



# CONTRACTOR APPLICATION

## CONTACT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Website: \_\_\_\_\_  
 Specialized Field (GC, Plumber, Electric, Roofer, etc): \_\_\_\_\_  
 Contractor License #: \_\_\_\_\_

## INSURANCE AND EXPERIENCE

Are you licensed and insured:  Yes  No  
 Name and Type of Insurance: \_\_\_\_\_  
 Type of Coverage: \_\_\_\_\_  
 License Updated On: \_\_\_\_\_  
 How long have you been doing business in NJ: \_\_\_\_\_

## CURRENT PROJECTS AND BIDDING

How many projects do you have going on right now: \_\_\_\_\_  
 Addresses of recent jobs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 How many projects have you worked on in the past year: \_\_\_\_\_  
 How many jobs do you typically handle at once: \_\_\_\_\_  
 What is your typical Scope of Work: \_\_\_\_\_  
 How do you usually bid out your work: \_\_\_\_\_  
 Are materials and labor charged together or separate in your bids: \_\_\_\_\_  
 Do you give written warranties for your work: \_\_\_\_\_ How long of a warranty: \_\_\_\_\_

## SUBCONTRACTORS

| TITLE OF SUBCONTRACTOR | COMPANY NAME | INSURANCE UPDATED ON: |
|------------------------|--------------|-----------------------|
|                        |              |                       |
|                        |              |                       |
|                        |              |                       |
|                        |              |                       |



**QUALIFICATIONS**

Name of certificates/licenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever declared bankruptcy: \_\_\_\_\_

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

Do you communicate daily with your clients during a job: \_\_\_\_\_

Do you clean the job site daily: \_\_\_\_\_

**REFERENCES** Provide a list of 3 references with names and phone numbers.

| NAME | RELATIONSHIP | BUSINESS/COMPANY | PHONE NUMER |
|------|--------------|------------------|-------------|
|      |              |                  |             |
|      |              |                  |             |
|      |              |                  |             |

**ADDITIONAL COMMENTS** Please add any additional information you wish to include below.

**ATTACH:** Contractor Application (this document)  
Copy of License  
Copy of Insurance  
**EMAIL TO:** info@rappaporthomesllc.com