

Contractor Questionnaire

This form must be completed accurately and entirely for the contractor to be considered for approval to work on any renovation project.

Project Information

Borrower(s) Name(s) _____

Properties Address _____

Loan Type: (Check One) Standard 203(k) Limited 203(k) HomeStyle Renovation

Estimated Cost of Repairs < \$30,000 \$30,000 - \$75,000 \$75,000 - \$150,000 >\$150,000

Contractor Information

Business Name: _____

Business Owner's Name(s) _____

Business Address _____

Point of Contact _____

Phone _____ Fax _____ Alternate _____

Email _____ Web Address _____

Organization

Type or Organization Corporation Partnership LLC Joint Venture Individual

Number of years in business under present name _____ State Business Organized _____

Contractor License required in your state Yes No

Liability Insurance Information

General Liability Provider _____ General Aggregate Coverage Amount _____

Issue Date _____ Expiration Date _____

License Information

State Issued _____ License Number _____

Issue Date _____ Expiration Date _____

License Type _____

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Is your contractor's license in good standing?

Has your contractor's license ever been revoked? If yes, provide explanation below:

<input type="checkbox"/>	<input type="checkbox"/>
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Have you, your organization, officer or partner ever failed to complete a contraction project?

If yes, provide explanation below:

<input type="checkbox"/>	<input type="checkbox"/>
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Have you, your organization, officer or partner ever filed or declared bankruptcy in a contraction related business? If yes, provide explanation below:

<input type="checkbox"/>	<input type="checkbox"/>
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Are you or your organization currently involved in any disputes, lawsuits, judgements, liens or surety

claims? If yes, please provide explanation below:

Have you previously done business under any other name? if yes, list previous business name(s) in space below:

Workers Compensation information

Workers Compensation Providers _____ Number of Employees _____
Issue Date _____ Expiration Date _____

Workers Compensation not required: By certifying below, I/we affirm the following:

- 1) We do not have employees and therefore are exempt from Workers Compensation Requirement
- 2) We do not carry Workers Compensation insurance
- 3) Any persons that we may engage to work will have legal status as an independent contractors, not an employee
- 4) All such independent contractor have been advised that they are not covered for Worker Compensation insurance, and would be responsible for carrying their own such coverage

Accordingly, we hereby apply for exemption from Lender’s requirement for carrying Workers Compensation insurance,

The above statement is true

Types of work/Experience

List the types of work performed directly by the organization:

Provide information on the most recent project completed by the organization within the last year including the name and location of the projects, contact information, contract amounts, and dates of completion

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

References

Bank Reference: Please identify your bank with whom you have a current business account

Bank Name _____ Contact Name _____
Phone _____ Email _____

Supplier Reference: Please identify major trade supplier relationships

Bank Name _____ Contact Name _____
Phone _____ Email _____

Past Client references: Please provide at least two client references within the last year

Client 1 _____ Contact Name _____

Phone _____ Email _____
Client 2 _____ Contact Name _____
Phone _____ Email _____

Permission and Release:

I understand that the Lender may make such inquiries as deemed necessary for the purpose of confirming the information contained in this Contractor Profile Report (“Report”). I hereby certify that I am duly authorized to grant consent on behalf of the Contractor named herein for the purposes of becoming approved by the Lender. By signing below, I hereby give the Lender authorization to obtain and/or verify information, including pulling one or more credit reports. About the company, responsible managing employees, responsible managing officers, and/or qualifying partners identified herein and all executive officers and/or owners from any source for the purpose of confirming the information contained in this Report. The undersigned hereby releases, discharges and exonerates any person or entity providing information to Lender in connection with this application and any recipient of such information, including Lender or its representatives, from any and all liability of every nature and kind of arising from or in connection with the furnishing, receipt, and review of such information.

By signing below, I hereby certify that the information contained in this Contractor Questionnaire is true and correct to the best of my knowledge and belief.

Signature: _____

Contractor Name: _____

Title: _____ Date: _____

Tax ID or SSN: _____

Document Checklist – The following items are required to complete the contractor acceptance review:

- Contractor Questionnaire: fully completed and signed
- Copy of Valid State, county and/or Local Municipality Contractor’s License, as applicable
- Evidence of Worker’s Compensation Insurance, as applicable
- Evidence of Commercial General Liability Insurance
- Legible copy of Contractor’s valid driver’s license or phone ID
- Completed W-9 Form
- Copy of EPA Lead Based Paint Course Completion Certificate