

MEMORANDUM

TO: POTENTIAL CONTRACTORS

**FROM: ST. CLAIR COUNTY INTERGOVERNMENTAL GRANTS DEPARTMENT
COMMUNITY DEVELOPMENT GROUP**

RE: CONTRACTOR REQUEST FOR CONSIDERATION – HOUSING PROGRAMS

Attached is the application to be considered for participation as an approved contractor in the Community Development Block Grant Housing Programs. Please complete the attached information and return to Community Development Group. If you have any questions, please do not hesitate to contact Christina Anderson at 618-825-3218 or Lisa Ludwig at 618-825-3211.

We look forward to the return of your application!!

HOUSING CONTRACTOR REQUEST FOR CONSIDERATION

1. Your Name: _____
2. Home Address: _____
3. City, State, Zip: _____
4. Home Telephone # _____
5. FEIN # _____
6. Firm Name: _____ DUNS # _____
7. Type of Firm: ☐ Self ☐ Partnership ☐ Corporation
8. FEIN: _____
9. Firm Address: _____

Street
City
State
Zip
10. Firm Telephone # _____ Mobile/Cellular _____ FAX _____
11. Indicate type of work that you cover as General Contractor (mark blank with G); and any work that you Subcontract (mark blank with S) in capacity as General Contractor.

☐ Air Conditioning	☐ Electrical	☐ Resident Floor Tile
☐ Aluminum Siding	☐ Furnace	☐ Roofing
☐ Cabinets	☐ Guttering	☐ Septic Tank & Absorption Beds
☐ Carpentry	☐ Hot Water Heating	☐ Sewer Drain Layer
☐ Ceramic, Metal, Plastic Tile	☐ Insulation	☐ Smooth Surface Flooring
☐ Combination Windows & Doors	☐ Residential Pumps	☐ Wet Drilling

Others, specify _____
12. Firm established (year) _____
13. Number of Regular Employees _____
14. Hourly Rates Paid: _____
15. List current union contract(s) _____
16. List of Vehicles:

Description:	Make	Model	Year	Number of Vehicles
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
17. Bank References:

Bank Name _____	Type of Account _____
Bank Name _____	Type of Account _____
18. Jobbers/Suppliers References:

a.	Name	Address	City	State	Zip	Telephone
b.	Name	Address	City	State	Zip	Telephone
c.	Name	Address	City	State	Zip	Telephone

19. Job Performance References: (List recent jobs which can be inspected for workmanship, preferably those within St. Clair County.)

a.

Name	Address	Telephone #	Type of Work
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b.

Name	Address	Telephone #	Type of Work
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c.

Name	Address	Telephone #	Type of Work
------	---------	-------------	--------------

d.

Name	Address	Telephone #	Type of Work
------	---------	-------------	--------------

e.

Name	Address	Telephone #	Type of Work
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20. License References: (Roofing License/Lead Renovator Required) List cities, counties and states in which you are licensed to work:

a.

City, County, State	Type of License	License Number	Expiration Date
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b.

City, County, State	Type of License	License Number	Expiration Date
---------------------	-----------------	----------------	-----------------

c.

City, County, State	Type of License	License Number	Expiration Date
---------------------	-----------------	----------------	-----------------

d.

City, County, State	Type of License	License Number	Expiration Date
---------------------	-----------------	----------------	-----------------

21. Certificate of Insurance

Attach current proof of Comprehensive General Liability and Workers Compensation when you return this document.

22. List all officers of the Company:

Name		Title	
Name		Title	
Name		Title	
Name		Title	

23. If you are a minority firm, please certify the following:

- That the named firm is a bonafide MBE/WBE at least fifty percent (50%) of which is privately owned by minority members, or in case of publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by minority group members (i.e. citizens of the United States who are black, Spanish-speaking (Hispanic), Native American).
- Indicate below the percentage of ownership by a minority category. In the case of joint ventures identify the percentage of minority participation in the joint venture.

23. Continued

Category	Percentage
Black American	_____
Spanish-speaking (Hispanic) American	_____
Asian or Pacific Islander American	_____
Native American (American Indian, Eskimo Aleut or Native Hawaiian)	_____
TOTAL	_____ *

*Must total at least fifty percent (50%) of privately owned and fifty-one percent (51%) for publicly owned.

