



Contractor Referral Form

Date: _____

Type Business: _____

Company Name: _____

Owner's Name: _____ Contact Name: _____

Business Phone Number: _____ Fax Number: _____

Emergency Contact – Pager #: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Service Call: _____ Hourly Rate: _____

Contractor License: (If required) _____

Do You Carry General Liability: _____ (yes or no) Worker's Compensation: _____ (yes or no)

Number of Technicians: _____

Available Technicians for Weekend & Holiday Emergencies: _____ (yes or no)

Do You Work For Another Warranty Company? _____

If Yes, Who? _____

Main Cities you Service: _____

Would You Like Your Contractor Application Faxed or Mailed?

Fax

Mail: