



Project Lead-Safe KCK  
Kansas Dept. of Health & Environment  
And KCK Community Partners  
1333 South 27<sup>th</sup> Street  
Kansas City, KS 66106  
(913) 262-0796  
FAX: (913) 262-8251

## PROSPECTIVE CONTRACTOR'S APPLICATION

Date: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Partners: \_\_\_\_\_  
\_\_\_\_\_

Name of Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone#: \_\_\_\_\_

Date and Place Company Organized: \_\_\_\_\_  
\_\_\_\_\_

Current Kansas City, Kansas Business License#: \_\_\_\_\_

Tax Identification Number: \_\_\_\_\_

**A Certificate of Insurance must be filed in the Project Lead Safe K.C.K. office prior  
To eligibility for contract bidding.**

Name of Insurance Company: \_\_\_\_\_

Policy#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Workmen's Compensation  
Amount Carried..... \_\_\_\_\_

Manufacturer's and Contractor's Liability Insurance  
Amount Carried..... \_\_\_\_\_



**Property Damage Insurance**

Amount Carried..... \_\_\_\_\_

Insurance Agent's Name, Address, and Phone# \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had your insurance coverage cancelled? [ ] Yes [ ] No  
If yes, please explain when, where and under what circumstance.

*A recent copy of Contractor's insurance certificate must be on file in the Project Lead Safe K.C.K. project office before contractor is eligible to bid on projects.  
Insurance certificates can be mailed or faxed to Project Lead Safe K.C.K.*

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**CONTRACTOR'S CERTIFICATION:** The above named contractor(s) hereby certifies that all information contained in this application is true and complete to the best of my/our knowledge and belief and that I/we know that misinformation will be sufficient cause for deleting me/us from bidding and removal from the list of qualified and approved contractors.

By signing of this application, permission is hereby granted to the Project Lead Safe K.C.K. program to verify any and all information contained herein and in the attached contractor's qualification sheet, which becomes a part of this application.

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner of Company

\_\_\_\_\_  
Signature -- Authorized Agent



# PROJECT LEAD-SAFE K.C.K.

KANSAS DEPT. OF HEALTH & ENVIRONMENT  
AND KCK COMMUNITY PARTNERS

## CONTRACTOR'S QUALIFICATIONS SHEET

Contractor \_\_\_\_\_ Date \_\_\_\_\_

List the last five (5) jobs, homes, or structures (giving names of owners, address, and phone number) that you have completed contractor services.

Name of Property Owner, Address, Phone#	Type of Job or Structure	Approx. Date Completed
1.		
2.		
3.		
4.		
5.		



# PROJECT LEAD-SAFE K.C.K.

## AUTHORIZATION AND SIGNATURE SHEET

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**THE FOLLOWING INDIVIDUALS ARE AUTHORIZED  
TO SIGN BIDS AND CONTRACT DOCUMENTS:**

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature of Individual