

Housing & Neighborhood Revitalization Department
HOME IMPROVEMENT AND PRESERVATION PROGRAM (HIPP)

GENERAL CONTRACTOR APPLICATION

(REVISED: 9/20/18)



The City of Dallas, Housing and Neighborhood Revitalization Department - Home Improvement & Preservation Program (“HIPP”) is seeking to qualify General Contractors to become vendors that can provide Rehabilitation and Reconstruction Services.

Please Return the Completed Application with All Requested Documents to:

City of Dallas
Housing and Neighborhood Revitalization Department
1500 Marilla, 6CN
Dallas, TX 75201

**If You Have Any Questions or Need Additional Information, Please Contact Our Office at:
(214) 670-3644**

Contractor Name: _____ Date: _____

Housing & Neighborhood Revitalization Department
HOME IMPROVEMENT AND PRESERVATION PROGRAM (HIPP)

Introduction

Dear General Contractor:

Thank you for your interest in applying to become a General Contractor with the Housing and Neighborhood Revitalization Department. Our staff will review the application packet and inform you by email if your company has been qualified as a General Contractor. Application packets must have all the required supporting documents, incomplete packets will not be accepted. The application process takes approximately 15 business days from the date of receipt of a completed application.

If your request to become a qualified contractor was denied and you wish to appeal the decision made regarding participation in HIPP, the General Contractor must submit a formal written appeal within 15 business days of notification. The appeal should include reasons for reconsideration. The appeal decision of the Housing Director is final. The appeal request should be addressed to the Director of Housing & Neighborhood Revitalization.

Housing & Neighborhood Revitalization Department
David Noguera, Director
1500 Marilla Street, RM 6DN
Dallas, Texas 75201

Contractor Name: _____ Date: _____

Housing & Neighborhood Revitalization Department
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Contractor Certification Requirements

General Contractor Must:

- Individuals / Partners / Principals / Company must be City of Dallas and HUD eligible to work under funded projects (must not be debarred, suspended, or otherwise impaired)
- Be current on all City of Dallas property taxes for property owned personally, the corporation, partnership, or joint venture
- Provide the Contractor/Sub-Contractor Information Form. Listed entities must be City of Dallas and HUD eligible to work under funded projects (must not be debarred, suspended, or otherwise impaired, “EPLS”) **Exhibit D**
- Have been in business for at least two years as a General Contractor in the City of Dallas or surrounding area. Outside the area will be reviewed on a case by case basis.
- Provide a City of Dallas Home Repair License
- Provide a copy of your State license if you are licensed as a Plumbing, Electrical, or HVAC Contractor
- Provide evidence of insurance as specified in the contractor application
- Include the City of Dallas as a named insured on all insurance policies and such policy shall provide notification regarding renewal or cancellation
- Submit required financial documents and provide evidence of financial ability and stability to perform housing projects. Updated financial information will be required if application is not approved within 60 days
- Must have staff capacity (work crew or subcontractors) to provide services outlined in contracts to which they are party
- Provide evidence of experience and good past performance that meets HIPP standards for workmanship and materials
- Provide required references relative to each program for which certification is requested.
- Agree to comply with all local, state and/or federal requirements and regulations pertaining as requested by HIPP
- Attend Contractor Orientation seminar outlining the procedures and guidelines that the contractor must adhere.
- Agree to participate in an-ongoing evaluation and recertification process.

Contractor Name: _____ Date: _____

Housing & Neighborhood Revitalization Department
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General Contractor Eligibility Checklist

Please provide the following documentation with the application:

1. General Contractor Application
2. Certificate of Incorporation & Articles of Incorporation (*if the Company is a Corporation*)
3. Most Current Year-End Balance Sheet (*Assets & Liabilities*) & Income/Operating Statement (*Profit & Loss*) (*completed/approved by a 3rd party CPA or Bookkeeper with a cover letter attached*)
4. Current last two month's Operating Business Bank Statement
5. Certificate of Registration with the City of Dallas as a General Contractor (*Current*)
6. State trade License (Electrical, Plumbing, HVAC) (*if applicable*) (*Current*)
7. City of Dallas Home Repair License (*Current*)
8. General Contractor Vendor Number (*on application*)
9. DUNs number (Dun & Bradstreet)
10. Certificate of System of Awards Management (*SAMS*) Registration
11. SAMS EPLS Verification of the Owner(s) and the Company
12. EPA Lead Firm Certificate (*General Contractor Company Only*) (*Current*)
13. EPA Lead Renovators Certificate (*Individual that work for the company*) (*Current*)
14. Contract Payment and Performance Surety Bond
15. Proof of Commercial General Liability Insurance (*ACORD Form*)
16. Proof of Comprehensive automobile and truck liability insurance (*ACORD Form*)
17. Proof of All Risk Builder's Insurance (*Reconstruction*) (*ACORD Form*)
18. Proof of Worker's Compensation and Employers Liability (*ACORD Form*) or
 Worker's Compensation Exemption Form (*if you use Sub-Contractors only*) **Exhibit "C"**
19. General Contractor/Subcontractor information form. **Exhibit "D"**
20. Proof of Current Picture I.D. (*Texas Driver's License*) of Owners
21. Proof of commitment letter from financial resource, if applicable
- 22.

Exhibit A: If you need assistance on how to obtain the requested documents, please review **Exhibit "A"**, for Helpful Information

Exhibit B: Please review the insurance requirements for the Home Improvement and Preservation Program. That you must provide the City of Dallas with the Certificate of Insurance meeting the insurance requirement amounts.

Exhibits "C" & "D": Worker's Compensation Exemption and GC/Subcontractor information form.

Contractor Name: _____ Date: _____

Housing & Neighborhood Revitalization Department
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Company Information

Company Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell: _____ Fax: _____ Email: _____
Employer Identification Number (EIN): _____
DUNS Number: _____ City of Dallas Vendor Number: _____

Owners, Partners, and Stock holders

Please provide Names, Addresses, Years of Construction Experience, phone numbers and email of all Owners, Partners, and Stock holders. (Use an additional sheet if necessary)

Last Name: _____ Middle Initial: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Years of Construction Experience: _____ Phone: _____ Email: _____

Last Name: _____ Middle Initial: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Years of Construction Experience: _____ Phone: _____ Email: _____

Last Name: _____ Middle Initial: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Years of Construction Experience: _____ Phone: _____ Email: _____

Housing & Neighborhood Revitalization Department
HOME IMPROVEMENT AND PRESERVATION PROGRAM (HIPP)

Company History

How long has your company been in business in the Dallas or the surrounding areas? _____. If less than 2 years, please list previous company name, Address, and years in business, if any.

Company Name: _____ years _____ months _____

Address: _____ City: _____ State: _____ Zip: _____

Have you participated with similar federally-funded housing construction programs, with other entities, i.e., Dallas Housing Authority (DHA), City of Fort Worth, etc.? Yes: No:

If yes, please complete the following information (add additional sheets if necessary):

Agency Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Work: _____

Contract Amount \$: _____ Units Completed: _____ Date: _____

Agency Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Work: _____

Contract Amount \$: _____ Units Completed: _____ Date: _____

Agency Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Work: _____

Contract Amount \$: _____ Units Completed: _____ Date: _____

*** Please Note: Any “debarred” contractors and/or contractors who have previously performed unsatisfactory Work for the City of Dallas Home Repair Programs will NOT be added to the *Pre-Qualified Contractors Register***

Contractor Name: _____ Date: _____

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Business Information

1. Is your company a Sole Proprietorship LLC Partnership Corporation
2. If your company is a corporation, corporate charter number: _____
3. If not incorporated in Texas, where: _____ Number: _____
4. Have you ever had your Contractor's License revoked: Yes: No:
5. If yes, provide year provoked and justification: _____
6. Have you, or your partners, principals or company ever filed for bankruptcy: Yes: No:
7. If yes, provide year provoked and justification: _____
8. Have you ever defaulted on a contract: Yes: No:
9. If yes, provide year provoked and justification: _____
10. Have any members of the firm been sued within the past 2 years by subcontractors, suppliers, customers, or other persons: Yes: No:
11. If yes, give details: _____

12. Do you intend on using interim financing from a lending institution: Yes: No:
13. If yes, please provide a commitment letter from your lending institution or other financial resources

Contactor Background Information

Principal Contractor's Social Security Number: _____ - _____ - _____ Years in business: _____

Describe your role in the company: _____

List licenses issued by the State of Texas: None Plumbing Electrical HVAC

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Construction Work Preference

What type of construction work program do you want to participate in?

