



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 #: _____

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. _____