I hereby certify that all information supplied herein is true to the best of my knowledge.

Date

Signature and Title of Applicant

U.S. Criminal Code, Section 1010, Title 18, U.S.C., provides in part: "Whoever...makes, passes, utters or published any statement, knowing the same to be false...shall be fined not more than \$5,000 or imprisoned not more than two years, or both."

NOTE: Each General Contractor wishing to participate in St. Clair County's Community Development Block Grant – Housing Program must complete this document before being permitted to bid on work. This document should be returned to:

St. Clair County Intergovernmental Grants Department
Community Development Division
Attention: Housing Programs
19 Public Square, Suite 200
Belleville, Illinois 62220-1624

(618) 825-3211
FAX: (618) 236-1190

- Must be registered in System for Award Management (SAM).
- Must have Renovate Rights Certificate from EPA.
- If applicable must have a roofing license.
- If applicable must have a lead license issued by the Illinois Department of Public Health.
- If not licensed for roofing or lead must subcontract to licensed contractor on St. Clair County IGD list.
- Jobs awarded will require a 7.5% cash out bond prior to initiation of project.
- As part of the qualification process, the County will check for any liens, judgements, complaints with BBB, creditors, and prior workmanship, etc.

St. Clair County

Standard Insurance Certificate Requirements

The attached information contains the most up-to-date requirements for submission of insurance coverage to St. Clair County. In addition, an example of Certificate of Liability Insurance Form has been included to indicate the preferred method of completion of the form. Please note that the form will only be accepted if the ADDL INSD and SUBR WVD columns are marked with a “Y”. Marking with an “X” is unacceptable and will result in the return of the form.

If you have any questions, please contact Ms. Ann Barnum, St. Clair County Human Resource Director at (618) 277-6600 ext 2259.

St. Clair County
Standard Insurance Certificate Requirements
Revised 09/19/2023

Contractor agrees:

1. To procure and maintain for the life of their agreement, insurance coverage conforming to the minimum requirements stated below, and naming **St. Clair County, IL and The Public Building Commission of St. Clair County, IL** as "Additional Insured" on a **primary / noncontributory basis on the Commercial General Liability and Automobile Liability policies. These policies as well as the workers compensation policies are to be endorsed with a waiver of subrogation in favor of same.**

All policies of insurance shall provide St. Clair County no less than 30 days advance written notice of any material change, cancellation or non-renewal.

All coverages shall be provided by insurance companies authorized to transact business under the law of the State of Illinois, and acceptable to St. Clair County. The insurance companies providing coverage shall have a Best's Policyholder's Rating of "A" or better, and a Financial Rating of not less than "VII."

Contractor shall provide a standard Acord Certificate(s) of Insurance as proof of insurance, and required "Additional Insured" clauses, prior to the commencement of any agreement. **Such certificate(s) shall be sent to St. Clair County of IL, and Public Building Commission of St. Clair Co of IL, Attn: Ann Barnum, Human Resource Director, 10 Public Square, Belleville, IL 62220.**

A. Commercial General Liability

Coverage shall be on an occurrence form providing the following coverages:

- Premises/Operations
- Products/Completed Operations
- Contractual Liability
- Independent Contractors
- Broad Form Property Damage
- Fire Legal Liability
- Personal Injury
- Medical Expense

Limits for Commercial General Liability, including personal Injury, shall be no less than \$1,000,000 combined single limit per occurrence and in the aggregate.

B. Automobile Liability

Coverage shall be afforded on all owned, non-owned and hired vehicles whether private passenger or other than private passenger, and shall include Uninsured and Underinsured Motorists. Limits for the Automobile Liability, Uninsured and Underinsured Motorists coverages, shall be no less than \$1,000,000 combined single limit for Bodily Injury and Property Damage.

St. Clair County
Standard Insurance Certificate Requirements

C. Workers Compensation/Employer's Liability

Workers Compensation coverage shall be afforded for all operations conducted under this Agreement as required by the State of Illinois statute. Coverage for Employer's Liability shall be no less than \$500,000 for each accident, \$500,000 disease each employee, and \$500,000 disease each policy limit.