Rehabilitation: Reconstruction:

Current Contract Agreements

Presently, do you have any contracts under construction: Yes: No:

If yes, how many: _____ Cost of total contracts \$: _____

Agency Name: _____ Phone: _____ Contact Amount \$: _____

Project Address: _____ City: _____ State: _____ Zip: _____

Construction Start, ____ / ____ / ____ and Expected Completion Date, ____ / ____ / ____

Agency Name: _____ Phone: _____ Contact Amount \$: _____

Project Address: _____ City: _____ State: _____ Zip: _____

Construction Start, ____ / ____ / ____ and Expected Completion Date, ____ / ____ / ____

Agency Name: _____ Phone: _____ Contact Amount \$: _____

Project Address: _____ City: _____ State: _____ Zip: _____

Construction Start, ____ / ____ / ____ and Expected Completion Date, ____ / ____ / ____

Agency Name: _____ Phone: _____ Contact Amount \$: _____

Project Address: _____ City: _____ State: _____ Zip: _____

Construction Start, ____ / ____ / ____ and Expected Completion Date, ____ / ____ / ____

Agency Name: _____ Phone: _____ Contact Amount \$: _____

Project Address: _____ City: _____ State: _____ Zip: _____

Construction Start, ____ / ____ / ____ and Expected Completion Date, ____ / ____ / ____

Contractor Name: _____ Date: _____

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Experience

Repair and /or Reconstruction Work During the Past Year (add more sheets if needed)

Name: _____ Phone No.: _____ Contract Amount \$ _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Work: _____ Date Completed: _____

Name: _____ Phone No.: _____ Contract Amount \$ _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Work: _____ Date Completed: _____

Name: _____ Phone No.: _____ Contract Amount \$ _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Work: _____ Date Completed: _____

Name: _____ Phone No.: _____ Contract Amount \$ _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Work: _____ Date Completed: _____

Name: _____ Phone No.: _____ Contract Amount \$ _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Work: _____ Date Completed: _____

Name: _____ Phone No.: _____ Contract Amount \$ _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Work: _____ Date Completed: _____

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Trade/Supplier References

List at least 1 trade or supplier references for each applicable trade

Trade: _____ Supplier: _____ Person to Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Trade: _____ Supplier: _____ Person to Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Trade: _____ Supplier: _____ Person to Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Trade: _____ Supplier: _____ Person to Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Trade: _____ Supplier: _____ Person to Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

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Bank References

Bank Name: _____ Contact Person _____ Phone: _____

Contact Phone: _____ Account Number: _____

Line of Credit: _____ Line of Credit: _____

Name: _____ Charge Account: _____

Address: _____ City: _____ State: _____ Zip: _____

Bank Name: _____ Contact Person _____ Phone: _____

Contact Phone: _____ Account Number: _____

Line of Credit: _____ Line of Credit: _____

Name: _____ Charge Account: _____

Address: _____ City: _____ State: _____ Zip: _____

Bank Name: _____ Contact Person _____ Phone: _____

Contact Phone: _____ Account Number: _____

Line of Credit: _____ Line of Credit: _____

Name: _____ Charge Account: _____

Address: _____ City: _____ State: _____ Zip: _____

Any Other Sources of Funds

Name of Fund source: _____ Contact Person: _____

Phone: _____ Account: _____ Amount Available \$: _____

Name of Fund source: _____ Contact Person: _____

Phone: _____ Account: _____ Amount Available \$: _____

Name of Fund source: _____ Contact Person: _____

Phone: _____ Account: _____ Amount Available \$: _____

Contractor Name: _____ Date: _____

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I _____ (*applicant*), the _____ (*title*) of _____ (*company*), certify on behalf of the submitting the application for contractor eligibility and certification to the Housing Improvement Preservation Program (HIPP), that I acknowledge that my company has received, reviewed, and agrees to abide by HIPP standards for contractor certification and agree to allow the City of Dallas to conduct a background check on the information and documents provided in this application. I also agree that in the event I fail to follow any existing or future guideline set forth in HIPP, my company may be limited or removed from the certified contractor list.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT:

USC Title 18, Sec. 1001, states: "Whomever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

The undersigned certifies that all information provided in this GENERAL CONTRACTOR APPLICATION, and all information in support of said form, is true and complete to the best of the undersigned's knowledge and belief. Further, the undersigned hereby authorizes and requests any person, firm or corporation to furnish any information requested by the City of Dallas, Housing & Neighborhood Revitalization Department, in verification of the recitals comprising this statement of contractor's qualifications.

