Contractor Application



Name and Contact Details			
Contact Person:	Date:	Lead Source	
Address:	Hor	me Phone:	
Company Name:	Ce	ell Phone:	
Specialized Field (GC, Plumber, Electric, Roofer, etc.):	Wo	ork Phone:	
Email:	Contractor Lice	ense #:	
Insurance and Experience			
Are you licensed and insured: ☐ Yes ☐ No What type of i	insurance:		
How much coverage:			
How long have you been doing business in the area:			
How many guys on crew full time:			
Current Projects and Bidding			
How many projects do you have going on right now:		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:			
How do you usually bid out your work:			
Materials and Labor charged together or separate in your k	oids:		
Do you give written warrantees for your work:	How	long of a warrantee:	
Sub-Contractors and More Prescreening			
Do you use subcontractors: Are they license	ed and insured:		
Who is your electrician:	Who is your plu	ımber:	
Do you belong to the Better Business Bureau or local Cham	nber of Commerce:		
Do you have any certificates/licenses regarding the skills yo	ou have:		
Have you ever declared bankruptcy:			
How often do you communicate with your clients during a			
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 nu	umbers you have don	ne work for in the past:	
1	-		
2			
-			