Contractor Application



Name and Contact Details		
Contact Person:	Date:	Lead Source:
Address:		Phone:
Company Name:		
Specialized Field (GC, Plumber, Electric, Roofer, etc):	Work Phone:	
Email:Co	ntractor License	#:
Insurance and Experience		
Are you licensed and insured: Yes No What type of insurance	ce:	
How much coverage: Lice		
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 bids:		
Do you give written warrantees for your work:	How long	g of a warrantee:
Sub-Contractors and More Prescreening		
Do you use subcontractors: Are they licensed and ins	sured:	
Who is your electrician: Who	o is your plumbe	er:
Do you belong to the Better Business Bureau or local Chamber of Co	ommerce:	
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 yo	ou have done w	ork for in the past:
1		
2		