A close-up of a logo

Description automatically generated

**Developer/General Statement of Qualifications**

1. Name:
2. Company Name:
3. Address:
4. Federal Tax ID Number:
5. Social Security Number (fill only if Federal Tax ID Number is not applicable):
6. Contact Information -
   1. Telephone:
   2. Cell Phone:
   3. Fax:
   4. Email:
7. Insurance Information:
   1. Liability Insurance Carrier ($250,000 minimum):
   2. Workmen’s Compensation Carrier:

If this coverage is not required, please explain:

Attach insurance binder with Lancaster County Land Bank Authority listed as additional insured and/or certificate holder and proof of current Workmen’s Compensation.

1. Developer/General Contractor background:
   1. Name of Partner:
   2. How many employees (average):
   3. How long in business:
   4. If utilizing sub-contractor, list name and trade:
2. Has contracting firm or owner(s) been involved in arbitration or lawsuit during the past five (5) years?

Yes No

If Yes, explain:

Click or tap here to enter text.

1. Please list three (3) references of jobs completed in the past two (2) years:

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Signature of Owner Signature of Owner

Administrative support for the Lancaster County Land Bank Authority is provided by the Redevelopment Authority of the County of Lancaster. Submission of Statements of Qualification and any questions should be directed to:

Sean Krumpe

Acquisition and Rehabilitation Program Coordinator

Redevelopment Authority of the County of Lancaster

28 Penn Square, Suite 200

Lancaster PA 17603

(717) 394-0793 ext. 232

skrumpe@lchra.com