

**ATTACHMENT E**

**BARNSTABLE COUNTY – TRADESPERSON BLANKET BID**

**TRADE SUMMARY SHEET**

**(ONE FORM TO BE COMPLETED PER TRADE CATEGORY YOUR ARE SUBMITTING TO BE QUALIFIED FOR)**

**TRADE CATEGORY:**

# 15      **CATEGORY NAME**    Roofing Services      **(Both from list on page 3):**

**General Description of services you provide:** Roofing and construction services to residential and commercial clients throughout, Greater Boston, and on Cape Cod, Martha's Vineyard and Nantucket. As well as siding installation, window installation services, professional interior and exterior painting, general carpentry services, deck building and design, rooftop snow and ice dam removal, and chimney repair and masonry. We also work in the renewable energy field, providing our residential and commercial clients with solar energy solutions with a proven record of reducing energy costs

**FIRM NAME:** Emmanuel Construction Ibc.      **DATE:** 2/8/2020

**ADDRESS:** 286 Strawberry Hill      , Centerville      , MA      , 02632  
Mailing/Street      Town      State      Zip Code

**Estimating/Sales Representative:**

**Name:** Hector Sanchez

**Email:** 508-367-1679

**Direct Phone Number:** emmanuelconstructiondivision@gmail.com

**TRADE/PROFESSIONAL LICENSES HELD (include copies):**

Construction Supervisor Specialty (roofing and siding) , Home Improvement Contractor Specialty  
Lead and Safety Renovation Repair and Painting Supervisor, OSHA Certified, DCAMM Sub-Bidder Certified (Roofing)  
SDO Certified, 5 Star Certified CertainTeed

**GENERAL LIST OF SERVICES YOU PROVIDE:**

Roofing and Gutters, Painting, Decks and Carpentry. Snow and Ice Removal. Chimney Repair. Disaster Restoration  
Solar Panel Installation

**BIDDER ACKNOWLEDGES ADDENDUM(S):** YES \_\_\_\_\_

**OSHA CERTIFICATION (attached):**  Yes  No (required for Construction) **Service only:**  Yes  No

**CERTIFICATE OF NON COLLUSION (attached):**  Yes  No

**TAX CERTIFICATION (attached):**  Yes  No

**PROOF OF INSURANCE (see page 8 for requirements) (attached certificate):**  Yes  No

**NAME AND ADDRESS OF BONDING COMPANY:** CNA Surety PO BOX 5077 Sioux Falls, SD 57117 \_\_\_\_\_

**Minority and Woman Owned Business Certification (Massachusetts):**  MBE  WBE  Other \_\_\_\_\_

(include copy of certification with this form)

**Note:** Contractors are not required to be certified. This is for tracking purposes only.

**OSHA VIOLATIONS IN THE PAST THREE YEARS:**  No  Yes Please provide details: \_\_\_\_\_

**HAVE YOU DEFAULTED ON A CONTRACT DURING THE PAST THREE YEARS:**  No  Yes Please provide details:

Two due to time frame and weather \_\_\_\_\_

**ARE YOU CURRENTLY DEBARRED FROM ANY STATE OR FEDERAL CONTRACTS:**  No  Yes Please provide details: \_\_\_\_\_

**REGISTERED WITH THE SECRETARY OF STATE TO DO BUSINESS IN MASSACHUSETTS:**  Yes  No

(Include screen print of the Secretary of State website with certification registration information or other proof of registration)

**Date:** 2/8/2020 est 3/9/2015 **Name of Submitting Contractor:** Emmanuel Construction Inc. \_\_\_\_\_

**YEARS IN BUSINESS** 5 Years (Minimum 5 years) (for trade category submitting for)

**BARNSTABLE COUNTY REGION(S) YOU WILL SERVICE: (SEE ATTACHMENT A FOR TOWNS INCLUDED)**

Location A Upper Cape  Yes  No

Location B Mid-Cape  Yes  No

Location C Lower Cape  Yes  No

Location D Outer Cape  Yes  No

Location E Nantucket  Yes  No

By: Hector Sanchez Hector Sanchez  
(Authorized Signature) (Print Name)

**Name & Title of Person Signing Bid:** Hector Sanchez / President

**Business Address:** 286 Strawberry Hill

**City, State, Zip Code:** Centerville, MA 02632

**Telephone:** 508-367-1679

**Fax:** N/A

**E-mail address:** emmanuelconstructiondivision@gmail.com