2. These insurance requirements shall be subject to annual review, and may be modified due to changes in Contractor's operations or exposures, or necessitated by changes in legal requirements or insurance industry standard coverages.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : INSURERS MUST HAVE AM BEST RATING	
	INSURER B : OF 'A' OR BETTER AND FINANCIAL RATING	
INSURED	INSURER C : OF NOT LESS THAN 'VII'	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	☒ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	☐ CLAIMS-MADE ☒ OCCUR	Y	Y				MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	☒ POLICY ☐ PRO-JECT ☐ LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☒ ANY AUTO	Y	Y				BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	☐ SCHEDULED AUTOS						\$
	☐ NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	☐ OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	☐ CLAIMS-MADE						
	DED ☐ RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						☒ WC STATU-TORY LIMITS ☐ OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A	Y			E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

ST. CLAIR COUNTY, IL AND THE PUBLIC BUILDING COMMISSION OF ST. CLAIR COUNTY, IL ARE ADDITIONAL INSURED ON A PRIMARY & NON-CONTRIBUTORY BASIS UNDER GENERAL LIABILITY AND AUTOMOBILE LIABILITY AS REQUIRED BY WRITTEN CONTRACT. WAIVER OF SUBROGATION APPLIES UNDER GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS' COMPENSATION POLICIES AS REQUIRED BY WRITTEN CONTRACT AND WHERE PERMISSIBLE BY LAW. 30 DAYS NOTICE OF CANCELLATION APPLIES FOR REASONS OTHER THAN NON-PAYMENT.

CERTIFICATE HOLDER

CANCELLATION

ST. CLAIR COUNTY OF IL AND PUBLIC BUILDING COMMISSION OF ST. CLAIR CO OF IL, ATTN: ANN BARNUM - HUMAN RESOURCE DIRECTOR 10 PUBLIC SQUARE BELLEVILLE, IL 62220	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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INSTRUCTIONS

FOR MAKING APPLICATION UNDER PROVISIONS OF THE ILLINOIS ROOFING INDUSTRY LICENSING ACT

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Read all instructions carefully before you begin completing the application. Applications must be typed or printed clearly with black ink only. Application information which cannot be read will cause the application to be returned. Each limited or unlimited roofing license shall expire on June 30 of odd-numbered years regardless of the issuance date.

If you are seeking to replace your current Roofing Contractor License with a new business entity and keep the same qualifying party, you will need to apply for a new Roofing Contractor License, then return the old license once the new license is issued. See the application for a statement in this regard.

1. Complete the Application for Licensure in its entirety.

Fee payment in the amount of **\$125** must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation. ALL FEES ARE NOT REFUNDABLE.

2. If item number 8 has been answered "YES" you must submit one of the following:

- a. Proof of worker's compensation insurance which must be in the form of a Certificate of Insurance from the insurance provider; *or*
- b. If self-insured, proof must be in the form of the Certificate of Approval as a Self-Insurer issued by the Illinois Industrial Commission; *or*
- c. If business is located in another state, submit the out-of-state worker's compensation insurance form which must contain either 1) an all state endorsement clause; or 2) a clause stating that it will cover Illinois accidents, and benefits will be paid under Illinois Laws using the Illinois benefits schedule.

3. If item number 8 has been answered "YES," you must also submit one of the following:

- a. Proof of Illinois Unemployment Insurance which must be in the form of a notarized copy of the quarterly report (Form U-C 1 or U-C 3) issued to the applicant by the Illinois Department of Employment Security, 850 East Madison, 1st Floor, Springfield, Illinois 62702; *or*
- b. A notarized copy of the completed application submitted to the Illinois Department of Employment Security for the issuance of an employer identification number; *or*

- c. If business is located in another state, you must submit proof that you are paying unemployment insurance in the state where the business is located.

4. In item number 10, you **must** enter the designated qualifying party. This person must take and pass either the Illinois Residential Examination or the Illinois Residential, Commercial and Industrial Examination.

