

**HIGHLINE WATER DISTRICT
SMALL WORKS ROSTER APPLICATION**

Company: _____

Thank you for the interest expressed by your firm to be included on our SMALL WORKS ROSTER. To determine qualification of firms to provide services to the District, please complete the information on this form and return to us @ P.O. Box 3867, Kent, WA 98089. Information you provide will be kept in confidence unless a matter of public record.

HIGHLINE WATER DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

COMPANY INFORMATION	
Mailing Address:	
City/State/Zip:	
Street Address:	
City/State/Zip:	
Telephone No.:	
Fax:	
E-mail:	

INSURANCE INFORMATION	
Company:	
Mailing Address:	
City/State/Zip:	
Street Address:	
City/State/Zip:	
Telephone No.:	
Fax:	
E-mail:	

IN ORDER TO BE INCLUDED ON THE ROSTER, THE CONTRACTOR SHALL SUPPLY THE FOLLOWING INFORMATION:	
1. Provide copy of appropriate contractor's Washington State License or Registration.	
2. <u>Does the contractor maintain:</u>	
General liability insurance of at least \$1,000,000 per occurrence;	Yes _____ No _____
\$1,000,000 aggregate, Combined Single Limit (CSL); and	Yes _____ No _____
Automobile liability of at least \$1,000,000 per accident CSL	Yes _____ No _____
If no, describe any differences to the specified coverage amounts:	_____
3. <u>Contractor Financial History</u>	
During the past five years, has the contractor been involved in any:	
Construction bond forfeiture;	Yes _____ No _____
Construction litigation; or	Yes _____ No _____
Claims exceeding ten percent of the contract price?	Yes _____ No _____
If yes, attach a description and reasons for forfeiture, litigation or claims:	_____

ACKNOWLEDGEMENTS

By signing below, I acknowledge that I have read and understand the requirements described in this application, and to the best of my knowledge, the information provided is a true representation of the named firm's ability to perform any contract which may result by submittal of this application.

Name & Title of Preparer (Type or Print)

Signature

(STATE OF WASHINGTON)
) ss
(COUNTY OF KING)

I certify that I know or have satisfactory evidence that _____ signed this instrument and acknowledged it to be his/her free and voluntary act and deed for the uses and purposes therein mentioned.

NOTARY PUBLIC IN AND FOR THE STATE OF WASHINGTON RESIDING AT _____ **EXPIRES:** _____

