

**PROPOSAL DOCUMENTS  
FOR  
JANITORIAL SERVICES CONTRACT**

1. INTRODUCTION

- A. West Valley Sanitation District of Santa Clara County (District) is accepting proposals for janitorial services to be performed at the District Office located at 100 East Sunnyoaks Avenue, in Campbell, California.
- B. It is the intent of this RFP to secure a contract for dependable, high quality, experienced, and professional janitorial services to provide the necessary cleaning and specified building maintenance services for two buildings located at the District Office.
- C. These Proposal Documents contain both the General Requirements of the contract as well as the Proposal Documents required for the Contractor's proposal.
- D. The janitorial services required will be performed on established schedules on a daily, three times per week, weekly, monthly, and semi-annual frequencies. Some specialized cleaning options may be exercised by the District on an as-needed basis, but normally only annually.
- E. The Janitorial Services Contract will be issued for an initial three-year term from FY2019-FY2022. The first three-year term will begin on May 1, 2019 and end on June 30, 2022 (38 months). It is the intention of the District to award additional two (2) three-year terms from FY2022-2025 and FY2025-FY2028 (for a possible total contract term of nine years, ending June 30, 2028), however, the District Manager and Engineer has the discretion whether to issue the second and third three-year terms of the contract.

2. REQUEST FOR PROPOSAL (RFP) PACKAGE

- A. The RFP Package for the Janitorial Services Contract, is comprised of the following documents:
  - i. Request for Proposals
  - ii. Scope of Services
  - iii. Proposal Documents
  - iv. Agreement for Janitorial Services

3. SUBMITTAL REQUIREMENTS

- A. Proposal documents submitted must contain the items listed below and must be completed and executed by the authorized representative of the Contractor.
  - i. Proposal Form including Exhibits:
    - a. Proposal For Janitorial Services
    - b. Exhibit A – Contractor Information
    - c. Exhibit B – Statement of Experience and Credit Reference
    - d. Exhibit C – Safety Program Certification and Qualification
- B. Sealed proposals will be received at the District office at 100 East Sunnyoaks Avenue, Campbell, California, 95008, until 2:00 PM (local time) on Thursday March 28, 2019.

Proposals received will not be publicly opened or read aloud. All proposals shall be enclosed in an opaque clasped envelope clearly marked as "PROPOSAL FOR JANITORIAL SERVICES". The proposals will be referred to and considered by the Board at a subsequent meeting.

- C. The Cost Proposal consists of two parts; Scheduled Janitorial Services and Optional Services. The basis for determining the lowest bid is based on the total cost of performing these services over the first and second three-year terms (six years).
  - i. For Scheduled Janitorial Services the Contractor must indicate a monthly unit cost for each fiscal year of the first and second three-year terms and multiply by the respective months shown on the Cost Proposal Form to show the annual or fiscal year cost. The total sum of the first and second three-year terms for Scheduled Janitorial Services is then obtained.
  - ii. Optional Services are separate cleaning tasks that require the Contractor to indicate a lump sum price for each task shown during the first and second three-year terms (pricing to remain constant during each term). As previously indicated, the Contractor is to assume these tasks are exercised only once annually for bidding purposes. However, the individual optional tasks may, or may not be exercised by the District, or may be exercised more than once annually. The total annual cost of these tasks is to be multiplied by three to obtain the cost over each three-year term.
  - iii. The cost for Scheduled Janitorial and Optional Services for the third three-year term shall be submitted to the District three months prior to the end of the second three-year term (March 31) for the District's consideration. The basis for issuing the third three-year term to the Contractor will take into consideration the Contractor's past performance during the previous terms and the third term costs submitted.
- D. If any cost is omitted from the Contractor's Cost Proposal, the Proposal will be considered unresponsive and not considered for award.
- E. If a discrepancy is found between the multiplication of the unit price and the total price, the unit price shall be deemed to reflect the Contractor's intention and the total price of the Proposal shall be recalculated accordingly.

#### 4. CONTRACTOR REQUIREMENTS

##### A. Licenses

- i. The Contractor is required to have and maintain a City of Campbell business license during the course of this contract. Proof of an active license must be provided to the District prior to the start of the contract and upon its annual renewal.
- ii. There is no requirement for licensing through the California State Contractor's License Board.

##### B. Bonding

- i. The Contractor is required to have and maintain a Janitorial Services Surety Bond with a minimum limit of \$50,000 during the course of this contract. The Surety Bond is to be provided prior to the start of each fiscal (contract) year.

