

RENOVATION CONTRACTOR ACCEPTANCE QUESTIONNAIRE

(CONTRACTOR USE ONLY)

Project Name:

Borrower Name(s):

Project Scope of Work:

Street Address:

City:

State:

Zip:

Estimated Project Duration (in months):

ABOUT THE QUESTIONNAIRE

The purpose of this questionnaire is to help the contractor prepare the necessary documents and authorize the contractor acceptance review process. Contractors must complete this questionnaire and attach the following documents listed to the right.

W9 Form

Liability Insurance Declaration Page

Principals/Officers/Members Driver's License(s) (Used for ID Validation)

Worker's Compensation (or Exemption Letter)

BUSINESS INFORMATION

Company Name:

Street Address:

State Contractors License #:

City:

Tax ID #:

Year Established:

State:

Zip:

Corporation

Partnership

LLC

Sole Proprietorship *

Office Phone:

Jurisdictions legally qualified to conduct business:

Office Fax:

Manufactured Home Dealer # (If Applicable):

Email Address:

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 On Q Financial, Inc. It should be clearly understood, that the information requested is being collected as part of a 3rd party review process. I/we further authorize On Q Financial 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 construction.

I/we understand and agree that On Q Financial, Inc. 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:

EIN:

Mailing Address:

Business Phone:

Cell Phone:

Fax Number:

Signature

Date

PRINCIPALS/OFFICERS/MEMBERS

Full Name:		Title:	
Ownership %:	Years Experience in Residential Construction:	Street Address:	
Phone Number:		City:	
Email Address:		State:	Zip:

Full Name:		Title:	
Ownership %:	Years Experience in Residential Construction:	Street Address:	
Phone Number:		City:	
Email Address:		State:	Zip:

BACKGROUND INFORMATION

Is your contractor's license in good standing? *	<input type="button" value="Yes"/>	<input type="button" value="No"/>	If no, please attach detailed explanation.
Has your contractor's license ever been revoked? *	<input type="button" value="Yes"/>	<input type="button" value="No"/>	If yes, please attach detailed explanation.
Does the company carry liability insurance? *	<input type="button" value="Yes"/>	<input type="button" value="No"/>	\$
Does the company carry Workman's Compensation insurance? *	<input type="button" value="Yes"/>	<input type="button" value="No"/>	\$ If no, please complete affidavit of exemption.
Is the company or any member, officer, or partner currently involved in litigation? *	<input type="button" value="Yes"/>	<input type="button" value="No"/>	If yes, please attach detailed explanation.
Has the company or any member, officer, or partner discharged a bankruptcy in the last 7 years? *	<input type="button" value="Yes"/>	<input type="button" value="No"/>	If yes, please attach detailed explanation. If yes, please provide discharge date:
Does the company or any member, officer, or partner have any judgments, liens, or garnishments? *	<input type="button" value="Yes"/>	<input type="button" value="No"/>	Please attach detailed explanation.
Has the company or any member, officer, or partner had any foreclosures or deeds in lieu within the past 7 years? *	<input type="button" value="Yes"/>	<input type="button" value="No"/>	Please attach detailed explanation.

RESIDENTIAL CONSTRUCTION EXPERIENCE

Type of Construction Projects: *

<input type="button" value="Single Family"/>	<input type="button" value="Manufactured"/>	<input type="button" value="Modular"/>	<input type="button" value="Multi-Family"/>	<input type="button" value="Commercial"/>
<input type="button" value="Residential Renovation"/>	<input type="button" value="Commercial Renovation"/>	<input type="button" value="Other"/>	If Other, please list experience:	

RESIDENTIAL CONSTRUCTION PERFORMANCE

Number of renovation projects started in the
last 12 months:

Avg Budget Amount:

Number of renovation projects completed:

Avg Budget Amount:

Quantity Sold:

Number of renovation projects in progress:

Avg Budget Amount:

Please attach separate sheet of current home inventory including list address and owner contact information.

RENOVATION PROJECTS STARTED WITHIN THE LAST THREE YEARS

Identify your company's sales (total project hard costs) and number of projects started or completed for each of the last three calendar or fiscal years.

	PREVIOUS YEARS	TOTAL CONSTRUCTION SALES (\$)	NUMBER OF PROJECTS COMPLETED
1			
2			
3			

CUSTOMER REFERENCES

Please list (3) three customers for whom you have recently built or are in the process of building a new home.

Customer Name:

Phone Number:

Email Address:

Customer Name:

Phone Number:

Email Address:

Customer Name:

Phone Number:

Email Address:

TRADE REFERENCES (SUB-CONTRACTORS)

Please list (3) three sub-contractors that you have done business with in the past 12 months.

Name:		Email Address:
Trade:	Relationship In Years:	Street Address:
Contact Person:		City:
Phone Number:		State: Zip:

Name:		Email Address:
Trade:	Relationship In Years:	Street Address:
Contact Person:		City:
Phone Number:		State: Zip:

Name:		Email Address:
Trade:	Relationship In Years:	Street Address:
Contact Person:		City:
Phone Number:		State: Zip:

SUPPLIERS REFERENCES

Please list (3) three suppliers that you have done business with in the past 12 months. One MUST be your primary lumber supplier.

Supplier Name:		Email Address:
Trade:	Relationship In Years:	Street Address:
Contact Person:		City:
Phone Number:		State: Zip:

Supplier Name:		Email Address:
Trade:	Relationship In Years:	Street Address:
Contact Person:		City:
Phone Number:		State: Zip:

Supplier Name:		Email Address:
Trade:	Relationship In Years:	Street Address:
Contact Person:		City:
Phone Number:		State: Zip:

Comments