



ALBANY COUNTY  
LAND BANK CORPORATION

CONTRACTOR QUESTIONNAIRE

1 GENERAL CONTRACTOR INFORMATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Cell \_\_\_\_\_

Date \_\_\_\_\_  
Phone \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

2 ORGANIZATION

- Sole Proprietor: Owner's name \_\_\_\_\_
- Partnership: partner's name \_\_\_\_\_
- Corporation: Company Name \_\_\_\_\_
- OTHER: Specify \_\_\_\_\_
- Union \_\_\_\_\_
- Non-Union \_\_\_\_\_

BUSINESS CLASSIFICATION (CHECK ALL THAT APPLY)

- DBE Disadvantaged Business Enterprise
- MBE Minority Business Enterprise
- WBE Women-Owned Business Enterprise
- SBE Small Business Enterprise
- OTHER, Please describe: \_\_\_\_\_

When business began \_\_\_\_\_ Where \_\_\_\_\_

How long contracting under present name \_\_\_\_\_

Have you contracted under any other name(s)? Yes  No  If yes, explain: \_\_\_\_\_

Have you ever failed to complete work awarded to you? Yes  No  If yes, explain: \_\_\_\_\_

Have you ever defaulted on a contract? Yes  No  If yes, explain: \_\_\_\_\_

3 LITIGATION INFORMATION

Has any kind of judgment been brought against you, in the last ten years, related to services you plan to provide? Please explain \_\_\_\_\_

4 INSURANCE INFORMATION Note: Certificate of Insurance to be provided by Agent

Insurance Company \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Liability Insurance Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Auto Insurance Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

5 LICENSES HELD (if any) Please list the type of license(s) you possess and the identification number(s)

Type of License	License Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

6 AREAS OF SPECIALIZATION (Non-subcontracted work)

- \_\_\_\_\_ Abatement            Lead [ ]    Asbestos [ ]
- \_\_\_\_\_ Board-up and Security
- \_\_\_\_\_ Carpentry
- \_\_\_\_\_ Cleaning
- \_\_\_\_\_ Demolition
- \_\_\_\_\_ Electrical
- \_\_\_\_\_ Excavating/ Landscape
- \_\_\_\_\_ Floor Covering
- \_\_\_\_\_ Garage Doors
- \_\_\_\_\_ General Contracting
- \_\_\_\_\_ Insulation/ Weather Stripping
- \_\_\_\_\_ Masonry
- \_\_\_\_\_ Mechanical (HVAC) Specify: \_\_\_\_\_
- \_\_\_\_\_ Painting
- \_\_\_\_\_ Pest Control
- \_\_\_\_\_ Plaster Dry Wall
- \_\_\_\_\_ Plumbing
- \_\_\_\_\_ Roofing                    Gutters & Downspouts [ ]
- \_\_\_\_\_ Siding
- \_\_\_\_\_ Water Heating/ Conditioning
- \_\_\_\_\_ Waterproofing    Kitchen/Bath [ ]            Masonry/Brick [ ]
- \_\_\_\_\_ Windows
- \_\_\_\_\_ Yard Maintenance
- \_\_\_\_\_ Other: \_\_\_\_\_

7 Are you licensed to do work in the City of Albany? \_\_\_\_\_

8 PROJECT EXPERIENCE Provide information on the largest project you've completed

Type of work \_\_\_\_\_

How long did it last \_\_\_\_\_

Location \_\_\_\_\_

Cost of project \_\_\_\_\_

LIST PROJECTS CURRENTLY UNDERWAY OR PLANNED FOR DURING THE YEAR AND VALUE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9 REFERENCES Provide at least three references where you've completed work within the last 12 months.

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

10 I hereby certify that the information provided is accurate and complete, to the best of my knowledge.

_____	_____
Date	Signature of Contractor
_____	_____
Company	Please print name

Please return completed form to:

Albany County Land Bank Corporation  
Attn: A. Wyckoff  
69 State Street  
Albany, NY 12207  
Phone: 518-407-0309  
email: [awyckoff@albanycountylandbank.org](mailto:awyckoff@albanycountylandbank.org)

**EQUAL OPPORTUNITY EMPLOYER**



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LAND BANK CORPORATION