##### C. Insurance

- i. The Contractor shall procure and maintain for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, his agents, representatives, employees or subcontractors.
- ii. Coverage shall be at least as broad as:

- a. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 12 07 covering CGL on an “occurrence” basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than **\$2,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
  - b. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with limit no less than **\$1,000,000** per accident for bodily injury and property damage.
  - c. **Workers’ Compensation:** as required by the State of California, with Statutory Limits, and Employer’s Liability Insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease.
- iii. Other Insurance Provisions: The insurance policies are to contain, or be endorsed to contain, the following provisions.
- a. **Additional Insured Status**  
The District, its officers, officials, employees, and volunteers are to be covered as **additional insureds** on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor’s insurance (at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of both CG 20 10 and CG 20 37 if a later edition is used).
  - b. **Primary Coverage**  
For any claims related to this contract, the Contractor’s insurance coverage shall be primary insurance as respects the District, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the District, its officers, officials, employees, or volunteers shall be excess of the Contractor’s insurance and shall not contribute with it.
  - c. **Notice of Cancellation**  
Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the District.
  - d. **Waiver of Subrogation**  
Contractor hereby grants to District a waiver of any right to subrogation which any insurer of said Contractor may acquire against the District by virtue of the payment of any loss under such insurance. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the District has received a waiver of subrogation endorsement from the insurer.
  - e. **Deductibles and Self-Insured Retentions**  
Any deductibles or self-insured retentions must be declared to and approved by the District. The District may require the Contractor to purchase coverage with a lower deductible or retention or provide proof of ability to pay losses

and related investigations, claim administration, and defense expenses within the retention.

f. **Acceptability of Insurers**

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the District.

g. **Verification of Coverage**

Contractor shall furnish the District with original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by this clause. All certificates and endorsements are to be received and approved by the District before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The District reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

**PROPOSAL FOR  
JANITORIAL SERVICES CONTRACT**

To: District Manager and Engineer, West Valley Sanitation District of Santa Clara County  
(District), State of California.

Submitted By: \_\_\_\_\_

Name of Company

The Contractor hereby represents and warrants that:

1. It has sufficiently informed itself in all matters affecting the performance of the work, the furnishing of the labor, supplies, material, and equipment called for in carrying out the janitorial services described in this RFP.
2. It has attended the mandatory Pre-bid and Facility Inspection Meeting and has examined the site and is knowledgeable of the facilities to be serviced and its conditions.
3. Its proposal has been thoroughly checked for errors and omissions and all prices stated are complete and correct statements of its proposal for performing all work required by the contract documents.
4. Its proposal is genuine, not a sham or collusive; that it has not induced or solicited any other Contractor to submit a sham proposal or to refrain from proposing; and that it has not in any illegal manner sought to secure for himself any advantage over any other Contractor.
5. It understands that the District reserves the right to reject any and all proposals or to waive any irregularities in the procedures, and to award a Contract to other than the lowest Contractor.
6. It has attached to this Proposal the following Exhibits:
  - i. Exhibit A – Contractor Information
  - ii. Exhibit B – Contractor Statement of Experience and Credit Reference
  - iii. Exhibit C – Contractor Safety Program Certification and Qualification
7. It shall not add any condition or qualifying statements to this bid, otherwise the proposal may be declared irregular as being non-responsive to the RFP. Failure to attach the Exhibits described above to the Proposal will be grounds for the District to disqualify its proposal.
8. That the monthly cost shown will be used as the basis for monthly payments to the Contractor for scheduled janitorial services during the fiscal year indicated. Optional Services, if elected by the District, will be paid for using the lump sum amount for that task.
9. That the Cost Proposal includes all costs (labor, materials, equipment, tools, sales tax, use tax and other taxes, licenses, bonds, insurance, overhead, profit, travel, and price escalation during the contract period, etc.) that the Contractor believes necessary to perform the work covered in the Contract.

