

Contractor Application

Name and Contact Details				
Contact Person:	Date:		Lead Source:	
Address:	Но	ome Phone:		
Company Name:	C	Cell Phone:		
Specialized Field (GC, Plumber, Electric, Roofer, etc):	W	Work Phone:		
nail: Contractor License #:				
Insurance and Experience				
Are you licensed and insured: Yes No What type of insu	urance:			
	much coverage: License updated:			
w long have you been doing business in the area: How long running 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 pa	st 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: How long of a warrantee:				
Sub-Contractors and More Prescreening				
o you use subcontractors: Are they licensed and insured:				
Who is your electrician: Who is your plumber:				
Do you belong to the Better Business Bureau or local Chamber of Commerce:				
Do you have any certificates/licenses regarding the skills you have:				
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 numbers you have done work for in the past:				
1				
2				
3				