

Contractor Information Sheet



Contact Person: _____ Date: _____ Lead Source: _____

Address: _____ Home Phone: _____

Company Name: _____ Cell Phone: _____

Specialized Field (GC, Plumber, Electric, Roofer, etc): _____

Work Phone: _____ Email: _____

Insurance and Experience

Are you licensed and insured: _____ What type of insurance: _____

How much coverage: _____ License updated: _____

How long have you been doing business in the area? _____ How long running your own crew? _____

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? _____ Yes _____ No

How do you usually bid out your work? _____

Are materials and labor charged together, or separate? _____

Do you give written warranties for your work? _____ How long of a warranty? _____

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Sub-Contractors & More Prescreening

Do you use subcontractors: _____ Are they all licensed and insured: _____

Who is your electrician: _____

Who is your plumber: _____

Do you belong to the Better Business Bureau or local Chamber of Commerce: _____

Do you have any certificates/licenses regarding the skills you have: _____

Have you ever declared bankruptcy: ___Yes ___No

How often do you communicate with your clients during a job: _____

Do you clean the job site daily: ___Yes ___No

Do you have a problem with signing a lien waivers: _____

References

Provide a list of references of the names and numbers you have done work for in the past:

1. _____

2. _____

3. _____