## COST PROPOSAL

SCHEDULED JANITORIAL SERVICES			
First Term	Monthly Cost		Annual Cost
FY 2019 – 2020	\$	X 14*	\$
FY 2020 – 2021	\$	X 12	\$
FY 2021 – 2022	\$	X 12	\$
<b>First Term Cost (3+ Fiscal Years)</b>			<b>\$</b>

\* Term begins May 1, 2019 and is consolidated as part of FY2019-2020

Second Term	Monthly Cost		Annual Cost
FY 2022 – 2023	\$	X 12	\$
FY 2023 – 2024	\$	X 12	\$
FY 2024 – 2025	\$	X 12	\$
<b>Second Term Cost (3 Fiscal Years)</b>			<b>\$</b>
<b>Total Cost of First and Second Terms</b>			<b>\$</b>

OPTIONAL SERVICES		
Item	First Term	Second Term
	Annual Cost	Annual Cost
Administration Building		
Window Cleaning		
a) Interior Windows	\$	\$
b) Exterior Windows	\$	\$
Carpet Cleaning	\$	\$
Ceramic Tile Cleaning	\$	\$
VCT Maintenance		
a) Wet Spray and Buff	\$	\$
b) Strip and Wax	\$	\$
Operations Building		
Window Cleaning		
a) Interior Windows	\$	\$
b) Exterior Windows	\$	\$
Carpet Cleaning	\$	\$
Ceramic Tile Maintenance	\$	\$
VCT Maintenance		
a) Wet Spray and Buff	\$	\$
b) Strip and Wax	\$	\$
<b>Total Annual Optional Services</b>		<b>\$</b>
<b>Cost For Each Term (x3)</b>		<b>\$</b>

Scheduled Janitorial Services:(Cost First Term + Second Term) =	\$	
Optional Services: (Cost First Term) =	\$	
(Cost Second Term) =	\$	
<b>TOTAL BID =</b>	<b>\$</b>	

1. I, the undersigned, agree that if this proposal is accepted, I will enter into a Contract for Janitorial Services with the District, agree to all of the requirements and terms and to provide all services described in the RFP Package.
2. I, the undersigned, having carefully checked the above-provided proposal, understand that the District will not be responsible for any errors or omissions on the part of the undersigned in creating this Proposal.
3. I, the undersigned, understand that the District reserves the right to reject any and all proposals or to waive any irregularities in the procedures, and to award a Contract to other than the lowest Contractor.
4. I, the undersigned, agree that this proposal is valid for sixty (60) days following the proposal due date and may not be withdrawn within this time frame.

If you are an individual, so state. If a firm or co-partnership, state the firm name and list the names of all individual co-partners composing the firm. If a corporation, state legal name of corporation, name of the president, secretary-treasurer, and manager and affix the corporate seal. The statements contained in this Proposal are made under penalty of perjury.

SUBMITTED on \_\_\_\_\_, 2019.

If Contractor is:

*An Individual*

Name (typed or printed): \_\_\_\_\_

By: \_\_\_\_\_

(Individual's signature)

Doing business as: \_\_\_\_\_

Business address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_

*A Partnership*

Partnership Name: \_\_\_\_\_

By: \_\_\_\_\_

(Signature of general partner -- attach evidence of authority to sign)

Name (typed or printed): \_\_\_\_\_

Business address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_

*A Corporation*

Corporation Name: \_\_\_\_\_ (SEAL)

State of Incorporation: \_\_\_\_\_

Type (General Business, Professional, Service, Limited Liability): \_\_\_\_\_

By: \_\_\_\_\_

(Signature -- attach evidence of authority to sign)

Name (typed or printed): \_\_\_\_\_

Title: \_\_\_\_\_

Attest: \_\_\_\_\_

(Signature of Corporate Secretary, Acting Secretary or other officer)

Business address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ FAX Number: ( ) \_\_\_\_\_

Date of Qualification to do business is \_\_\_\_\_

**EXHIBIT A**

**CONTRACTOR INFORMATION**

**General Information**

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

Business Type: \_\_\_\_\_ Sole Proprietorship (Individual) \_\_\_\_\_ Partnership  
\_\_\_\_\_ Corporation (State of Incorporation: \_\_\_\_\_)

Business Federal Tax ID Number: \_\_\_\_\_ (or SSN if Sole Proprietorship)

Date Business Formed: \_\_\_\_\_ Years in Business: \_\_\_\_\_

**Main Office (Corporate Headquarters)**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Local Office (Servicing Contract)**

Check if Same as Main Office: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Number of Contracts: \_\_\_\_\_ Gross Annual Contract Amount: \$ \_\_\_\_\_

Total Number of Janitorial Staff: \_\_\_\_\_

Typical number of janitorial staff to be assigned to this contract: \_\_\_\_\_

**Contractor's Authorized Representative** (person authorized to bind the firm contractually)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Contractor's Service Representative** (main point of contact regarding service during contract)

Check if Same as Authorized Representative: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## EXHIBIT B

### STATEMENT OF EXPERIENCE AND CREDIT REFERENCE

#### District Qualification Standards

The Contractor is required to satisfy certain qualification requirements in order to submit a proposal for this project. Contractors shall complete the entire Statement of Experience and Credit Reference and submit it with their proposal documents. Failure to complete the forms shown below, satisfy any of the requirements, or inclusion of any false statements may be grounds for automatic and immediate disqualification.

