

VIHFA Contractor Information Form

Date: _____

Company Name: _____

Physical Address: _____

Mailing Address: _____

Phone Number(s): _____ Fax Number: _____

Type of business listed on V.I. business license: _____

V.I. Business License Number: _____ Date of Original License: _____

Employer Identification Number: _____

Expiration Date of Current License: _____ Other Licenses Held: _____

Sole Ownership Partnership Corporation

Owners, Partners, or Corporation Officer's Names:

Name: _____ Title: _____

Mailing Address: _____

(For additional space, attach another sheet)

Federal I.D. Number: _____ or Sole Owner's SSN: _____

Insurance Carriers: Workman's Comp: _____

Carrier Name Policy Number

Liability: _____

Carrier Name Policy Number

Coverage Amount \$ _____

See back of sheet

Experience:

Has your company constructed affordable homes in the Virgin Islands? Yes No

How many homes were constructed? _____

When were these homes constructed? _____

Are there any affordable units being constructed presently? Yes No

What was the average value of the homes being constructed? \$ _____

Has your company ever been involved in a law suit pertaining to construction work? Yes No

If yes, please explain the outcome of the court case.

What was the amount of homes (all types) that were constructed in the past five (5) years? _____

What is your gross annual contract value for the past three (3) years? \$ _____

Work Force:

What type of work do you/your staff typically perform?
