

CONTRACTOR PROFILE



CONTACT AND LEGAL INFORMATION		
Business Name:	Phone:	Fax:
Point of Contact Name:	Email:	Website:
Business Street Address:	Business City State and Zip Code:	

COMPANY OWNERSHIP INFORMATION		
Principal:	Title:	Phone:
List jurisdictions legally licensed/qualified to conduct business:		
Years in Business:	Registered with: <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Local	

TYPE OF BUSINESS INFORMATION		
<input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> LLC	<input type="checkbox"/> Trade (specify below) <input type="checkbox"/> Roof <input type="checkbox"/> Septic <input type="checkbox"/> HVAC <input type="checkbox"/> Plumber <input type="checkbox"/> Electrician	<input type="checkbox"/> Specialty (specify below) <input type="checkbox"/> Mold <input type="checkbox"/> Lead <input type="checkbox"/> Asbestos <input type="checkbox"/> Engineer/Designer <input type="checkbox"/> Other
License, Tax ID or Registration #	License, Tax ID or	License, Tax ID or Registration #

PROJECT DECLARATIONS - Please provide a rough estimate for each of the below questions:		
What is your average project cost?		
What is the average duration of your renovation projects?		
On average, how many jobs are being conducted at the same time?		

CUSTOMER REFERENCES Provide 2 suppliers and 2 customers minimum within past 12 months			
Reference Information	Min of two each	Type of Supplier or Work	Phone Number
	<input type="checkbox"/> Supplier		
	<input type="checkbox"/> Supplier		
	<input type="checkbox"/> Supplier		
	<input type="checkbox"/> Customer		
	<input type="checkbox"/> Customer		
	<input type="checkbox"/> Customer		

INSURANCE INFORMATION (List Information for General Liability, Worker's Comp and Builder's Risk)			
Insurance Company:	Type:	Amount of Coverage:	Phone:
Insurance Company:	Type:	Amount of Coverage	Phone:

ACKNOWLEDGEMENTS –Please answer AND initial each statement below. *** If yes is selected, please provide letter of explanation

To the best of my knowledge, my financial obligations are in good standing and will not inhibit my ability to operate or conduct business for a minimum of 12 months.

INITIAL: _____

Are there any judgements, claims, arbitration proceedings or suits pending or outstanding against you or your organization or its officers?

***Yes or No _____ INITIAL: _____

Have you or your organization filed any lawsuits or requested arbitration with regard to construction contracts within the past 5 years?

***Yes or No _____ INITIAL: _____

Contractor represents and warrants that all information in this document is complete and accurate. Contractor also authorizes the borrower and/or lender to contact the references list above to verify the information provide is complete and accurate.

Signature _____ Contractor Name (printed) _____ Date: _____