1. Contractor must have a City of Campbell business license at the time of contract award and throughout the course of this contract.
2. Contractor must complete the Contractor's Statement of Experience
3. Contractor must complete the Contractor's Credit References.
4. Contractor must complete the Safety Program Certification and Qualification and satisfy at least two of the three established criteria regarding Experience Modification Rate (EMR), Recordable Incident Rate (RIR), and Lost Time Incident Rate (LTIR).
5. The contractor must file with the District all bonds or other sureties and insurance certificates as required by the contract documents.

In addition to being disqualified for not meeting the above qualification requirements, a contractor may be **disqualified** for any one of the following:

1. Omission or falsification of any material fact or information contained in the contract documents or as otherwise provided to the District as requested.
2. A history of contract terminations, or unsatisfactory performance, which the District staff determines, in its sole discretion, to be excessive.
3. A history of surety claims or adverse civil judgments which the District staff determines, in its sole discretion, to be excessive.
4. A history of violations of any environmental, safety or immigration laws which the District staff determines, in its sole discretion, to be excessive.

#### 1. CONTRACTOR'S STATEMENT OF EXPERIENCE.

A. To qualify, the Contractor must have been engaged in providing commercial janitorial services during the last **three years** for facilities equal to or larger than 5,000 sf. List three

(3) clients that the Contractor has been providing this service for a minimum period of 12 consecutive months. Provide this project information below.

Name of Client 1 \_\_\_\_\_  
Contract Start/End \_\_\_\_\_  
Client Contact, Phone # \_\_\_\_\_  
Size of Facility (Sq Ft) \_\_\_\_\_

Name of Client 2 \_\_\_\_\_  
Contract Start/End \_\_\_\_\_  
Client Contact, Phone # \_\_\_\_\_  
Size of Facility (Sq Ft) \_\_\_\_\_

Name of Client 3 \_\_\_\_\_  
Contract Start/End \_\_\_\_\_  
Client Contact, Phone # \_\_\_\_\_  
Size of Facility (Sq Ft) \_\_\_\_\_

B. List any contract terminations, surety claims, or adverse civil judgments, that Contractor has been involved within the last five years (if more than one, provide information on separate sheet of paper):

1. Has this firm been previously terminated from a contract? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide name of client and explain circumstances. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Has there been any surety claims made by a client? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, provide name of client and explain circumstances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Has the Contractor been convicted of violating a state or federal law with respect to employment of undocumented aliens within the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_

**2. CONTRACTOR’S CREDIT REFERENCES**

A. Contractor’s Financial Responsibility. The Contractor hereby gives the District permission to inquire as to its credit status. Reference is hereby made to the following bank and two supply or service vendors that you currently do business with:

<u>Name of Company</u>	<u>Contact</u>	<u>Phone No.</u>
Bank: _____	_____	_____
Vendor: _____	_____	_____
Vendor: _____	_____	_____

## **EXHIBIT C**

### **SAFETY PROGRAM CERTIFICATION AND QUALIFICATION**

#### **Safety Program Certification**

The Contractor is required to certify that throughout the contract period they will maintain compliance with federal and state standard safety standards, safety requirements provided in the Scope of Services, and those provided in the safety programs developed by the Contractor. The Contractor's Safety Officer and the Contractor's Safety Supervisor responsible for this contract shall be identified. These individuals must execute and submit the Contractor's Safety Certification Form found at the end of this Exhibit as part of this Proposal.

#### **Safety Qualification Form**

The Contractor must meet the minimum safety requirements the District has established for this project. To qualify the Contractor must meet at least two of the three minimum established safety criteria including: 1) a three-year average Workers' Compensation Experience Modification Rate (EMR) equal to or less than **1.1 (110%)**, a three-year average Recordable Incident Rate (RIR) equal to or less than **3.1**, and a three-year average Lost Time Incident Rate (LTIR) equal to or less than **1.2**.

