

# Contractor Acceptance Questionnaire

(CONTRACTOR USE ONLY)

## About the Questionnaire:

The purpose of this process is to provide the necessary documents for the Validation of your business onto the project. Please complete this questionnaire and attach copies of the following documents listed below:

- Contractor Questionnaire
- Available Lines of Credit
- Business Accounts and References
- W9 Form
- General Liability Insurance Certificate- provided by Agent
  - Please have Homebridge Financial Services as a Certificate Holder with the address below:
    - 128 Lubrano Drive. Annapolis, MD 21401 Suite 200
- Worker's Compensation or Exemption
- Principals/Officers Driver's License (Used for ID Verification)
- Contractor's local municipality license- if applicable

## BUSINESS INFORMATION:

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Year Established: \_\_\_\_\_ EIN Number: \_\_\_\_\_

Corporation       Partnership       LLC       Sole Proprietorship

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Jurisdictions Legally Qualified to Conduct Business: \_\_\_\_\_

## AUTHORIZATION:

I/we hereby authorize the release of my construction account information for services and/or materials furnished including any current, unpaid, or past due balances. Please release this information to Homebridge to complete the Validation process. It should be clearly understood, that the information requested is being collected as part of a validation review process. I/we further authorize Homebridge to obtain a business credit report, consumer credit report, and/ or other background search through a credit reporting company and/ or background reporting company. Credit or background checks may be made at any time prior to and/or during the construction phase. I/we understand and agree that Homebridge intends to use this/these reports for purposes of evaluating financial readiness to perform construction related services.

Full Name of Authorized Signer: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRINCIPALS / OFFICERS / MEMBERS:**

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Ownership Percentage: \_\_\_\_\_ Years' Experience in Residential Construction: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

---

Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Ownership Percentage: \_\_\_\_\_ Years' Experience in Residential Construction: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

---

**BACKGROUND INFORMATION:**

Is your contractor's license in good standing:

Yes  No

If NO, please attach a detailed explanation

Has your Contractor's license ever been revoked or suspended?

Yes  No

If YES, please attach a detailed explanation

Does your company carry General Liability Insurance?

Yes  No  \$ \_\_\_\_\_

Does your company carry Worker's Compensation?

Yes  No  \$ \_\_\_\_\_

If NO, please provide exemption

Is the company or any member, officer, or partner currently involved in litigation?

Yes  No

Has the company or any member, officer, or partner discharged a bankruptcy in the last 7 years?

Yes  No

Does the company or any member, officer, or partner have any judgements, liens, or garnishments?

Yes  No

Has the company or any member, officer, or partner had any foreclosures or deeds in lieu within the past 7 years?

**RESIDENTIAL RENOVATION EXPERIENCE:**

Type of Renovation Projects:

SINGLE FAMILY       MULT-FAMILY       OTHER: \_\_\_\_\_

Supply your company's outstanding Lines of Credit:

Line of  CREDIT /  CHECKING /  SAVINGS / ETC. AMOUNT: \_\_\_\_\_

LENDER NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Please provide your company's renovation history for the last three calendar or fiscal years.

	YEAR:	AVERAGE RENO COST:	NUMBER OF COMPLETED PROJECTS:
1.			
2.			
3.			

**REFERENCES TO BE CONTACTED BY HOMEBRIDGE:**

Please provide THREE useable references for Homebridge to be able to contact. They could be previously used Lenders, Trades, Sub-Contractors, and or Suppliers/ Lines of Credit.

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Available Line of Credit (if applicable) \_\_\_\_\_  
Comments: \_\_\_\_\_

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Available Line of Credit (if applicable) \_\_\_\_\_  
Comments: \_\_\_\_\_

---

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Available Line of Credit (if applicable) \_\_\_\_\_  
Comments: \_\_\_\_\_