



10319 EAST SPRAGUE AVE. • SPOKANE VALLEY, WA 99206-3627 • (509) 928-1700 • FAX (509) 892-4125  
www.spokanevalleyfire.com

### GENERAL SMALL WORKS ROSTER ENROLLMENT APPLICATION

This application is valid for two years at which time they are purged and you must reapply. Please mail application with Certificate of Insurance to the above address.

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

Name of Business: \_\_\_\_\_

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

Washington State License Number: \_\_\_\_\_

UBI Number: \_\_\_\_\_

State Industrial Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

How long has the firm been in present business (in years): \_\_\_\_\_

If less than five years, name of predecessor business (if any): \_\_\_\_\_

**Insurance Requirements:**

Does the contract maintain:

General liability insurance of at least \$1,000,000 per occurrence;  
\$2,000,000 aggregate, Combined Single Limit (CSL); and  
Automobile liability of at least \$1,000,000 per accident CSL?       Yes       No

If no, describe any difference to the specified coverage amounts: \_\_\_\_\_

Are there any current claims that are pending the insurance policy?       Yes       No

If yes, please describe: \_\_\_\_\_

Certificate of Insurance is attached:       Yes       No



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**Contractor Financial History:**

During the past five years, has the contractor been involved in any:

Construction bond forfeiture

Yes

No

Construction litigation

Yes

No

Claims exceeding 10% of the contract price?

Yes

No

If yes, attach a description and reasons for forfeiture, litigation or claims.

**Contractor History:**

Provide dates for the periods within the past ten years that the contractor:

Has not been an active contractor: \_\_\_\_\_

Has not been a licensed contractor: \_\_\_\_\_

Has been in bankruptcy, reorganization, or receivership: \_\_\_\_\_

Disqualified by any public agency from participation in public contracts:

Yes

No

If yes, identify the public agency, date and cause: \_\_\_\_\_

**Contractor Experience:**

Please identify two satisfactorily completed jobs of more than \$10,000. If you do not have government experience, please specify private jobs.

#1 Name of Project: \_\_\_\_\_

Name of Owner's Representative & Phone: \_\_\_\_\_

Prime Contractor: \_\_\_\_\_

Dollar Amount of Contractor's Portion of the Work: \_\_\_\_\_

Nature of Work Performed: \_\_\_\_\_

#2 Name of Project: \_\_\_\_\_

Name of Owner's Representative & Phone: \_\_\_\_\_

Prime Contractor: \_\_\_\_\_

Dollar Amount of Contractor's Portion of the Work: \_\_\_\_\_

Nature of Work Performed: \_\_\_\_\_

*I swear under penalty of perjury that the above and attached information is correct, and that there are no known personal and/or organization conflicts of interest which are prohibited by law:*

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Please mark categories that apply, provide comments if desired:**

**SPOKANE VALLEY  
FIRE  
DEPARTMENT**

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	<b>Category</b>	<b>Comments</b>
<input type="checkbox"/>	Asbestos Abatement	
<input type="checkbox"/>	Asphalt Sealing	
<input type="checkbox"/>	Brick Mason	
<input type="checkbox"/>	Cabinet Makers	
<input type="checkbox"/>	Carpenters	
<input type="checkbox"/>	Carpet & Tile Setters	
<input type="checkbox"/>	Cement Mason	
<input type="checkbox"/>	Drywall	
<input type="checkbox"/>	Electricians	
<input type="checkbox"/>	Excavation	
<input type="checkbox"/>	Fence Erectors	
<input type="checkbox"/>	General Contractor	
<input type="checkbox"/>	Heating and Air Conditioning	
<input type="checkbox"/>	Insulation Applicators	
<input type="checkbox"/>	Ironworks	
<input type="checkbox"/>	Landscape Construction	
<input type="checkbox"/>	Painters	
<input type="checkbox"/>	Plasterers	
<input type="checkbox"/>	Plumbers	
<input type="checkbox"/>	Roofers	
<input type="checkbox"/>	Sheet Metal Workers	
<input type="checkbox"/>	Telecommunication	
<input type="checkbox"/>	Windows and Doors	

Other, please list areas of work or services;

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