**CONTRACTOR'S SAFETY CERTIFICATION**

I/We hereby certify that I/we are the designated Safety Supervisor and or Safety Officer for the CONTRACTOR and that I am qualified through experience, knowledge, and capability to understand and implement the requirements of all Federal, and CalOSHA safety standards, safety requirements provided in the project specifications, and those provided in the CONTRACTOR's Site Specific Safety Plan.

I also certify that I am aware that I have the responsibility for the safety of all persons, including CONTRACTOR AND OWNER, related to the janitorial work while it is being performed.

**Name:** \_\_\_\_\_  
CONTRACTOR's Safety Supervisor

**Signature:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_  
CONTRACTOR's Safety Officer

**Signature:** \_\_\_\_\_

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

I hereby acknowledge my responsibilities for safety as described in the Scope of Services and CalOSHA and that I have granted the above individuals the authority to direct all work effort during this contract on behalf of the CONTRACTOR as necessary to comply with safety requirements, hazards, and emergencies. I also certify that we have developed and put into effect the following written safety programs: Injury and Illness Prevention Program (IIPP), Hazard Communication Program, and New Employee Orientation Program, to address specific safety hazards associated with the work being performed.

**Name:** \_\_\_\_\_  
CONTRACTOR's Safety Supervisor

**Signature:** \_\_\_\_\_

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

**SAFETY QUALIFICATION**

**A. Experience Modification Rate (EMR)**

The following information will be used to determine if you meet the minimum safety requirements for this project. To qualify the Contractor must have a three-year average Workers' Compensation Experience Modification Rate (EMR) equal to or less than **1.1 (110%)**.

Enter your Experience Modification Rate (EMR) for the last three completed years (available from your insurance carrier).	
20____	EMR = _____
20____	EMR = _____
20____	EMR = _____
Three-year Average = _____	

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

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

To verify the above information, we will contact your worker's compensation insurance carrier. Please authorize your carrier to release this information. Failure to do so will result in automatic disqualification.

Worker's Compensation Insurance Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

**B. Recordable Incident Rate (RIR)**

The following information will be used to determine if you meet the minimum safety requirements for this project. To qualify the Contractor must have a three-year average Total Recordable Incident Rate (RIR) equal to or less than **3.1**. Incident rate information is on your OSHA 300 Log and available from your insurance carrier. Please calculate the RIR for the last three complete years as shown below.

$$\text{RIR} = \frac{\text{Total number of Recordable Incidents} \times 200,000}{\text{Total employee's hours worked}}$$

Recordable Incidents	
Year	Number
20____	_____
20____	_____
20____	_____

Total Employee Hours Worked	
Year	Hours
20____	_____
20____	_____
20____	_____

<p>Enter your Recordable Incident Rate for each of the last three complete years.</p> <p>20____ RIR = _____</p> <p>20____ RIR = _____</p> <p>20____ RIR = _____</p> <p>Three-year average = _____</p>
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Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

To verify the above information, we will contact your worker's compensation insurance carrier. Please authorize your carrier to release this information. Failure to do so may result in automatic disqualification.

Workers' Compensation Insurance Company: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

**C. Lost Time Incident Rate (LTIR)**

The following information will be used to determine if you meet the minimum safety requirements for this project. To qualify the Contractor must have a three-year average Lost Time Incident Rate (LTIR) – cases with days away from work, equal to or less than **1.2**. Incident rate information is on your OSHA 300 Log and available from your insurance carrier. Please calculate the LTIR for the last three complete years as shown below.

$$\text{LTIR} = \frac{\text{Total number of Lost-Time Incidents} \times 200,000}{\text{Total employee's hours worked}}$$

Lost-Time Incidents

Year	Number
20____	_____
20____	_____
20____	_____

Total Employee Hours Worked

Year	Hours
20____	_____
20____	_____
20____	_____

Enter your Lost Time Incident Rate for each of the last three complete years.

20\_\_\_\_ LTIR = \_\_\_\_\_

20\_\_\_\_ LTIR = \_\_\_\_\_

20\_\_\_\_ LTIR = \_\_\_\_\_

Three-year average = \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

To verify the above information, we will contact your worker's compensation insurance carrier. Please authorize your carrier to release this information. Failure to do so may result in automatic disqualification.

Worker's Compensation Insurance Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

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