If at any time a licensee allows his/her license to lapse, or the qualifying party designated terminates or is terminated, or his or her status as qualifying party of a licensee is terminated, the licensee will be required to designate a qualifying party who has taken and passed the examination.

5. Supporting Document **RF-INS** must be properly completed and submitted. This is the only proof of liability and property damage insurance which will be accepted by this Department.
6. Supporting Document **BD-RF** must be properly submitted and completed by a bonding company licensed to do business within the State of Illinois.
7. If the ownership of the roofing business is a sole proprietorship the qualifying party must be the owner which would be identified in item 13.
8. If the ownership of the roofing business is a partnership, a copy of the Partnership Agreement must be submitted. If there is no formal Partnership Agreement, you must submit a written statement

(cont'd on p. 2)

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

INSTRUCTIONS (cont'd)

which states there is no formal Partnership Agreement.
The statement must be signed by all partners.

9. If the ownership of the roofing business is a corporation, you must submit a copy of the entire Articles of Incorporation as filed with the Illinois Secretary of State; or

If the corporation is located in another state, you must submit a copy of the Certificate of Authority to do Business in Illinois, as issued by the Illinois Secretary of State.

10. Forward completed application, supporting documents and fee payment to:

Illinois Department of Financial
and Professional Regulation
Attn: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791

If assistance in completing the application is needed, direct your request to 217/782-8556.

Limited Roofing License

Limited Roofing License means a license made available to contractors whose roofing business is limited to residential roofing, including residential properties consisting of 8 units or less.

Unlimited Roofing License

Unlimited Roofing License means a license made available to contractors whose roofing business is unlimited in nature and includes roofing on residential, commercial and industrial properties.

Qualifying Party

You must designate a qualifying party. The "qualifying party" means the individual filing as a sole proprietor, partner of a partnership, officer of a corporation, trustee of a business trust, or a party of another legal entity, who is legally qualified to act for the business organization in all matters connected with its roofing contracting business, has the authority to supervise roofing installation operations, and is actively engaged in day to day activities of the business organization.

The qualifying party shall be required to pass the examination within 3 years from the date of application

or their fee will be forfeited and the applicant will be required to submit a new application and meet the requirements in effect at the time of reapplication.

Each Limited or Unlimited roofing license shall expire on June 30 of odd numbered years regardless of the issuance date.

No person shall be named as a qualifying party for more than one licensee. However, the person may act in the capacity of the qualifying party for one additional licensee of the same type of licensure if:

1. There is a common ownership of at least 25 percent of each licensed entity for which the person acts as a qualifying party; *or*
2. The same person acts as a qualifying party for one licensed entity and its licensed subsidiary.

"Subsidiary" means a corporation of which at least 25 percent is owned by another licensee.

When a qualifying party is terminated or is terminating his or her status as a qualifying party of a licensee, the qualifying party and the licensee shall notify the Department in writing of the termination within 30 business days. The licensee has 30 business days to notify the Department of a new qualifying party who must take and pass the examination. If the newly designated party has not passed the examination in 7 months, the licensee shall designate a qualifying party who has passed the examination.

REMINDER

Applicants applying for a license shall be required to designate a qualifying party who must take and pass the state unlimited or limited examination.

If at any time a licensee allows his/her license to lapse, or the qualifying party terminates or is terminated, or his or her status as qualifying party of a licensee is terminated, the licensee will be required to designate a qualifying party who has taken and passed the examination.

