

CONTEMPO HOMEOWNERS ASSOCIATION

4190 Gemini Drive
 Union City, CA 94587

(O) 510-489-4440
 (F) 510-489-1285

CONTRACTOR'S QUALIFICATION FORM

Complete and return this form to Contempo HOA before commencing any work

Name of Contractor's Org: **Site Address: Site wide 166 Buildings-4190 Gemini Drive;**
 Address: For additional projects outside Basic Maintenance Agreement,
 City, State, Zip: add specific Building location of work site using gridded map and
 Telephone: Building # or specific residential address
 Contactor's Mobile:..
 Facsimile:.....
 E-mail:.....

Form of Contractor's Organization: Check type of entity and identify by formal name		Corporation: Partnership: Sole Proprietorship
Federal Tax Identification Number: → → →		Have your insurance provider send evidence of Workers' Comp insurance to Contempo Homeowners Association 4190 Gemini Drive, Union City, CA 94587
Name of Business →		
Business License Type and Number: →		
State Contractor's License Type and Number: []		Have your carrier name Contempo Homeowners Association as additional insured under the policy agreement
Workers' Compensation Insurance Meeting Statutory Requirements: []		
[]		
Public Liability Insurance with minimum limits of \$1,000,000* coverage for products and completed operations		Contempo office: 4190 Gemini Drive; Union City, CA 94587
All Certificates should be mailed to:.....		
<p>*Or coverage limits as specified in bid documents and Include verification that your policy contains no exclusions for contracting with Common Interest Developments</p>		
<p>Injury and Illness Prevention Program in accordance with Labor Code §6401.7</p>		Certify that the required IIPP program is in place within the contractor's organization by signing here: Signature: _____ <div style="display: flex; justify-content: space-between;">TitleDate</div>
<p>Right to Work: Certify that the required documentation for the right to work has been obtained for all your employees all your employees has been obtained and is on file with your records.</p>		
<p>I certify that to my knowledge, the foregoing information is correct and the applicable insurance is in place and the requested certificates ordered.</p>		Signature: _____ <div style="display: flex; justify-content: space-between;">TitleDate:</div>