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| **VERIFICATION OF CONTRACTOR’S BONDING** |
| 1. The Disaster Recovery CDBG Contract: |
| a. Grantee Name |       |
| b. Disaster Recovery CDBG Contract # |       |
|  |
| 2. Information regarding prime contractor’s bonding entities: |
| a. Name of Contractor |       |  |
| b. Name of Insurance Agent |       |  |
| c. Agent’s Company Name |       |  |
| d. Name of Surety Company |       |  |
| e. Location (Domicile) |       |  |
|  |
| 3. U.S. Department of the Treasury: **www.fms.treas.gov/c570** or telephone at (202) 874-6850 |
| a. Does the above listed surety company’s name appear in the U. S. Department of the Treasury’s listing of approved sureties having a license to do business in Louisiana? (Circular 570) |  |  |  |  |  |
| [ ]  | Yes |  | [ ]  | No |
| b. With internet verification, print the page that lists the surety company and attach it to this form.c. With telephone verification, list the name of the person you spoke to and the date below: |
| Name |       | Date |       |
|  |  |  |  |  |
| 4. La. Dept of Insurance: **www.ldi.state.la.us/search\_forms/company/** or (225) 342-0895 |
| a. Does the above listed surety company’s name appear on the Louisiana Insurance Commissioner’s list of insurance companies which are licensed to do business in Louisiana? | [ ]  | Yes |  | [ ]  | No |
| b. With internet verification, print the page that lists the surety company and attach it to this form.c. With telephone verification, list the name of the person you spoke to and the date below: |
| Name |       | Date |       |
|  |
| 5. Bonds Cleared? |  | [ ]  Yes |  | [ ]  No |  | By: |       |
| Date: |       |

**Retain for your records. Do not send to OCD/DRU.**

**Instructions to complete the Verification of Contractor’s Bonding Form**

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| **1.a.** | **Enter the name of the Grantee or Subrecipient** |
| **1.b.** | **Enter the number that appears on the CDBG Disaster Recovery Contract** |
| **2.a.** | **Enter the name of the Contractor** |
| **2.b.** | **Enter the name of the Insurance Agent** |
| **2.c.** | **Enter the name of Insurance Agent’s company** |
| **2.d.** | **Enter the name of the Surety Company** |
| **2.e.** | **Enter the address of the Surety Company** |
| **3.a.** | **Check the appropriate Yes/No box to indicate whether or not the surety company is on the U. S. Department of the Treasury’s listing of approved sureties having a license to do business in Louisiana** |
| **3.b.** | **Attach internet verification from the U.S. Department of Treasury’s website** |
| **3.c.** | **List the name of the person contacted at the U.S. Department of Treasury and the date contacted** |
| **4.a.** | **Check the appropriate Yes/No box to indicate whether or not the surety company is on the Louisiana Insurance Commissioner’s listing of approved insurance companies having a license to do business in Louisiana.** |
| **4.b.** | **Attach internet verification from the Louisiana Insurance Commissioner’s website** |
| **4.c.** | **List the name of the person contacted at the Louisiana Insurance Commissioner’s Office and the date contacted** |
| **5.**  | **Check the appropriate Yes/No box to indicate whether or not the bonds were cleared. Enter the name of the person that cleared the bonds and the date.** |