



Contractor Application

City of San Clemente

Company Information

Company Legal Name: _____

Name of Owner(s): _____

Company Legal Status (corporation, partnership, etc.): _____

Business Address: _____

Website Address: _____

Telephone Number: _____ Fax Number: _____

Years in Business: _____ Regular Business Hours: _____

Contact Person: _____

Contact Telephone #: _____ Contact Mobile #: _____

Contact Email Address: _____

Federal Tax ID #: _____

State Contractor's License #: _____ Type of License: A B C

Specialty # _____

Lead-Based Paint Certificate:

Inspector: Yes No Monitor: Yes No Clearance: Yes No

Section 3 Contractor or Section 3 Employee's _____

MBE / WBE / DBE / DVBE / OCLSB Contractor:¹ _____

General Contractor: Yes No

Plumbing Contractor (C-36) Exterior Related (C-27, 8,12,13,39): Yes No

Electrical Contractor (C10): Yes No

Mobile Home Specialty: Yes No

Other delineations you would like to highlight: _____

¹ Minority Business Enterprise (MBE) / Women Business Enterprise (WBE) / Disadvantaged Business Enterprise (DBE) / Disabled Veteran Business Enterprise (DVBE) / Orange County Local Small Business (OCLSB)

Documentation

Please include a current copy of the following documents with your application. Applications without the attached items will be considered incomplete until all documentation is submitted:

Licenses:

- State Contractor's License: General contractors must hold a valid California Contractors State License (CSL) issued by the California Contractors State License Board (CSLB). This license is required for any contractor performing work worth \$500 or more in labor and materials. Contractors must ensure their CSL is in good standing and that they have the appropriate classification for the type of work (e.g., general building, electrical, plumbing).
- City of San Clemente Business License
- System for Award Management (SAM) Registration Confirmation: Contractors are not required to have an active SAM registration to participate in the City of Stanton's Housing Rehabilitation Grant Program. However, all contractors must pass a federal debarment check conducted by the City to confirm eligibility. If you have an active SAM registration, please provide a copy of your confirmation or a screenshot showing your current status. If you do not have an active registration, the City will perform the necessary verification through SAM.gov.

Insurances: If selected to perform work under this program, you will be required to provide proof of the following insurance coverage before starting any repair work. These requirements are based on the City of San Clemente's contractor agreement:

- Required Coverages:
 - Commercial General Liability: Commercial General Liability Insurance which affords coverage at least as broad as Insurance Services Office "occurrence" form CG 0001, or the exact equivalent, with limits of not less than \$1,000,000 per occurrence and no less than \$2,000,000 in the general aggregate. Defense costs shall be paid in addition to the limits. The policy shall contain no endorsements or provisions (1) limiting coverage for contractual liability; (2) excluding coverage for claims or suits by one insured against another (cross-liability); or (3) containing any other exclusion(s) contrary to the terms or purposes of this Agreement.
 - Automobile Liability Insurance: Automobile Liability Insurance with coverage at least as broad as Insurance Services Office Form CA 0001 covering "Any Auto" (Symbol 1), or the exact equivalent, covering bodily injury and property damage for all activities with limits of not less than \$1,000,000 combined limit for each occurrence.
 - Workers Compensation: Workers' Compensation Insurance, as required by the State of California and Employer's Liability Insurance with a limit of not less than \$1,000,000 per accident for bodily injury and disease.

- Required Endorsements & Provisions
 - Additional Insured: The City of San Clemente, its officials, officers, employees, agents, and volunteers must be named as additional insureds on the Commercial General Liability policy.
 - Primary & Non-Contributing Coverage: Your insurance must be primary and will not contribute with any insurance maintained by the City.
 - Waiver of Subrogation: All policies must include a waiver of subrogation in favor of the City.
 - Cancellation Notice: All policies must provide 30 days' written notice to the City before cancellation or material change (10 days for non-payment of premium).

- Proof of Insurance: Before work begins, you must provide:
 - A certificate of insurance issued by your insurance carrier.
 - Required endorsements naming the City of San Clemente and its representatives as additional insureds.
 - Evidence that all coverage meets the minimum limits and provisions listed above.

Disclosures

Has anyone in the Company ever been convicted of violating federal, state or local laws in the course of discharging the duties as a contractor? Yes No
 If yes, please explain in an attachment to this application.

Has anyone in the Company ever been disbarred from participating as a contractor in any federal or local housing program? Yes No
 If yes, please explain in an attachment to this application.

Bankruptcy Information: The Company shall indicate whether an owner, its principals, directors, or majority shareholder(s), has held a controlling interest in, or which has ever filed for or has been involuntarily put into bankruptcy or has been declared bankrupt. Yes No
 If yes, attach a statement indicating the bankruptcy date, court jurisdiction, trustee's name and telephone number, amount of liabilities, amount of assets and current status of bankruptcy.

Current/Past Litigation: The Company shall provide detailed information regarding litigation (court and case number), liens, or claims involving the Company, or any of the principal officers of the Company in the past seven (7) years.

_____ No Action Pending _____ No Prior Action _____ Information Provided

Non-Discrimination: The Company will, through all possible means, ensure equal opportunity for all persons to be employed regardless of age, handicap, national background, race, religion, or sex.

I affirm that all information in this application is true and correct to the best of my knowledge and that the Company under my authority will adhere to all applicable rules and regulations to the fullest extent possible.

Authorized Signature

Signature Date

Print Name

Title