SIGNED this _____ day of _____, 20 _____

Name of Business

By: _____
Print Name

Title: _____

Owner,
Partner, President, Agent or Representative

STATE OF TEXAS §
 §

DALLAS COUNTY §

BEFORE ME, the undersigned authority, on this day personally appeared

_____, known to me to be the person whose name is subscribed to
The foregoing instrument, and acknowledges to me that the answers to the foregoing questions and all
Statements therein contained are true and correct.

GIVEN UNDER my hand seal of office this _____ Day of _____, 2008.

NOTARY PUBLIC, STATE OF TEXAS

Contractor Name: _____ Date: _____

Housing & Neighborhood Revitalization Department
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AFFIDAVIT OF NO CHANGE

STATE OF TEXAS §
 §
DALLAS COUNTY §

A materially false statement willfully or fraudulently made in connection with the City of Dallas (hereinafter “City”) Housing & Neighborhood Revitalization Department, Home Improvement & Preservation Program, General Contractor Application (hereinafter “Application”), and/or the failure to conduct appropriate due diligence in verifying the information that is the subject of this Application, may result in rendering the submitting entity non-responsible for the purpose of certification as a contractor for the Home Improvement & Preservation Program (hereinafter “HIPP”). As a certified firm you must inform the City in writing of any changes in circumstances affecting your ability to meet business size, financial status, capacity of projects, ownership, or control requirements of this part or of any material change in the information provided in your Application. You must attach supporting documentation describing in detail the nature of such changes. You must provide the notification within 30 business days of the occurrence of any such change. If you fail to make timely notification of such a change, you will be deemed to have failed to cooperate under the submission of this sworn affidavit.

The undersigned, being duly sworn, deposes and says:

I am _____, the _____ (title) of

_____ (hereinafter “Contractor”), which is currently submitting an Application for HIPP. Certify that, to the best of my knowledge, information and belief, those answers are full, complete, and accurate; and that, to the best of my knowledge, information, and belief, those answers continue to be full, complete, and accurate for 45 business days. In addition, I further certify on behalf of the submitting the Application that change of information contained in the Application shall be sent to HIPP for review for consideration and certification. I understand that the City will rely on the information supplied for HIPP contractor certification.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT:

USC Title 18, Sec. 1001, states: “Whomever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.”

Contractor Name: _____ Date: _____

Housing & Neighborhood Revitalization Department
HOME IMPROVEMENT AND PRESERVATION PROGRAM (HIPP)

The undersigned certifies that all information provided in this GENERAL CONTRACTOR APPLICATION, and all information in support of said form, is true and complete to the best of the undersigned's knowledge and belief. Further, the undersigned hereby authorizes and requests any person, firm or corporation to furnish any information requested by the City of Dallas, Housing & Neighborhood Revitalization Department, in verification of the recitals comprising this statement of contractor's qualifications.

SIGNED this _____ day of _____, 20 _____

Name of Business

By: _____
Print Name

Title: _____
Owner, Partner, President, Agent or Representative

STATE OF TEXAS §
 §

DALLAS COUNTY §

BEFORE ME, the undersigned authority, on this day personally appeared

_____, known to me to be the person whose name is subscribed to
The foregoing instrument, and acknowledges to me that the answers to the foregoing questions and all
Statements therein contained are true and correct.

GIVEN UNDER my hand seal of office this _____ Day of, _____, 2008.