Application for Licensure as a Roofing Contractor	FOR OFFICIAL USE ONLY															
IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 335/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to comply will result in this form not being processed.																
Carefully follow all steps outlined on the Instruction Sheet. In addition, note the following: a. Type or print legibly with black ink only. b. The registration fee is NOT refundable. c. "Disclosure of your social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification."																
Are you seeking to replace your current Roofing Contractor License with a new business entity keeping the same qualifying party? If so, you will need to apply for a new Roofing Contractor License, then return the old license once the new license is issued. ☐ Yes ☐ No																
Have you ever had a Roofing Contractor License issued to you by Illinois? ☐ Yes ☐ No If yes, indicate the License No.: 104- _____																
PART I: Application Category Information																
1. PROFESSION NAME ROOFING CONTRACTOR	2. PROFESSION CODE 1 0 4	3. LICENSURE METHOD NON-EXAM	4. FEE \$ 125	5. TYPE OF ROOFING CONTRACTOR ☐ Limited Roofing License ☐ Unlimited Roofing License												
PART II: Applicant Identifying Information																
1. NAME OF ROOFING BUSINESS (Exactly as it is to appear on the License.)		2. FEIN NUMBER OR, IF INDIVIDUAL OWNERSHIP, UNITED STATES SOCIAL SECURITY NUMBER OF OWNER														
3. ADDRESS OF BUSINESS HEADQUARTERS (Street, City, State, and Zip Code)		4. TYPE OF OWNERSHIP ☐ Individual ☐ Partnership ☐ Corporation ☐ LLC														
5. COUNTY		6. BUSINESS TELEPHONE NUMBER														
7. TELEPHONE NUMBER OF QUALIFYING PARTY		8. DOES THIS ROOFING BUSINESS HAVE EMPLOYEES? ☐ Yes ☐ No														
9. PREFERRED e-MAIL ADDRESS(ES) [If available]		10. NAME AND ADDRESS OF PERSON DESIGNATED AS THE QUALIFYING PARTY														
11. FAX #:																
12. ADDITIONAL LOCATION ADDRESSES AND TELEPHONE NUMBERS: (All branch locations must use the same name and license number as will appear on the license.) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">ADDRESS (Street, City, State, ZIP, and County)</th> <th style="width: 25%;">BRANCH MANAGER</th> <th style="width: 25%;">TELEPHONE NUMBER</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					ADDRESS (Street, City, State, ZIP, and County)	BRANCH MANAGER	TELEPHONE NUMBER									
ADDRESS (Street, City, State, ZIP, and County)	BRANCH MANAGER	TELEPHONE NUMBER														

Additional application forms can be downloaded from the IDFPF Web site at www.idfpr.com.

13. IF OWNERSHIP IS A SOLE-PROPRIETORSHIP, LIST THE NAME AND ADDRESS OF THE QUALIFYING PARTY WHO MUST BE THE OWNER OF THE ROOFING BUSINESS.

Name	Address (Street, City, State, and Zip Code)	105 Number

14. IF OWNERSHIP IS A PARTNERSHIP, LIST NAME AND ADDRESS OF ALL PARTNERS.

Name	Address (Street, City, State, and Zip Code)	% of Ownership

15. IF OWNERSHIP IS A CORPORATION OR LIMITED LIABILITY COMPANY, INDICATE THE NAME OF THE CORPORATION OR LIMITED LIABILITY COMPANY.

16. IF OWNERSHIP IS A CORPORATION, LIST NAME, ADDRESS AND TITLE OF ALL OFFICERS AND DIRECTORS OF THE CORPORATION. IF THE OWNERSHIP IS A LIMITED LIABILITY COMPANY, LIST THE NAME, ADDRESS, AND TITLE OF EACH MEMBER, ORGANIZER OR MANAGER.

Name	Address (Street, City, State, and Zip Code)	Title	% of Ownership

17. Is the name indicated in Part II, a fictitious name? ☐ Yes ☐ No If Yes, you must sign the following affidavit of compliance.

Definition of fictitious name: A fictitious name is any name other than an individual owner's legal name. Fictitious names for licensure purposes include, but are not limited to names such as John Doe Roofing and Siding, XYZ Roofing, B-2 Construction, etc.

Under the penalties of perjury, I declare that I have complied with all provisions of the Illinois Assumed Business Name Act.

Signature of Person Making Application

Date

PART III: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct and complete; I am the person legally qualified to act for the business organization in all matters connected with its roofing contracting business; and I have the authority to supervise the roofing operations undertaken by this business organization.

