

REDEVELOPMENT OF FORMER CHARITY HOSPITAL

Company Name _____ Tax ID _____

Louisiana Contractor's License # _____ Expiration Date _____

Company Contact Info

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

List DBE Certifications

Surety Company All contracts over \$100,000.00 will require a bond.

Single Project Bonding Limit _____

* Provide a letter from your surety stating your bonding capacity and available limit.

Insurance Company

* Provide a current insurance certificate.

Trades List all trades your company performs.

Relevant Experience

Project	Location	Contract Amount	GC	Completion Year