


PROVIDER QUESTIONNAIRE

 (877) 472-3494

REFERRAL SOURCE

How did you hear about us? Store Associate Website NWFA
 Provider Email/Flyer Other

Which Retailer referred you? _____

CONTACT INFORMATION

COMPANY NAME _____

COMPANY ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____

OFFICE # _____ CELL # _____

EMAIL _____

COVERAGE AREA

State	List all Counties Covered	License #

Are you licensed to install these products in your coverage area(s)? Yes No

COMPANY INFORMATION

_____ # of Employees (including Principals) _____ # of Crews (including Subcontractors)

For retail programs, would you be able to staff a lead generator in the store to answer customer's questions about installation and schedule measure appointments? Yes No N/A

Would you be able to use an iPad or tablet to complete an estimate?
 Yes No

APPLICANT (877) 472-3494
SEND COMPLETED FORM TO
EMAIL recruiting@installationmadeeasy.com

PRODUCTS

Indicate ALL products you install

- Carpet
- Floor Tile
- Hardwood
- Laminate
- Tile Backsplash
- Solid Surface
- Luxury Vinyl
- Sand & Finish
- Sheet Vinyl
- Stair Treads
- Tile Shower
- Tile
- Wood

- Basement Waterproofing
- Bath Remodel
- Cabinet Refacing
- Gutters/Gutter Systems
- HVAC
- Insulation
- Kitchen Remodel
- Patio Enclosures
- Roofing
- Siding
- Solar
- Tubliners
- Water Treatment
- Windows/Doors
- Other _____

BACKGROUND CHECK

As part of the vetting process, criminal background checks will be required.

INSURANCE

Does your company have General Liability Insurance coverage of at least \$1M? Yes No

If no, are you willing to obtain it? Yes No

Does your company have Automobile Liability Insurance coverage of at least \$500K? Yes No

If no, are you willing to obtain it? Yes No

Does your company have Workers' Compensation Insurance? Yes No

If no, are you:

- Exempt
- Willing to obtain coverage
- Not willing to obtain coverage