



KENT HOME REPAIR
City of Kent Human Services Division
220 4th Avenue South
Kent, WA 98032
Fax: 253-856-6070
Email: HomeRepair@kentwa.gov

PHONE: 253-856-5065

To Contractor:

Thank you for your interest in working with the City of Kent Home Repair Program, a federally funded program that provides direct repair assistance to low income, families, seniors and disabled households in the City of Kent. Our program invites contractors to bid on small residential projects under \$10,000. Projects may include roofing, electrical, furnaces, sewer work, general contracting, and others.

To be eligible to bid on projects, prospective contractors must first complete the following:

- 1) Enroll with MRSC Small Works Roster:** The City of Kent uses the Washington State Municipal Research and Services Center (MRSC) public works roster to select qualified contractors to bid on projects. It is free to create and maintain an account for contractors. If you are not already a member, please create an account at: www.mrscrosters.org. Be sure to include "City of Kent" as a selected public agency in your account. If your company is already a member of MRSC, just add "City of Kent" as a selected public agency so we can view your profile.
- 2) Vendor setup form:** Please complete the attached the *Vendor Setup* form to enroll as a vendor with the City of Kent. This information is forwarded to our finance department to authorize any payment made to or from your business.
- 3) Provide proof of insurance:** City policy requires businesses to meet and maintain a minimum insurance requirement and list City of Kent as additional insured. Please see attached exhibit for insurance requirements.
- 4) Obtain a City of Kent business license:** If selected for a project, you will be responsible for obtaining a City of Kent Business License. Licenses are renewed annually at the beginning of each year. Apply by visiting <https://www.kentwa.gov/doing-business/city-taxes/business-licenses>. Please contact City of Kent Customer Service with any licensing questions: (253) 856-5200 | CustomerService@KentWA.gov

Please note: All projects must be billed at King County prevailing wage rates. Filing intents, affidavits & certified payroll with Washington State Department of Labor & Industries is required.



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Contractor Enrollment Checklist:

1. Complete the following:

MRSC Registration

2. Submit the following information to our office:

Completed attached Vendor Setup Form

Copy of insurance & endorsements in accordance with attached exhibit

Copy of City of Kent Business License

3. Return items listed above by:

- **Email:** Dhammack@kentwa.gov (Darrel) or Blevens@Kentwa.gov (Brittany)

- **Fax:** (253) 856-6070

- **Mail or in person:**
Kent Home Repair
220 4th Ave S
Kent, WA 98032

Hours: Monday-Friday 8 AM to 4 PM | (253) 856.5065

Please contact our office with any questions.

Thank you. We look forward to working with you on future projects.

Darrel Hammack
Field Supervisor

Brittany Levens
Human Services Specialist



Vendor Set-up Form

To be filled out by Vendor ONLY

- New Vendor
- Address Change

Vendor Number _____

220 Fourth Avenue South • Kent, WA 98032-5895 • Phone: 253-856-5200 • CustomerService@KentWA.gov

Name, as it will appear on check <i>(NO ABBREVIATIONS)</i>	Doing Business As (If different than name on check) ____
Payment Address	Business Address
City State Zip	City State Zip
Phone Number	Accounts Receivable Contact

Vendor Type: *(check the appropriate box)*

- Individual proprietor or single-member LLC C corporation S corporation Partnership Trust/Estate
 - Limited liability company: Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) _____
- Note: For a single-member LLC that is disregarded, do not check LLC, check the appropriate box in the line above for the tax classification of the single-member owner.

Check one: **This business is**

- Minority Owned Women Owned Both Minority and Women Owned Neither
- Will you provide medical services to the City of Kent? Yes No
- Will you provide legal services to the City of Kent? Yes No
- Will you provide services other than medical or legal to the City of Kent? Yes No
- Will you provide parts, supplies or materials to the City of Kent? Yes No
- Do you pay sales tax to the State of Washington? Yes No

Check here if exempt from Form 1099 reporting, and check your qualifying exemption reason below:

- 1. Corporation, except there is no exemption for medical and healthcare payments or payments for legal services
- 2. Tax Exempt Charity under 501(a), or IRA
- 3. The United States or any of its agencies or instrumentalities
- 4. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions
- 5. A foreign government or any of its political subdivisions

Name (Owner of the Tax Payer Identification Number (EIN or SSN) as name appears on IRS or Social Security Administration Records): _____

Social Security #: _____ or Federal TIN: _____

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and,
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Sign Here Signature ▶ _____ Date ▶ _____

EXHIBIT B INSURANCE REQUIREMENTS FOR SERVICE CONTRACTS

Insurance

The Contractor shall procure and maintain for the duration of the Agreement, insurance against claims for injuries to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, their agents, representatives, employees or subcontractors.

A. Minimum Scope of Insurance

Contractor shall obtain insurance of the types described below:

1. Commercial General Liability insurance shall be written on ISO occurrence form CG 00 01 and shall cover liability arising from premises, operations, independent contractors, products-completed operations, personal injury and advertising injury, and liability assumed under an insured contract. The City shall be named as an insured under the Contractor's Commercial General Liability insurance policy with respect to the work performed for the City using ISO additional insured endorsement CG 20 10 11 85 or a substitute endorsement providing equivalent coverage.
2. Automobile Liability insurance covering all owned, non-owned, hired and leased vehicles. Coverage shall be written on Insurance Services Office (ISO) form CA 00 01 or a substitute form providing equivalent liability coverage. If necessary, the policy shall be endorsed to provide contractual liability coverage.
3. Workers' Compensation coverage as required by the Industrial Insurance laws of the State of Washington.

B. Minimum Amounts of Insurance

Contractor shall maintain the following insurance limits:

1. Commercial General Liability insurance shall be written with limits no less than \$1,000,000 each occurrence, \$1,000,000 general aggregate and a \$1,000,000 products-completed operations aggregate limit.
2. Automobile Liability insurance with a minimum combined single limit for bodily injury and property damage of \$1,000,000 per accident.

EXHIBIT B (Continued)

C. Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions for Automobile Liability and Commercial General Liability insurance:

1. The Contractor's insurance coverage shall be primary insurance as respect the City. Any Insurance, self-insurance, or insurance pool coverage maintained by the City shall be excess of the Contractor's insurance and shall not contribute with it.
2. The Contractor's insurance shall be endorsed to state that coverage shall not be cancelled by either party, except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the City.
3. The City of Kent shall be named as an additional insured on all policies (except Professional Liability) as respects work performed by or on behalf of the contractor and a copy of the endorsement naming the City as additional insured shall be attached to the Certificate of Insurance. The City reserves the right to receive a certified copy of all required insurance policies. The Contractor's Commercial General Liability insurance shall also contain a clause stating that coverage shall apply separately to each insured against whom claim is made or suit is brought, except with respects to the limits of the insurer's liability.

D. Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best rating of not less than A:VII.

E. Verification of Coverage

Contractor shall furnish the City with original certificates and a copy of the amendatory endorsements, including but not necessarily limited to the additional insured endorsement, evidencing the insurance requirements of the Contractor before commencement of the work.

F. Subcontractors

Contractor shall include all subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the same insurance requirements as stated herein for the Contractor.