

CONTRACTOR APPLICATION

People's ADE R.E.I., LLC and/or ResADE Group Holdings, LLC

| Name * | | | | |
|---------------------------|------------------|--|--|--|
| First Name Last Name | | | | |
| Date * | | | | |
| Month Day Year | | | | |
| How did you hear of us? * | | | | |
| | | | | |
| Address * | | | | |
| Street Address | | | | |
| Street Address Line 2 | | | | |
| City | State / Province | | | |
| Postal / Zip Code | | | | |
| Phone Number * | | | | |
| Area Code | Phone Number | | | |

| Company Name * |
|--|
| Specialized Field (GC, Plumber, Electrician, Roofer, etc.) * |
| |
| |
| Contractor License #: * |
| Insurance and Experience |
| Are you Licensed and Insured? * |
| Yes No |
| License Updated * |
| Yes No |
| What Type of Insurance? * |
| |
| |
| |
| How much coverage? * |
| |
| |
| |

How long have you been doing business in the area? *

How long have you been running your own crew? * How many guys are on your crew full time? * **Current Projects and Bidding** How many projects do you have going on right now? * How many projects have you completed in the 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? * Yes No How do you usually bid your work? * |
| Materials and Labor charged together or separate in your bids? * Together |
| Separate Do you give written warrantees for your work? * Yes No |

| How | lona | of | warranty? | * |
|-----|------|----|-----------|---|
| | | | | |

Sub-Contractors and More Prescreening

| Do you use subcontractors? * |
|---|
| Yes |
| No |
| Are they licensed and insured? * |
| Yes |
| No |
| Who is your electrician? * |
| Who is your plumber? * |
| Do you belong to the Better Business Bureau or local Chamber of Commerce? * |
| Yes No |
| Do you have any certificates/licenses regarding the skills you have? * |
| Yes |
| No |
| Have you ever declared bankruptcy? * |
| Yes |
| No |
| How often do you communicate with your clients during a job? * |

| Do you clean the job-site daily? * |
|---|
| Yes |
| No |
| Weekly |
| Every other day |
| Do you have a problem with signing a lien waiver? * |
| Yes |
| No |
| References Can you provide a list of references; with the names and numbers you have done work for in the past: |
| Reference No. 1: * |
| Name/Phone Number/City and State |
| Reference No. 2: * |
| Name/Phone Number/City and State |
| Reference No. 3: * |
| Name/Phone Number/City and State |
| Email * |
| example@example.com |
| |
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