order to become pre-qualified to perform work for CCLRC, shall provide CCLRC with evidence of liability insurance. The Certificate of Insurance (CoI) to be submitted with the pre-qualification must show the minimum insurance coverages/basic requirements given below listed by contractor category. The CCLRC reserves the right to modify these insurance requirements as it sees fit.

During our assessment of your company’s qualifications, we will share other detailed CCLRC insurance requirements with you. Among other things, if your company enters into a contract with CCLRC, the insurance must 1) have CCLRC named as an Additional Insured on the CoI, 2) provide evidence of a Waiver of Subrogation on the CoI in favor of all Additional Insureds with respect to losses arising out of or in connection with the work, and 3) any deductible or self-insured retention may not exceed $5,000 per claim or occurrence.

Each Contractor shall be responsible for the verification of insurance coverage of subcontractor(s) in sufficient amounts and types to meet requirements outlined below prior to the start of any work.

RENOVATION/CONSTRUCTION CONTRACTORS:

1. COMMERCIAL GENERAL LIABILITY COVERAGE as follows:
   a. The following minimum limits of liability:
      i. Each occurrence $1,000,000
      ii. General liability aggregate $2,000,000
      iii. Products/completed operations aggregate $2,000,000
      iv. Personal and advertising injury $1,000,000

2. BUSINESS AUTOMOTIVE/VEHICLE LIABILITY INSURANCE for vehicles owned, hired and non-owned (i.e. employee’s personal vehicles used during work) with minimum coverage of $1,000,000 each accident. If Contractor has no employees, the Contractor should submit evidence of a personal automobile policy with minimum coverage of at least $100,000/person - $300,000/accident for bodily injury liability and $100,000 property damage liability.

3. WORKERS COMPENSATION AND EMPLOYER’S LIABILITY INSURANCE as required by law with minimum limits:
   a. Bodily injury caused by accident $1,000,000
   b. Bodily injury caused by disease $1,000,000

Provided however, if your company has no employees, the contractor/vendor should sign, in the presence of a notary, the form given on the last page of this form.
CCLRC CONTRACTOR MINIMUM INSURANCE COVERAGE (continued)

DEMOLITION CONTRACTORS:
Among other additional requirements, if your demolition company enters into a contract with CCLRC, your company’s insurance must have no limitation for coverage arising from explosion, collapse, or underground property damage.

1. COMMERCIAL GENERAL LIABILITY COVERAGE as follows:
   a. The Certificate must indicate that coverage is for Business Classification Code 99986
   b. The following minimum limits of liability:
      i. Each occurrence $1,000,000
      ii. General liability aggregate $2,000,000
      iii. Products/completed operations aggregate $2,000,000
      iv. Personal and advertising injury $1,000,000

2. BUSINESS AUTOMOTIVE/VEHICLE LIABILITY INSURANCE for vehicles owned, hired and non-owned (i.e. employee’s personal vehicles used during work) with minimum coverage of $1,000,000 each accident.

3. WORKERS COMPENSATION AND EMPLOYER’S LIABILITY INSURANCE as required by law with minimum limits:
   a. Bodily injury caused by accident $1,000,000
   b. Bodily injury caused by disease $1,000,000

ABATEMENT/ENVIRONMENTAL CONTRACTORS:
Among other additional requirements, if your abatement/environmental company enters into a contract with CCLRC, the insurance must have the following named on the certificate as Additional Insureds in addition to the CCLRC: Cuyahoga County and its employees, and the Municipality(s) where the abatement sites are located.

1. COMMERCIAL GENERAL LIABILITY COVERAGE as follows:
   a. The policy declarations indicate that coverage is for abatement work or environmental contracting
   b. The following minimum limits of liability:
      i. Each occurrence $1,000,000
      ii. General liability aggregate $2,000,000
      iii. Products/completed operations aggregate $2,000,000
      iv. Personal and advertising injury $1,000,000
   c. Deductible or self-insured retention of not more than $5,000 per claim or occurrence.

