Contractor Application



Name and Contact Details		
Contact Person:	Date:	Lead Source:
Address:		
Company Name:		
Specialized Field (GC, Plumber, Electric, Roofer, etc):	Work Phone: _	
Email:	Contractor License #:	
Insurance and Experience		
Are you licensed and insured: Yes No What type of ins	surance:	
	License updated:	
How long have you been doing business in the area:	How long runni	ng own crew:
How many guys on crew full time:		
Current Projects and Bidding		
How many projects do you have going on right now:	In the	e past year:
How many jobs do you typically handle at once:		
What were the scopes of work:		
What are the addresses:		
Can I see the work on one or two recent jobs:		
How do you usually bid out your work:		
Materials and Labor charged together or separate in your bids		
Do you give written warrantees for your work:		
Sub-Contractors and More Prescreening		
	nd incurad:	
Do you use subcontractors: Are they licensed and insured: Who is your plumber: Who is your plumber:		
Do you belong to the Better Business Bureau or local Chamber		
Do you have any certificates/licenses regarding the skills you h		
Have you ever declared bankruptcy:		
How often do you communicate with your clients during a job:		
Do you clean the job site daily:		
Do you have a problem with signing a lien waiver:		
References		
Can you provide a list of references; with the names and number	·	•
1		
2		
3.		