



## "Contractor Authentication Report" Information Form

**CONTRACTOR Company Information** | You can also email/text business card, etc, that has this info.

You are being asked this information because: 1) Our client has requested authentication of YOUR up-to-date licensing, insurance, & lien/civil court records. OR 2) You have requested we create a report for your own distribution to your potential clients.

Official Name: \_\_\_\_\_  LLC  Corp.  Sole-Prop  
 Official Address: \_\_\_\_\_ Unit: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Main Phone: \_\_\_\_\_ Website: \_\_\_\_\_

Primary Owner: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ Textable?   
 Add'l Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ Textable?

State License #: \_\_\_\_\_ License Type: \_\_\_\_\_

Trades in order of work %:

Please add any additional information about your company you think is relevant:

**Liability Insurance** | *(Your insurance company may require a signed authorization from you)*

Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Renewal date: \_\_\_\_\_ (if known)

**Workman's Compensation Insurance** | *(If same company as liability, simply state "same")*

Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Renewal date: \_\_\_\_\_ (if known)

A "Certificate of Insurance" is the simplest way to convey this information. You can also have your insurance contact EMAIL us directly with the required information &/or a COI. Please list us as Certificate Holder:

**Facility Construction Consultants, LLC 6905 S 1300 East, #353, Midvale, UT 84047**

By signing, you authorize us to: 1) Contact you via email/text/phone. 2) Contact your insurance company(ies) for CURRENT coverage & expiration date. [COI is much easier!] 3) Charge the agreed upon price for report if this is your OWN report for your clients, (NO charge if this is a referred report by YOUR client).

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Title: \_\_\_\_\_ *I am authorized to sign this form on behalf of listed company*