NOTARY PUBLIC, STATE OF TEXAS

Contractor Name: _____ Date: _____

Housing & Neighborhood Revitalization Department
HOME IMPROVEMENT AND PRESERVATION PROGRAM (HIPP)
EXHIBIT “A”
HELPFUL INFORMATION

1.	CERTIFICATE OF REGISTRATION FORM	4.	EPA LEAD-SAFE CERTIFICATION PROGRAM
	<p>Location:</p> <ul style="list-style-type: none"> ➤ Oak Cliff Municipal Building ➤ Building Inspection ➤ 320 E. Jefferson Blvd. ➤ Dallas, TX 75203 ➤ Contact Number: (214) 948-4480 ➤ Hours of Business: M-F 8:00 a.m. till 4:30 p.m. 		<p>How to become A Lead Safe Certified Firm:</p> <ul style="list-style-type: none"> ➤ Application and Instructions for Firms ➤ Step 2: Click on how to apply for a Certification/Recertification online. ➤ Step 3: Click on how to find an RRP Training Class of providers in your area. ➤ Website: www.epa.gov/lead/getcertified
	<p>Online Form:</p> <ul style="list-style-type: none"> ➤ Website: www.dallascityhall.com ➤ Click on Sustainable Development & Construction ➤ Click on Building Inspection ➤ Click on Online Permits ➤ Click on Forms and Applications ➤ Click on General Contract Registration Form ➤ Click on Application for Contractor Registration 		<p>How to become A Lead Renovator:</p> <ul style="list-style-type: none"> ➤ Same information above
2.	HOME REPAIR LICENSE	5.	DUNS Number
	<p>Location:</p> <ul style="list-style-type: none"> ➤ City of Dallas Consumer Protection Division ➤ 1500 Marilla St., Room 2D South ➤ Dallas, TX 75201 ➤ Contact Number: (214) 670-3438 ➤ Hours of Business: 8:15 a.m. till 5:15 p.m. 		<p>To get a DUNs Number:</p> <ul style="list-style-type: none"> ➤ Company: DUN and Bradstreet ➤ Contact Number: (877) 604-8448 ➤ Website: www.dnb.com/get-a-duns-number.html
3.	CONTRACTOR VENDOR REGISTRATION FORM	6.	SYSTEM OF AWARD MANAGEMENT (SAM)
	<p>Location:</p> <p>City of Dallas Purchasing Department 1500 Marilla St., Room 3FN Dallas, TX 75201 Contact Number: (214) 670—3326 Hours of Business: M-F 8:15 a.m. till 5:15 p.m. Website: www.bids.dallascityhall.com</p> <ul style="list-style-type: none"> ➤ Click on Register 		<p>Register your DUNs number in SAM:</p> <ul style="list-style-type: none"> ➤ Create User Account ➤ Register/Update Entity ➤ Contact Number: (866) 606-8220 ➤ Hours of Business: M-F 8:00 a.m. till 8:00 p.m. ➤ Website: www.sam.gov

Housing & Neighborhood Revitalization Department
HOME IMPROVEMENT AND PRESERVATION PROGRAM (HIPP)

**EXHIBIT “B”
INSURANCE REQUIREMENTS**

Prior to the commencement of the Project or any other work under this Agreement, BORROWER shall furnish an original completed Certificate(s) of Insurance or the City’s Standard Certificate of Insurance form to the City’s Housing & Neighborhood Revitalization Department and City’s Risk Management Division, and shall be clearly labeled with Agreement name, which shall be completed by an agent authorized to bind the named underwriter(s) and their company to the coverage, limits, and termination provisions shown thereon. The original certificate(s) of form must have the agent’s original signature, including the signer’s company affiliation, title and phone number, and be mailed directly from the agent to the City. The City shall have no duty to pay or perform under this Agreement or under any of the other Loan Documents until such certificate(s) shall have been delivered to the City’s Housing & Neighborhood Revitalization Department and the City’s Risk Management Office, and no officer or employee, other than the City’s Risk Manager, shall have authority to waive this requirement.

The City reserves the right to review the insurance requirements of this section during the effective period of this Agreement and of the other Loan Documents, including the term of the Note, and any extension of renewal thereof and to modify insurance coverage and their limits when deemed necessary and prudent by the City’s Risk Manager based upon changes in statutory law, court decisions, or circumstances surrounding the Project, this Agreement or any of the other Loan Documents, but in no instance will the City allow modification whereupon the City may incur increased risk.

