



HOUSING AUTHORITY & PROPERTY MANAGEMENT SUPPLEMENTAL APPLICATION

Items required for Submission: Acord Application, Loss Runs currently valued (5 yrs. included current) and Auto Fleet Supplemental Application.

General Information:

- 1. Name of Organization: _____
2. Type of Organization: [] For Profit or [] Not for Profit [] Union or [] Non-Union
3. Date Organization was established: _____
4. Please indicate the total number of employees: ___ Full Time ___ Part Time ___ Other
___ Administrative ___ Facilities/Maintenance ___ Social Service
___ Security ___ Other
5. Please indicate how many property locations (attach property location list): _____
6. Does a manager live on any of your premises? [] Yes [] No How many managers? _____
7. What is the % of subcontracted work? ___%
8. Do you obtain certificates of insurance from all subcontractors? [] Yes [] No

Maintenance/Facilities:

- 9. Who Performs:
Janitorial Operations [] Sub-Contractor [] Employees
Carpentry Operations [] Sub-Contractor [] Employees
Grounds Keeping Operations [] Sub-Contractor [] Employees
Snow/Ice Removal Operations [] Sub-Contractor [] Employees
Plumbing [] Sub-Contractor [] Employees
Painting [] Sub-Contractor [] Employees
Roofing [] Sub-Contractor [] Employees
Electrical [] Sub-Contractor [] Employees
HVAC [] Sub-Contractor [] Employees
Other _____

- 11. Are employees responsible for any remodeling or new construction? [] Yes [] No
If yes, describe _____
12. What is the maximum height your employee(s) will work? _____
13. What equipment does your employee(s) use for height exposure? _____

Safety/Security:

- 14. What security measures do you have? (check all that apply)
[] Cameras in the Parking Lot [] Cameras in Common Areas [] Unarmed Security guard
[] Armed Security Guard [] 24/7 Card Key Entrance [] Other _____
15. What safety program controls do you have? (check all that apply)
[] Accident Investigation [] Safety Committee [] Icy Grippers
[] New Hire Orientation [] De-escalation Training [] 10 Hour OSHA Certified
[] Workplace Violence [] Return to Work [] Hazard Communication
[] Emergency Action Plan [] Personal Protection Equipment [] Respiratory Protection
[] Footwear Policy [] Ladder Safety Program [] Fall Protection Program
[] Back Safety [] Safe Lifting [] Other _____
16. Do you move tenants' belongings in and out? [] Yes [] No
If yes, please describe _____

Applicant Name & Title Signature Date