Signature of Person Making Application

Print or Type Name of Person Making Application

Date

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Roofing Contractor

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

TWO-PAGE APPLICATION REVIEW		COMPLETED
Part I.	Application Category Information	
Part II.	Applicant Identifying Information	
Part III.	Certifying Statement	
SUPPORTING DOCUMENTS		SUBMITTED
Application Fee		
BD-RF Form --The appropriate BD-RF form must be completed by a bonding company. BD-RF limited is for residential roofing only and BD-RF unlimited is for both residential and commercial roofing.		
RF-INS Form --This document must be completed by the Insurance Company and must also be checked for appropriate designation (limited roofing or unlimited roofing license).		
ROOFING QUALIFYING PARTY --This document must be completed by the individual designated as the qualifying party. The qualifying party is the person responsible for the day-to-day activities of the roofing business and is also the person designated to take and pass the roofing examination.		
NOTIFICATION OF TERMINATION OF QUALIFYING PARTY --This document is to be completed by the Roofing Contractor should the qualifying party be terminated.		

All supporting documents **may not be required**. Please refer to application instructions for your specific method of licensure.

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 335/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION BOND ROOFING CONTRACTOR	SUPPORTING DOCUMENT BD-RF Limited
FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER	ILLINOIS ROOFING CONTRACTOR LICENSE NUMBER (If applicable) 104-	BOND NUMBER TYPE OF TRANSACTION ☐ NEW APPLICATION ☐ RENEWAL

KNOW ALL PERSONS BY THESE PRESENTS, that _____
 _____ Roofing Contractor (must be exactly as it appears on application or renewal)

_____ of _____ County, Illinois,
 _____ (Actual Business Address) (must be exactly as it appears on application or renewal)

as Principal, and _____
 _____ Name of Ins. Co. (must be authorized to transact fidelity and surety business in the State of Illinois)

_____ (Address)

as Surety, are held and firmly bound unto the State of Illinois and to the People of the State of Illinois, in accordance with Section 3(2)(d) of the Illinois Roofing Industry Licensing Act in the aggregate amount of **Ten Thousand Dollars (\$10,000.00)**, (regardless of the number of years the bond is in force or the number of claims against the bond the total amount of the bond shall be for **\$10,000.00**), for the payment whereof will and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

The condition of the foregoing obligation is such, however, that:

Whereas, the said Principal is licensed with the Department of Financial and Professional Regulation to engage in the business of roofing contracting in the State of Illinois, now if the said Principal shall faithfully observe all ordinances and laws of the State of Illinois and of any municipal corporation and country of this State, within which the Principal shall engage in any work, pertaining to said business or businesses, whether now or hereafter enacted, together with all rules, regulations and building codes established under the authority of said laws or ordinances; and pay damages as any person, firm or corporation may sustain by reason of violation of said laws, ordinances, rules, regulations or building codes by said Principal, its servants or agents, or by reason of their negligence of said Principal, its servants or agents, in the prosecution of said business or businesses, then this bond to be void, otherwise to remain in full force and effect.

This bond is continuous and shall remain in full force and effect until the license is terminated or not renewed by the Department of Financial and Professional Regulation, or is canceled by the Surety as provided below. Except as to liability accruing prior to the effective date of cancellation, the Surety's liability of this bond shall be terminated sixty (60) days after receipt in writing by the Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, 320 West Washington Street, Springfield, Illinois 62786.

● *The BD-RF is required for the renewal to be processed.*

IN WITNESS WHEREOF, the said Principal and the said Surety have hereunto set their hands and seals at _____, Illinois, on this _____ day of _____, _____.

Surety's Agent

Street Address

City, State, ZIP Code

Telephone Number

Surety Entity Seal

Principal of Roofing Contractor

Attorney-in-Fact

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 335/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION BOND ROOFING CONTRACTOR	SUPPORTING DOCUMENT BD-RF Unlimited
FEIN NUMBER OR, IF SOLE PROPRIETORSHIP, SOCIAL SECURITY NUMBER	ILLINOIS ROOFING CONTRACTOR LICENSE NUMBER (If applicable) 104-	BOND NUMBER TYPE OF TRANSACTION ☐ NEW APPLICATION ☐ RENEWAL

KNOW ALL PERSONS BY THESE PRESENTS, that _____
 _____ of _____ County, Illinois,

 (Actual Business Address) (must be exactly as it appears on application or renewal)

as Principal, and _____

 Name of Ins. Co. (must be authorized to transact fidelity and surety business in the State of Illinois)

 (Address)

as Surety, are held and firmly bound unto the State of Illinois and to the People of the State of Illinois, in accordance with Section 3(2)(d) of the Illinois Roofing Industry Licensing Act in the aggregate amount of **Twenty-five Thousand Dollars (\$25,000.00)**, (regardless of the number of years the bond is in force or the number of claims against the bond the total amount of the bond shall be for **\$25,000.00**), for the payment whereof will and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, firmly by these presents.

