



## DIVISION OF RURAL SERVICES NEW CONTRACTOR INFORMATION FORM

If you are interested in bidding on road maintenance work with Borough Road Service Areas, please complete the information below. Please note that insurance requirements (attached) must be met prior to performing any work within a Service Area. If you have questions regarding the insurance requirements, please email or call Tracy Brand in Risk Management at 459-1392 or email [tbrand@fnsb.us](mailto:tbrand@fnsb.us). Information on Service Areas can be found on the internet at <http://fnsb.us/ruralservices>.

Contractors may not perform work in a Road Service Area without preauthorization of a Purchase Order. Please contact Rural Services at 459-1223, for additional information.

- ❖ Any business that does business with the Borough is required to complete a W-9 form: this entails tax identification information in the form of a social security number or an employer tax identification number for your business.

### GENERAL BUSINESS INFORMATION

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner/Agent Name: \_\_\_\_\_

\_\_\_\_\_  
*Phone*                                      *FAX*                                      *Mobile Phone*                                      *Email*

*State of Alaska Business License No.:* \_\_\_\_\_

*State of Alaska Contractor Type & License No.:* \_\_\_\_\_

▶ I am interested in the following types of work (check all that apply):

- |                                                     |                                              |                                     |
|-----------------------------------------------------|----------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Grading/Drainage           | <input type="checkbox"/> Tree/Brush Clearing | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Snow Removal/Sanding       | <input type="checkbox"/> Pumping/Thawing     | <input type="checkbox"/> Asphalt    |
| <input type="checkbox"/> Other (please list): _____ |                                              |                                     |

▶ List the type of equipment you have (year, make, and model):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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- ▶ List locations where you prefer to work (i.e. North Pole, Ester, Farmer's Loop, etc.):


- ▶ List any subcontractors you hire:


- ▶ List the approximate number of road miles and or service areas you could maintain during the winter months without excessive delay in your response time.

\_\_\_\_\_

Thank you for sharing this information with us. We appreciate your interest and look forward to doing business with you.

**Submit form to FNSB Rural Services Division:**

Deliver: 520 5<sup>th</sup> Ave., First Floor, Suite D  
Mail: PO Box 71267, Fairbanks, AK 99707  
Fax: 907-459-1499  
Email: [ruralservices@fnsb.us](mailto:ruralservices@fnsb.us)

date received
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(office use only)



## DIVISION OF RURAL SERVICES INSURANCE REQUIREMENTS FOR SERVICE AREA CONTRACTORS

**INSURANCE:** Prior to commencing any work under a purchase order/contract, the Contractor will provide obtain and maintain in force the insurance coverage specified in this section with an insurance company rated “Excellent” or “Superior” by A.M. Best Company, or specifically approved by the Borough risk manager.

***If a Contractor has a question as to their ability to provide the required coverage they should consult with their agent or broker.***

Limits: The **Contractor** shall obtain insurance for not less than the following limits:

- Commercial general liability: coverage written on an occurrence basis with limits of not less than \$1,000,000 per occurrence;
- Commercial automobile liability: \$1,000,000 combined single limit;
- Workers’ compensation: \$100,000 each accident, \$500,000 disease--policy limit, and \$100,000 disease--each employee;

**Automobile Liability Insurance:** All autos, or all owned, non-owned, and hired automobiles must be insured when the **Contractor** is using them to do work under this Agreement. If the **Contractor** submits insurance covering only scheduled autos, then the **Contractor** must assure that any additional vehicles are insured before using them in the work under this Agreement.

**Workers’ Compensation:** Any employee of the **Contractor** must be covered by workers’ compensation insurance during the term of the Agreement. This policy must be endorsed with a waiver of subrogation in favor of the Borough. The **Contractor** is not required to provide a certificate of workers compensation insurance if the Contractor certifies in a manner acceptable to the Borough that the Contractor has no employees subject to the Act. The **Contractor** is not required to provide a certificate of workers’ compensation covering certain employees under the following circumstances: Corporations - If the executive officer claims an exemption, then the **Contractor** must provide a certificate of waiver for that officer from the Alaska Department of Labor; Sole Proprietors - The **Contractor** must sign a workers’ compensation release on a form provided by the Borough; Partnerships - Every partner must sign a workers’ compensation release on a form provided by the Borough.

**Alternate Coverage:** A combination of primary and excess/umbrella policies may be used to fulfill the insurance requirements of this section.

**Additional Insured:** During the contract term, the **Contractor** shall add and maintain the Borough as an additional insured in the Contractor’s commercial general liability policy. This policy will provide primary coverage for the Borough, and it will provide that the policy treats each additional insured as though the insurer had issued separate policies.

**Certificate of Insurance:** Prior to commencing any work under this Agreement, the **Contractor** will provide a certificate of insurance in a form acceptable to the Borough showing that the **Contractor** has the required insurance coverage.

**Cancellation:** The **Contractor** must assure that the Borough receives notice if the Contractor’s insurance is going to be canceled, not renewed, or changed. The certificate of insurance must say that the insurer will notify the Borough at least 30 days before the insurer cancels, refuses to renew, or materially changes the coverage.

**Subcontracting:** The General Contractor is responsible to the Borough to verify insurance on all subcontractors and furnish copies of same to the Borough upon request. All subcontractors must carry and show proof of the minimum limits of liability indicated above.