



Name and Contact Details

Contact Person: _____ Date: _____ Lead Source: _____
Address: _____ Home Phone: _____
Company Name: _____ Cell Phone: _____
Specialized Field (GC, Plumber, Electric, Roofer, etc): _____ Work Phone: _____
_____ Email: _____
Contractor License Number: _____

Insurance and Experience

Are you licensed and insured: Yes No What type of insurance: _____
How much coverage: _____ License updated: _____
How long have you been doing business in the area: _____ How long running 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: _____
How do you usually bid out your work: _____
Materials and Labor charged together or separate in your bids: _____
Do you give written warranties for your work: _____ How long of a warranty: _____

Sub-Contractors and More Prescreening

Do you use subcontractors: _____ Are they 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: _____
How often do you communicate with your clients during a job: _____
Do you clean the job site daily: _____
Do you have a problem with signing a lien waiver: _____

References



Can you provide a list of references; with the names and numbers you have done work for in the past:

1. _____

2. _____

3. _____