The condition of the foregoing obligation is such, however, that:

Whereas, the said Principal is licensed with the Department of Financial and Professional Regulation to engage in the business of roofing contracting in the State of Illinois, now if the said Principal shall faithfully observe all ordinances and laws of the State of Illinois and of any municipal corporation and country of this State, within which the Principal shall engage in any work, pertaining to said business or businesses, whether now or hereafter enacted, together with all rules, regulations and building codes established under the authority of said laws or ordinances; and pay damages as any person, firm or corporation may sustain by reason of violation of said laws, ordinances, rules, regulations or building codes by said Principal, its servants or agents, or by reason of their negligence of said Principal, its servants or agents, in the prosecution of said business or businesses, then this bond to be void, otherwise to remain in full force and effect.

This bond is continuous and shall remain in full force and effect until the license is terminated or not renewed by the Department of Financial and Professional Regulation, or is canceled by the Surety as provided below. Except as to liability accruing prior to the effective date of cancellation, the Surety's liability of this bond shall be terminated sixty (60) days after receipt in writing by the Department of Financial and Professional Regulation, Attn: Division of Professional Regulation, 320 West Washington Street, Springfield, Illinois 62786.

● *The BD-RF is required for the renewal to be processed.*

IN WITNESS WHEREOF, the said Principal and the said Surety have hereunto set their hands and seals at _____, Illinois, on this _____ day of _____, _____.

Surety's Agent

Street Address

City, State, ZIP Code

Telephone Number

Surety Entity Seal

Principal of Roofing Contractor

Attorney-in-Fact

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 335/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.	CERTIFICATION OF INSURANCE	SUPPORTING DOCUMENT RF-INS
Check appropriate box: ☐ Limited Roofing License ☐ Unlimited Roofing License		
APPLICANT: <i>Complete the applicant section of this form, then have your authorized insurance agent complete the remainder of the form. The completed form must be submitted WITH your application for licensure or renewal form. This is the only form which you need to submit if you are certifying to current insurance coverage after the expiration of a previously held policy.</i>		
1. NAME OF ROOFING CONTRACTOR (Must be <u>exactly</u> as it appears on application, renewal form or license.)	2. FEIN (If applicable)	3. SOCIAL SECURITY NUMBER (If individual owner) _____ - _____ - _____
4. ADDRESS STREET, CITY, STATE, ZIP CODE (Specific Address of insured's location covered by insurance policy.) (Must be <u>exactly</u> as it appears on application, renewal form or license.)	5. NEW APPLICANTS ONLY REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. Roofing Contractor _____ Profession Name 1 0 4 _____ Profession Code	
6. TELEPHONE NUMBER (Where you can be reached during the day) Area Code (_____) _____ - _____	7. RENEWAL APPLICANTS AND PERSONS VERIFYING CURRENT INSURANCE ONLY. INDIVIDUAL LICENSE NUMBER - RECORD THE LICENSE NUMBER YOU HOLD (IF APPLICABLE). 104 - _____	
I hold property damage insurance in at least the minimum amount of \$250,000 for each occurrence of property damage; and I hold liability insurance in at least the minimum amount of \$500,000 for each occurrence of personal injury or bodily harm. Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge, it is true, correct, and complete.		
_____ _____ Signature of Applicant or Registrant Date		
INSURANCE COMPANY: Complete the following information and return this form to the insured party.		
A. NAME OF INSURANCE COMPANY	B. NAME OF AUTHORIZED AGENCY	
C. INSURANCE COMPANY HOME ADDRESS: STREET, CITY, STATE, ZIP CODE	D. AGENT'S ADDRESS: STREET, CITY, STATE, ZIP CODE	
E. INSURED'S POLICY NUMBER	F. AGENT'S BUSINESS TELEPHONE NUMBER Area Code (_____) _____ - _____	
G. EFFECTIVE DATE OF POLICY ____ / ____ / ____ Month Day Year	H. EXPIRATION DATE OF POLICY ____ / ____ / ____ Month Day Year	
If this Policy is terminated prior to its expiration, the Company agrees to give written notice to the Department of Financial and Professional Regulation, at least thirty (30) days prior to the effective date of cancellation.		
_____ _____ Signature of Authorized Agent Date		

