

CONTRACTOR PROFILE

CONTRACTOR AND COMPANY INFORMATION				
Name			Social Security Number	
Company Legal Name				
DBA(s), if applicable				
Address				
City		State		Zip
Office Phone	Fax	Cell	Email	
Date Established		Is Your Company Incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Year Incorporated
State Contractors License No.		Fed Tax ID#		Years in Business
Business Type	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Individual			
PAST EXPERIENCE				
Provide client references for at least three projects completed by you or your organization within the last year.				
Client Name	Project Location	Client Phone #	Contract Amount	Completion Date
BUSINESS REFERENCES				
Supplier/Subcontractor			Type	
Contact		Phone	Fax	
Supplier/Subcontractor			Type	
Contact		Phone	Fax	
Financial Institution		Contact and Phone number		
INSURANCE				
General Liability Insurance Carrier			Phone	
Agent	Policy #		Expiration Date	Coverage Amt
Are you required to carry Workman's Comp Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Worker's Compensation & Employers' Liability Carrier				
Agent			Policy #	
Expiration Date			Coverage Amt	
Are you required to maintain a Bond?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
PLEASE ANSWER THE FOLLOWING QUESTIONS IF YOU ANSWER YES TO ANY OF THE QUESTIONS, PLEASE ATTACH A LETTER OF EXPLANATION.				
Have you or your organization been a part of any lawsuit or requested arbitration regarding construction contracts in the last 5 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you, the company, or any of the principals, have any outstanding judgments against them?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you, the company or any of the principals, ever had your General Contractor's License revoked or suspended?			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please submit the following documentation with this completed Contractor Profile Form:

1. Contractor Profile and Registration form.
 - a. A minimum of 3 years of relevant experience is required.
 - b. If business started within last 12 months, provide resume to support experience as a contractor.
 - c. Must have an acceptable track record with trade and client references listed.
2. Copy of contractor's commercial insurance policy or policies indicating an acceptable level of general liability coverage.
3. Copy of any/all licenses required by the state in which business is conducted.
4. W-9.

I/We the undersigned certify that the statements and representations made herein are true and complete to the best of our knowledge. I/We authorize _____ to obtain business and or/or personal credit reports, and verify the information represented herein with financial institutions, trade and customer references, and others as it may deem necessary.

Contractor: _____

Date: _____