**CONTRACT PROCESSING FORM**

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| --- | --- |
| **Project #** |  |
|  |  |
| **DATE:** |  | **CAMPUS:** |  |

|  |  |
| --- | --- |
| **PROJECT TITLE:** |  |
| **NAME OF CONTRACTOR:** |  |

**Please verify the following information is attached:**

**\_\_\_\_\_ PIF**

**\_\_\_\_\_ Signed Agreement**

**\_\_\_\_\_ Construction Contract**

 **\_\_\_\_\_\_ Contractor Signature**

 **\_\_\_\_\_\_ Corporate Seal on Contract**

**\_\_\_\_\_ Notice to Proceed (2 copies) for Signature**

**\_\_\_\_\_ Tax Exempt Certificate for Signature**

**\_\_\_\_\_ Performance Bond**

 **\_\_\_\_\_\_ Manually Signed**

 **\_\_\_\_\_\_ Corporate Seal on Bond**

**\_\_\_\_\_ Labor & Material Bond**

 **\_\_\_\_\_\_ Manually Signed**

 **\_\_\_\_\_\_ Corporate Seal on Bond**

**\_\_\_\_\_ Insurance**

 **\_\_\_\_\_\_ The Curators of the University of Missouri** listed in lower left box (must say Curators)

 **\_\_\_\_\_\_ General Liability w/Curators named as Add’l Insured ($2M - $5M aggregate)**

 **\_\_\_\_** If Umbrella coverage required for GL and/or Auto must have Additional Insured

 **\_\_\_\_\_\_ Auto Insurance, Any Owned/Hired/Non-owned ($2M)**

 \_\_\_\_ If no company owned autos, letter on company letterhead stating such

 **\_\_\_\_\_\_ Workers Comp Insurance ($1M across the board) NOT COVERED w/ UMBRELLA**

 **\_\_\_\_\_\_ Builder’s Risk**

 **\_\_\_\_** University is listed as insured on declaration page or certificate of insurance

**\_\_\_\_\_ Construction Backup (if over $500,000 save to FPD Construction Backup Folder)**

**\_\_\_\_\_ Bid Tab (if over $500,000 save to FPD Construction Backup Folder)**

**\_\_\_\_\_ M/WBE Bid Evaluation**

**\_\_\_\_\_ Consultant Recommendation Letter**

**\_\_\_\_\_ Three Low Bids**