

**OFFICE OF THE MONROE COUNTY DRAIN COMMISSIONER
COUNTY AGENCY
CONTRACTOR'S CERTIFICATION/APPLICATION**

Today's Date: _____

1) Business/Applicant's Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Fax: _____

2) Name of Designated Representative and Title: _____

Phone: _____ Fax: _____ Cell Phone: _____

3) Please List several contracts that have been completed during the last five years, including scope of work, contract amount and client. Provide clients name, address and telephone number.

Client Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Fax: _____

Client Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Fax: _____

Client Name: _____

Address: _____
Street City State Zip Code

Phone: _____ Fax: _____

4) List at least five (5) references, three (3) of which shall be Governmental Agencies, including Contact Person.

a) Name: _____

Address: _____
Street City State Zip Code

b) Name: _____

Address: _____
Street City State Zip Code

c) Name: _____

Address: _____
Street City State Zip Code

d) Name: _____

Address: _____
Street City State Zip Code

e) Name: _____

Address: _____
Street City State Zip Code

5) Provide a new \$20,000 bond, or bond verification, payable to the County of Monroe.

6) Insurance requirements: \$1,000,000.00 Bodily Injury Insurance per person.
\$2,000,000.00 Bodily Injury Insurance per occurrence.

\$1,000,000.00 Property Damage per occurrence.
\$1,000,000.00 Property Damage aggregate.

Additional Insured: 1) Monroe County Drain Commissioner
2) Monroe County Agency

7) Submit the bond, the proof of insurance, this completed form, and your payment to the Monroe County Drain Commissioner's Office by January 1st. **Applications will not be processed if any of the required information is missing!**

Fees: Renewal by January 1st = \$200 **Renewal after January 1st or new contractors = \$500**

Representative Signature: _____

Representative Name & Title: _____

If you have any questions please call the Monroe County Drain Commissioner's Office at (734) 240-3101.

Office Use Only

Bond Insurance Denied (Give reason) _____

Approved by _____ ___/___/___

License Number Assigned: _____

WATER/SEWER CONNECTION BOND

KNOW ALL MEN BY THESE PRESENTS, that _____

as Principal, and _____

of _____

as surety, are held and firmly bound unto the County of Monroe, Michigan, in the sum of Twenty Thousand (\$20,000.00) Dollars lawful money of the United States of America, to be paid to the said County of Monroe, Michigan, to which payment well and truly to be made we bind our successors, heirs, executors and administrators, and every one of them firmly by these presents.

Sealed with our seals this _____ day of _____, 20 _____.

The CONDITIONS OF THIS OBLIGATION IS SUCH, that whereas the principal has undertaken to install building sewers and connect the same to sanitary sewers under the jurisdiction of the Monroe County Drain Commissioner and County Agency, if all such work shall be done in compliance with the Building Sewers and Connections Regulations adopted by the Monroe County Drain Commissioner - County Agency, as the same may be amended from time to time, and any defects in materials or workmanship which shall be discovered within a period of one year after the date of final approval of the work by the County shall be repaired or replaced within forty-eight (48) hours after notice in writing by the Monroe County Drain Commissioner - County Agency at no additional cost to the owner of the building sewer or to the County of Monroe, and if said principal shall promptly pay to the obligee any and all damage it may sustain, either directly or indirectly, by reason of principal's tapping or making excavation for connection with said sanitary sewers, then this obligation is to be void, other wise to remain in full force.

This bond may be canceled and the surety relieved of all further liability hereunder by the surety's giving thirty (30) days written notice thereof to the principal and obligee, provided that cancellation shall not release pre-existing liability.

Signed, Sealed and Delivered in Presence of: _____ (L.S.)

Principal _____ (L.S.)

Surety _____ (L.S.)