|  |  |
| --- | --- |
| Business name: |       |
| Address: |       | Primary contact: |       |
|  |       | Contact phone: |       |
| Website: |       | Contact e-mail: |       |

|  |  |
| --- | --- |
| Is the company registered and in good standing with its home state? |       |
| Years in business: |       |
| Number of projects currently in process: |       |
| Number of projects completed within last two years: |       |

**LICENSE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| License type: |       | State of issuance: |       |
| License number: |       | License expiration: |       |
| Name on license: |       | Years license held: |       |

**INSURANCE**

|  |  |  |
| --- | --- | --- |
| **Liability Insurance** | Expiration date: |       |
| Provider: |       | Coverage amount: |       |
| **Worker’s Comp Insurance** | Expiration date: |       |
| Provider: |       | Coverage amount: |       |

**DOCUMENTATION REQUIREMENTS**

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| [ ]  Copy of Contractor License[ ]  Liability & Worker’s Comp insurance certificates |