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 335/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to comply will result in this form not being processed.

ROOFING CONTRACTOR QUALIFYING PARTY

INSTRUCTIONS

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

Applicants applying for a roofing contractor license shall be required to designate a qualifying party who must take and pass the state unlimited or limited examination.

If at any time a licensee allows his/her license to lapse, or the designated qualifying party terminates or is terminated, or his or her status as qualifying party of a licensee is terminated, the licensee will be required to designate a qualifying party who has taken and passed the examination.

Department of Financial and Professional Regulation
Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

This notice, as well as other forms required for roofer contractors, can be downloaded from the IDFPR Web site at: www.idfpr.com.

QUALIFYING PARTY INFORMATION

1. NAME OF QUALIFYING PARTY	2. SOCIAL SECURITY NUMBER
3. ADDRESS OF QUALIFYING PARTY	4. TELEPHONE NUMBER OF QUALIFYING PARTY

Signature of Qualifying Party: _____

ROOFING CONTRACTOR INFORMATION

1. NAME OF ROOFING BUSINESS	2. LICENSE NUMBER 104 - _____
3. NAME AND ADDRESS OF BUSINESS HEADQUARTERS (Street, City, State Zip Code)	4. BUSINESS TELEPHONE NUMBER (Include Area Code)
	5. FAX NUMBER (Include Area Code)
	6. E-MAIL ADDRESS:

Date to begin as Qualifying Party: _____

Signature of Qualifying Party: _____

Signature of Person in Charge of Roofing Business: _____

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 335/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is REQUIRED. Failure to comply will result in this form not being processed.

Notification of Termination of Qualifying Party (Roofing Contractor)

INSTRUCTIONS

This form is to be used for notifying the Department of termination of the Qualifying Party.

When a qualifying party is terminated or is terminating his or her status as a qualifying party of a licensed roofing contractor, the qualifying party and the licensed roofing contractor must notify the Department of the termination within 30 business days.

Applicants applying for a license on or after July 1, 2003, shall be required to designate a qualifying party who must take and pass the state unlimited or limited examination. Persons applying for a license prior to July 1, 2003, must designate a qualifying party and will not be required to take an examination.

If at any time after July 1, 2003, a licensee allows his/her license to lapse, or the qualifying party designated qualifying party terminates or is terminated, or his or her status as qualifying party of a licensee is terminated, the licensee will be required to designate a qualifying party who has taken and passed the examination.

Department of Financial and Professional Regulation
Attn: Division of Professional Regulation
320 West Washington Street, 3rd Floor
Springfield, Illinois 62786

This notice, as well as other forms required for roofer contractors, can be downloaded from the IDFPR Web site at: www.idfpr.com.

QUALIFYING PARTY INFORMATION

1. NAME OF PERSON TO BE TERMINATED AS QUALIFYING PARTY	2. SOCIAL SECURITY NUMBER
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ROOFING CONTRACTOR INFORMATION

1. NAME OF ROOFING BUSINESS	2. LICENSE NUMBER 104 - _____
3. NAME AND ADDRESS OF BUSINESS HEADQUARTERS (Street, City, State Zip Code)	4. BUSINESS TELEPHONE NUMBER (Include Area Code)
	5. FAX NUMBER (Include Area Code)
	6. E-MAIL ADDRESS:

Date the above named person was terminated as Qualifying Party: _____

Signature of Person in Charge of Roofing Business: _____