2. ENVIRONMENTAL LIABILITY INSURANCE:
   a. Contractors environmental liability insurance or contractor’s pollution liability insurance is required in addition to the above-described commercial general liability insurance with the following minimum limits of liability:
      i. Each occurrence $1,000,000
      ii. General liability aggregate $2,000,000
      iii. Products/completed operations aggregate $2,000,000

3. BUSINESS AUTOMOTIVE/VEHICLE LIABILITY INSURANCE for vehicles owned, hired and non-owned (i.e. employee’s personal vehicles used during work) with minimum coverage of $1,000,000 each accident.
CCLRC CONTRACTOR PRE-QUALIFICATION APPLICATION (continued)

CCLRC CONTRACTOR MINIMUM INSURANCE COVERAGES (continued)

OTHER CONTRACTORS/VENDORS: providing the following services who are not also providing construction/renovation, demolition or abatement services:
- Inspection
- Asbestos Surveys
- Lead Testing
- Board Up and Security
- Cleaning
- Trash/Debris Removal
- Pest Control
- Landscaping Installation
- Lawn Maintenance
- Tree Removal

1. COMMERCIAL GENERAL LIABILITY COVERAGE as follows:
   a. The following minimum limits of liability:
      i. Each occurrence $1,000,000
      ii. General liability aggregate $2,000,000
      iii. Products/completed operations aggregate $2,000,000
      iv. Personal and advertising injury $1,000,000
   b. Deductible or self-insured retention of not more than $5,000 per claim or occurrence.

2. BUSINESS AUTOMOTIVE/VEHICLE LIABILITY INSURANCE for vehicles owned, hired and non-owned (i.e. employee’s personal vehicles used during work) with minimum coverage of $1,000,000 each accident. If your company has no employees, the contractor/vendor should submit evidence of a personal automobile policy with minimum coverage of at least $100,000/person - $300,000/accident for bodily injury liability and $100,000 property damage liability.

3. WORKERS COMPENSATION AND EMPLOYER’S LIABILITY INSURANCE as required by law with minimum limits:
   a. Bodily injury caused by accident $1,000,000
   b. Bodily injury caused by disease $1,000,000
   If your company has no employees, the contractor/vendor should sign, in the presence of a notary, the form given at the end of this form.
Before submitting this application, please ensure that 1) all of the applicable items listed in the instructions given on the cover page of this form are attached to your application and 2) all applicable signatures required throughout this form have been provided.

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

_______________________________________
Date

_______________________________________
Authorized Signature of Contractor

_______________________________________
Company

_______________________________________
Please Print Name

Please Return Completed Form To:  
Cuyahoga County Land Reutilization Corporation
Attention: Michelle Gomez
812 Huron Road E, Suite 800, Cleveland, OH 44115
Phone: 216-698-8853  Fax: 216-698-8972
Website: www.cuyahogalandbank.org

(STAFF USE ONLY)
CONTRACTOR’S WARRANTY

This is to certify that the undersigned Contractor hereby warrants as follows:

• That all materials used in the performance of the work funded through the Cuyahoga County Land Reutilization Corporation (CCLRC) shall be free from defect,
• That all work performed and funded through the CCLRC shall be free from defect of faculty workmanship,
• That the Contractor shall, at Contractors expense, replace any defective materials installed by Contractor and correct any faulty workmanship performed by Contractor, upon notice from the CCLRC Staff at any time up to one (1) year from the date of the final payment to the contractor covering such work,
• That the Contractor will furnish the owner with all applicable manufacturer’s and supplier’s written guaranties and warranties covering materials and equipment installed or constructed,
• That the warranty contained herein shall apply to all work performed by any subcontractor to the Contractor.

In the event of the Contractor’s non-compliance with the non-discrimination certification, contracts for work through the CCLRC Renovation Program may be cancelled, terminated, or suspended in whole or in part, and the Contractor may be declared ineligible for further CCLRC contracts.

___________________________________  __________________________________________
Date  Authorized Signature of Contractor

___________________________________
Company

___________________________________
Please Print Name
CONTRACTOR CERTIFICATION OF NON-APPLICABILITY OF OHIO WORKERS’ COMPENSATION LAW
(to be signed and submitted only by contractors/vendors who do not have any employees)

Name of Contractor: _______________________________________________________________

The undersigned certifies that the above-named contractor does not carry workers’ compensation insurance through the Ohio Bureau of Workers’ Compensation because: (i) has no employees, as that term is defined in Section 4123.01 of the Ohio Revised Code, or (ii) is an exempt employer under Ohio Workers’ Compensation Law.

The undersigned further certifies that in the event the contractor becomes subject to the Ohio Workers’ Compensation Act, it will immediately: (i) obtain workers’ compensation insurance as required by law, and (ii) provide proof of the insurance to the Cuyahoga County Land Reutilization Corporation.

________________________________________
(Signature)

Print Name: ________________________________

Title: _______________________________________

Date: ________________________________

State of Ohio )
) ss:
County of ____________

The foregoing instrument was acknowledged before me this ___ day of _____________, 20__
by _________________________________.

_____________________________________
Notary
My Commission Expires:___________________