

Small Works Roster Application

Company _____ Date Submitted _____

Contact Name _____

Mailing Address _____

Street Address (If different) _____

City _____ State _____ Zip _____

Telephone Number _____ FAX Number _____

Email Address _____

Business License # _____ Fed I.D. # _____

Contractors License # _____

Type of Ownership Corporation Single Proprietorship Partnership

How long has the firm been in present business (in years)? _____

Does the contractor maintain:

General liability insurance of at least \$1,000,000 per occurrence;
\$1,000,000 aggregate, Combined Single Limit (CSL); and
Automobile liability of at least \$1,000,000 per accident CSL

Yes No

If no, describe any differences to the specified coverage amounts _____

Contractor Financial History

Banking Reference - Name of Bank _____

Address _____ Zip _____

During the past five years, has the contractor been involved in any:

- | | | |
|---|------------------------------|-----------------------------|
| Construction bond forfeiture; | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Construction litigation; or | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Claims exceeding ten percent of the contract price? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If so, attach a description and reasons for forfeiture, litigation or claims.

Contractor History

Provide dates for the periods within the past ten years that the contractor:

Has not been an active contractor _____ or N/A _____

Has not been a licensed contractor _____ or N/A _____

Has been in bankruptcy, reorganization or receivership _____ or N/A _____

Has been disqualified by any public agency from participation in public contracts. Yes No

If yes, identify the public agency, date and cause:

Provide a description of any criminal convictions, including pleas of nolo contendere, of the contractor, its owners or officers: None: _____ Description Attached: _____

Contractor Safety Experience

- Sole Proprietor: This section does not apply to sole proprietors. Check the box if you are a sole proprietor and skip this section. A sole proprietor is an individual that NEVER has employees working for him or her.

Provide your Compensation Experience Modification Rate for the last three years. If score is above 1.0, attach description of circumstances. This rate is given to your company every year from the Department of Labor and Industries. If you do not know these rates, call Labor and Industries or check their website at <https://fortress.wa.gov/lni/crpsi/>.

2013 _____ **2014** _____ **2015** _____

Please use the most recent year's log to provide the following:

Number of lost workday cases: _____

Number of fatalities: _____

Does the contractor conduct project safety inspections? Yes No
Does the contractor have a written Safety Program? Yes No
Does the contractor have a safety orientation program for new hires? Yes No
Does the contractor have a safety program for foreman? Yes No

References

Project Name #1: _____

Owner's Name & Telephone #: _____

Bid Price: _____ Final Cost: _____

Month & Year Project Complete: _____

Project Name #2: _____

Owner's Name & Telephone #: _____

Bid Price: _____ Final Cost: _____

Month & Year Project Complete: _____

Project Name #3: _____

Owner's Name & Telephone #: _____

Bid Price: _____ Final Cost: _____

Month & Year Project Complete: _____

I swear under penalty of perjury that the above and attached information is correct, and that there are no known personal and/or organization conflicts of interest which are prohibited by law:

Authorized Company Signature: _____ Date: _____

Typed Name of Signer: _____ Title: _____

The following list identifies the specialties of your company. Please mark any and all services your company performs. Provide comments if desired:

Categories

Check boxes that describe the types of work your firm is qualified to perform:

<input type="checkbox"/>	Debris Removal	<input type="checkbox"/>	Building/Structure Moving	<input type="checkbox"/>	Hazardous Material Removal/Abatement
<input type="checkbox"/>	Stump Grinding/Removal	<input type="checkbox"/>	Vegetation Spraying	<input type="checkbox"/>	Vegetation and Pest Removal/Control
<input type="checkbox"/>	Tree Removal/Pruning	<input type="checkbox"/>	Brush Control	<input type="checkbox"/>	Street Repair and Construction
<input type="checkbox"/>	Manhole & Valve Adjustments	<input type="checkbox"/>	Earthwork	<input type="checkbox"/>	Concrete Sidewalks-Curbs-Gutters-Driveways
<input type="checkbox"/>	Paving	<input type="checkbox"/>	Chip Sealing	<input type="checkbox"/>	Slurry Sealing
<input type="checkbox"/>	Masonry	<input type="checkbox"/>	Underground Utilities – Water/Sewer/Storm	<input type="checkbox"/>	Irrigation Systems
<input type="checkbox"/>	Remodeling/Carpentry	<input type="checkbox"/>	HVAC	<input type="checkbox"/>	Painting
<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Electrical
<input type="checkbox"/>	Windows/Glazing	<input type="checkbox"/>	Striping – Streets/Parking Lots	<input type="checkbox"/>	Fencing
<input type="checkbox"/>	Demolition	<input type="checkbox"/>	Water Damage Repair	<input type="checkbox"/>	Roofing
<input type="checkbox"/>	Illumination	<input type="checkbox"/>	Bridge Construction	<input type="checkbox"/>	Cap/Abandon Utilities
<input type="checkbox"/>	Insulation	<input type="checkbox"/>	Floor Covering	<input type="checkbox"/>	Biosolids Hauling
<input type="checkbox"/>	Snow Removal/Hauling	<input type="checkbox"/>	Traffic Sign Installation	<input type="checkbox"/>	Street Sweeping
<input type="checkbox"/>	Mechanical Testing	<input type="checkbox"/>	Boiler Maintenance/Repair	<input type="checkbox"/>	Cabling/Telecommunications
<input type="checkbox"/>	General Contractor	<input type="checkbox"/>	Fiber Optics	<input type="checkbox"/>	Communications
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Other Comments and/or Service, Not Previously Specified:

Return your completed application to:

Darci Bell
 City of Walla Walla
 Public Works Department
 55 E. Moore Street
 Walla Walla, Washington 99362
 Fax: 509.524.7960 or email: dbell@wallawallawa.gov