



## CONTRACTOR APPLICATION

Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Specialized Field (landscaper, plumber, electrician, etc.) : \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Are you insured: \_\_\_ Yes \_\_\_ No If so, with who? \_\_\_\_\_

Policy Number: \_\_\_\_\_ Coverage Amount: \_\_\_\_\_

How long have you been doing business in the area? \_\_\_\_\_ years \_\_\_\_\_ months

How many years in business? \_\_\_\_\_ years \_\_\_\_\_ months

How many projects do you have going on right now? \_\_\_\_\_ In the past year? \_\_\_\_\_

How many jobs do you typically handle at once? \_\_\_\_\_

What are the addresses where you are currently working? \_\_\_\_\_

Can I see before and after pictures of jobs? \_\_\_ Yes \_\_\_ No

How do you usually bid your work? \_\_\_\_\_

How do you usually bill your work? \_\_\_\_\_

Materials and labor charged together or separate? \_\_\_\_\_

Do you use sub-contractors?  Yes  No

Are they licensed?  Yes  No

Who is your electrician? \_\_\_\_\_

Who is your plumber? \_\_\_\_\_

Do you belong to BBB or Chamber of Commerce?  Yes  No

Do you have any certificates or licenses?  Yes  No

Have you ever declared bankruptcy?  Yes  No

How often do you communicate with clients during a project? \_\_\_\_\_

Do you clean the job site daily?  Yes  No

Do you have a problem with signing a lien waiver?  Yes  No

Please List 3 references with contact info:

1.

2.

3.