


# 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@confidentremodels.com](mailto:recruiting@confidentremodels.com)

## PRODUCTS

Indicate ALL products you install

- |   |   |
|---|---|
| <input type="checkbox"/> Carpet                 | <input type="checkbox"/> Luxury Vinyl                       |
| <input type="checkbox"/> Floor Tile             | <input type="checkbox"/> Sand & Finish                      |
| <input type="checkbox"/> Hardwood               | <input type="checkbox"/> Sheet Vinyl                        |
| <input type="checkbox"/> Laminate               | <input type="checkbox"/> Stair Treads                       |
| <input type="checkbox"/> Tile Backsplash        | <input type="checkbox"/> Tile Shower                        |
| <input type="checkbox"/> Solid Surface          | <input type="checkbox"/> Tile <input type="checkbox"/> Wood |
| <input type="checkbox"/> Basement Waterproofing | <input type="checkbox"/> Patio Enclosures                   |
| <input type="checkbox"/> Bath Remodel           | <input type="checkbox"/> Roofing                            |
| <input type="checkbox"/> Cabinet Refacing       | <input type="checkbox"/> Siding                             |
| <input type="checkbox"/> Gutters/Gutter Systems | <input type="checkbox"/> Solar                              |
| <input type="checkbox"/> HVAC                   | <input type="checkbox"/> Tubliners                          |
| <input type="checkbox"/> Insulation             | <input type="checkbox"/> Water Treatment                    |
| <input type="checkbox"/> Kitchen Remodel        | <input type="checkbox"/> Windows/Doors                      |
|   | <input type="checkbox"/> 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