A BORROWER’s financial integrity is of interest to the City; therefore, subject to BORROWER’s right to maintain reasonable deductibles in such amounts as are first approved in writing by the City, BORROWER shall obtain and maintain in full force and effect for the duration of this Agreement and the other Loan Documents, and any extension thereof, at BORROWER’s sole expense, insurance coverage written on an occurrence basis, by companies authorized and admitted to do business in the State of Texas and rated A- or better by A.M. Best Company and/or otherwise acceptable to the City, in the following types and amounts:

<u>TYPE</u>	<u>AMOUNTS</u>
1. Workers’ Compensation ** Employers’ Liability **	Statutory \$1,000,000/\$1,000,000/\$1,000,000
2. Commercial General (public) Liability Insurance to include coverage for the following: a. Premises operations *b. Independent contractors c. Products/completed operations d. Personal Injury e. Contractual Liability *f. Explosion, collapse, underground g. Broad form property damage, to include fire legal liability	<u>F</u> or <u>B</u> odily <u>I</u> njury and <u>P</u> roperty <u>D</u> amage of \$1,000,000 per occurrence; \$2,000,000 General Aggregate, or its equivalent in Umbrella or Excess Liability Coverage

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<p>3. Business Automobile Liability a. Owned/leased vehicles b. Non-owned vehicles c. Hired Vehicles</p>	<p><u>C</u>ombined <u>S</u>ingle <u>L</u>imit for <u>B</u>odily <u>I</u>njury and <u>P</u>roperty <u>D</u>amage of \$1,000,000 per occurrence</p>
<p>4. Professional Liability (Claims Made Form)</p>	<p>\$1,000,000 per claim to pay on behalf of the insured all sums which the insured shall become legally obligated to pay as damages by reason of any act, malpractice, error or omission in professional services.</p>
<p>*5. Payment/Performance Bond</p>	<p>\$125,000.00</p>
<p>*6. Builder's Risk</p>	<p>\$125,000.00</p>
<p>*7. Pollution of Fuel Storage Tank</p>	<p>\$125,000.00</p>
<p>*8. Environmental</p>	<p>\$125,000.00</p>
<p>*9. Commercial Crime/Fidelity Bond, etc.</p>	<p>\$125,000.00</p>
<p>*10. Liquor Legal Liability</p>	<p>\$125,000.00</p>
<p>* If Applicable</p>	
<p>** Alternate Plans Must Be Approved by Risk Management</p>	

BORROWER must provide to City proof of continuous and renewed professional liability insurance having been obtained by all professional persons performing work or services in connection with the Project, such insurance policy having an extended discovery period of two (2) years, with such insurance policy being maintained in the same manner as set forth herein.

Upon completion of construction of the Project, BORROWER must carry insurance to the extent of 80% of A.C.V., fire and extended coverage policy.

BORROWER must provide insurance in the manner set forth herein protecting City with a standard mortgage clause naming City as loss payee for a sum equal at least to BORROWER's indebtedness to City.

BORROWER shall contractually require all third-party contractors associated with the Project to obtain the foregoing types of insurance, in the amounts and in the manner as specified herein.

The City shall be entitled, upon request and without expense, to receive copies of the policies and all endorsements thereto as they apply to the limits required by the City, and may make a reasonable request for deletion, revision, or modification of particular policy terms, conditions, limitations or exclusions (except where policy provisions are established by law or regulation binding upon either of the parties hereto or the underwriter of any such policies). Upon such request by the City, BORROWER shall exercise reasonable efforts to accomplish such changes in policy coverage and shall pay the cost thereof.

BORROWER agrees that with respect to the above-required insurance, all insurance contracts and Certificate(s) of Insurance will contain the following required provisions:

- Name City and its officers, employees, volunteers and elected representatives as additional insureds as with respect to operations and activities of, or on behalf of, the named insured performed under

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contract with the City, with the exception of the workers' compensation (and professional liability, if required) policies;

- BORROWER's insurance shall be deemed primary with respect to any insurance or self-insurance carried by the City for liability arising out of operations under this agreement with the City or under any of the other Loan Documents; and
- Workers' compensation and employers' liability policy will provide a waiver of subrogation in favor of City.

