



### Contractor Profile Report

Case Number: \_\_\_\_\_ Date: \_\_\_\_\_  
 Borrower: \_\_\_\_\_ Co-Borrower: \_\_\_\_\_  
 Property Address: \_\_\_\_\_

**Contractor Information**

Contractor Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Business: \_\_\_\_\_ Social Security # (optional): \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Organization**

Type of Organization:  Corporation  Partnership  LLC  Joint Venture  Individual  
 Number of years in which organization has been in business? \_\_\_\_\_  
 Other Co. Names? \_\_\_\_\_  
 List jurisdictions legally licensed/qualified to conduct business: \_\_\_\_\_  
 Tax ID Number: \_\_\_\_\_ License Number: \_\_\_\_\_

**References**Can complete on a separate page

Trade: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Acct #: \_\_\_\_\_  
 Trade: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Acct #: \_\_\_\_\_  
 Client: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Work (must be in past 12 mos.) \_\_\_\_\_  
 Type of Work: \_\_\_\_\_  
 Client: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Work (must be in past 12 mos.) \_\_\_\_\_  
 Type of Work: \_\_\_\_\_  
 Client: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Work (must be in past 12 mos.) \_\_\_\_\_  
 Type of Work: \_\_\_\_\_

**Miscellaneous**

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against you or your organization or its officers? \_\_\_\_\_ If yes – describe in an attached document and provide 3<sup>rd</sup> party documentation  
 Have you or your organization filed any lawsuits or requested arbitration with regard to construction contracts within the past five (5) years? \_\_\_\_\_ If yes – describe in an attached document and provide 3<sup>rd</sup> party documentation

**Insurance**

Liability Insurance Carrier: \_\_\_\_\_ (must provide current declarations page w/minimum of 1mm per incident)  
 Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Workman’s Comp Insurance Carrier: \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Contractor represents and warrants that all information in this Contractor’s Profile is complete and accurate. Contractor authorizes the borrower, and/or the lender, to contact the references listed above to verify the information represented in this Contractor Profile.**

Signature: \_\_\_\_\_  
 Typed/Written Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Date: \_\_\_\_\_

*In addition to this completed form Contractor must provide copy of State/Local Licenses, Copy of current Liability Insurance, Copy of final repair bid, and fully executed Lender required documents to include a fully executed W-9.*