ONE POINT SITE SERVICES

ONE CALL. ONE CONTACT. EVERY PROJECT HANDLED.

Savannah, GA
912-662-6050

Provider Application

Complete all applicable fields. Attach current supporting documents.

1. BUSINESS & CONTACT INFORMATION

Business legal name _____

Years in business _____

Primary contact name _____

Number of employees _____

Phone _____

Email _____

2. SERVICES & COVERAGE

Trades / services offered

Service area (cities, counties, or ZIP codes)

Availability (days / hours)

Response-time commitment for new OPSS referrals _____

3. LICENSING & COMPLIANCE

Georgia business license number _____ **Expiration date** _____ **Document attached** ☐ Yes ☐ No

Occupational tax certificate number _____ **Expiration date** _____ **Document attached** ☐ Yes ☐ No

State trade license type & number (regulated trades) _____ **Expiration date** _____ **Applicability** ☐ Attached ☐ N/A

4. INSURANCE

General liability insurance carrier _____ **Policy number** _____ **Expiration date** _____

Minimum required coverage: $1,000,000. Attach a current certificate of insurance.

Workers' compensation carrier _____ **Policy number** _____ **Expiration date** _____

☐ Certificate attached ☐ Not applicable / exempt

5. BUSINESS REFERENCES

	Name / company	Relationship	Phone
1.			
2.			

6. CERTIFICATION & AUTHORIZATION

I certify that the information provided in this application is true, complete, and current. I authorize One Point Site Services (OPSS) to verify the information, licenses, insurance coverage, and references listed above. I understand that submitting this application does not guarantee approval or referrals and that approved providers must keep all required credentials and insurance current.

☐ I understand and agree that any additional work I provide to a customer referred by OPSS within 12 months of the original referral remains an OPSS referral and is subject to the 12% referral fee.

Authorized signature _____ **Date** _____

Printed name _____ **Title** _____