BORROWER shall notify the City in the event of any notice of cancellation, non-renewal or material change in coverage and shall give such notices not less than thirty (30) days prior to the change, or twenty (20) days' notice for cancellation due to non-payment of premiums, which notice must be accompanied by a replacement Certificate of Insurance. All notices shall be given to the City at the following address:

Director
Housing & Neighborhood Revitalization Department
1500 Marilla St.
Dallas, Texas 75201

and

City of Dallas
Risk Management Division
P.O. Box 839966
Dallas, Texas 78283-3966

If BORROWER fails to maintain the aforementioned insurance, or fails to secure and maintain the aforementioned endorsements, the City may obtain such insurance, and deduct and retain the amount of the premiums for such insurance from any sums due under any of the Loan Documents; however, procuring of said insurance by the City is an alternative to other remedies the City may have, and is not the exclusive remedy for failure of BORROWER to maintain said insurance or secure such endorsement. In addition to any other remedies the City may have upon BORROWER's failure to provide and maintain any insurance or policy endorsements to the extent and within the time herein required, the City shall have the right to (a) withdraw from the Project, (b) withhold any and all Loan monies until BORROWER demonstrates compliance with the requirements hereof, (c) declare a default under the Note and/or (d) terminate any and all Loan Documents.

Nothing herein contained shall be construed as limiting in any way the extent to which BORROWER may be held responsible for payments of damages to persons or property resulting from BORROWER's or its subcontractors' performance of the work covered hereunder or under any of the other Loan Documents.

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EXHIBIT “C”

Worker’s Compensation Exemption Form

Date: _____

To: City of Dallas Housing Improvement and Preservation Program.

Re: Worker’s Compensation Insurance Requirements

I, _____ (*applicant*), certify that _____ (*company*) has no employees, and that all work is performed by independent contractors, and that it is not required to carry Worker’s Compensation Insurance. Should this change, I understand that I must notify the City of Dallas, Housing Improvement and Preservation Program – Housing Inspections Division immediately and that I will be responsible to obtain and carry Worker’s Compensation insurance for any current and future projects.

Company's Name General Contractor's Signature Print Name

PENALTY FOR FALSE OR FRAUDULENT STATEMENT:

USC Title 18, Sec. 1001, states: “Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.”

STATE OF TEXAS,

COUNTY OF DALLAS

Before me, the undersigned, a Notary Public in and for the said County and State, on this day

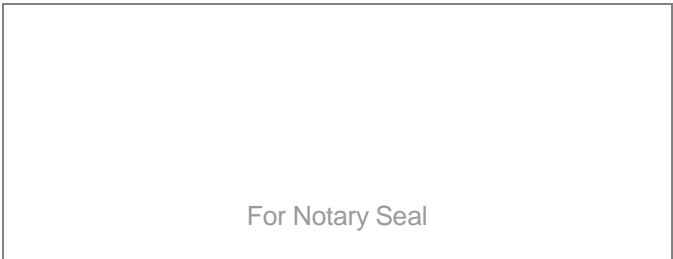
personally appeared _____ known to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and considerations therein expressed. Given under my hand

and seal of office, this the _____ day of the month of _____ of the year 2018

Notary Public Signature

My Commission Expires:

Month _____ Year _____



Contractor Name: _____ Date: _____

Housing & Neighborhood Revitalization Department
HOME IMPROVEMENT AND PRESERVATION PROGRAM (HIPP)

EXHIBIT “D”

CONTRACTOR/SUB-CONTRACTOR INFORMATION FORM

(Information must be kept current or amended as applicable)

Contractor shall verify that sub-contractors have NO active exclusions in the “Excluded Parties List System” (EPLS) and are eligible.

General Contractor: _____ Date Submitted: _____

By: _____ Title: _____

General Contractor	Owners Name	Trade	Street Address	City/State/Zip	Telephone	DUNS #
Sub-Contractor	Owners Name	Trade	Street Address	City/State/Zip	Telephone	EPLS: ✓
1						
2						
3						
4						
5						
6						
7						
8						
9						

Contractor Name: _____ Date: _____

Housing & Neighborhood Revitalization Department
HOME IMPROVEMENT AND PRESERVATION PROGRAM (HIPP)
EXHIBIT "D" Page 2

CONTRACTOR/SUB-CONTRACTOR INFORMATION FORM:

Sub-Contractor	Owners Name	Trade	Street Address	City/State/Zip	Telephone	EPLS: ✓
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						

Contractor Name: _____ Date: _____