NORTH BRUNSWICK HOUSING REHABILITATION PROGRAM (HRP) Administered by the North Brunswick Housing Corporation (NBHC)

CONTRACTOR QUALIFICATION FORM

| BUSINESS OR CONTRACTOR NAME | |
|-----------------------------|--|
| ADDRESS | |
| BUSINESS PHONE NUMBER | |
| NAME OF CONTACT PERSON | |

This Contractor Qualification Form is being submitted to PRC Management Co. Inc. (PRC) in order for PRC to make a determination as to whether the contractor should be approved for placement on the Pre-Qualified Contractors List. No contractor who is not on the Pre-Qualified Contractors list will be permitted to submit proposals to perform renovation work. PRC will contact you when the process is complete.

Number of Years in Business _____ NJ Home Improvement Contractor Registration Number _____

Please list the names of references for three recent jobs, including the contact's phone number, the address of the work and the type of work accomplished:

| 1Name | Phone # | |
|-----------------|---------|--|
| Address of Work | | |
| Type of Work | | |
| 2Name | Phone # | |
| Address of Work | | |
| Type of Work | | |
| 1Name | Phone # | |
| Address of Work | | |
| Type of Work | | |

Does your company have a currently valid commercial general liability insurance policy for \$500,000 per occurrence? _____

If the answer to the above is yes, then <u>please submit your certificate of insurance</u> along with this Contractor Qualification Form to the following address:

Attn: Mike Smith PRC Management Co. Inc. 40 Monmouth Highway West Long Branch, NJ 07764-0070