



TOWNSHIP OF ABINGTON

Community Development

Wayne C. Luker, *Board President*
Steven N. Kline, *Board Vice President*
Richard J. Manfredi, *Township Manager*
Van B. Strother, *Director*

OWNER OCCUPIED REHABILITATION PROGRAM

CONTRACTOR PROFILE FORM

COMPANY INFORMATION:

Contractor Name: _____

Contractor's Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Telephone Number: _____ Cellphone: _____

Email Address: _____

Contractor's PA License Number: _____

Federal Employer ID #: _____

or

Social Security Number: _____

Type of Organization: Corporation Individual Partnership LLC

Number of Full-Time Employees: _____ Part-Time: _____

MAJOR TRADES PERFORMED:

General Carpentry Electrical Plumbing Painting

Masonry Other _____

MAJOR TRADES NORMALLY SUBCONTRACTED:

General Carpentry Electrical Plumbing Painting

Masonry Other _____

TOWNSHIP OF ABINGTON
DEPARTMENT OF COMMUNITY DEVELOPMENT
OWNER OCCUPIED REHABILITATION PROGRAM
CONTRACTOR PROFILE FORM

INSURANCE COVERAGE: _____

INSURANCE TYPE	POLICY NUMBER	LIMITS	CARRIER
PROPERTY DAMAGE			
LIABILITY			
WORKERS' COMPENSATION			

COPIES OF THE FOLLOWING DOCUMENTS TO BE SUBMITTED:

- 1.) VALID PENNSYLVANIA CONTRACTOR'S LICENSE**
- 2.) LIABILITY INSURANCE CERTIFICATE**
- 3.) WORKERS' COMPENSATION INSURANCE CERTIFICATE**