

# Home Service Repair Management USA

## Contractor Application

**Note: Completing this assessment does not guarantee acceptance onto the Home Service USA Contractor Network.**

Date: \_\_\_\_\_

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

Office/Shop Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Payment Address:  
(if different from Billing) \_\_\_\_\_

Proprietor: \_\_\_\_\_

Service Request Contact: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_

Gross Revenue Last Year: (Less than \$50K) (\$50K - \$100K) (\$100K - \$250K) (\$250K - \$500K) (Over \$500K)

### Insurance requirements:

- Comprehensive General Liability Minimum \$2,000,000 Currently Meet - Yes/No
- Commercial Automobile Liability Minimum \$1,000,000 Currently Meet - Yes/No
- Worker's Compensation Insurance as required by your state Yes Exempt

Business does not currently meet the insurance minimums but willing to modify to meet program minimums:  
Yes/No

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

Policy Number: \_\_\_\_\_

Renewal Date: \_\_\_\_\_

### Contact Information:

Office Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Fax Number (for Work Orders) ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency/After Hours Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone 1 (rings to \_\_\_\_\_) ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone 2 (rings to \_\_\_\_\_) ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Website (if applicable) \_\_\_\_\_

### Repair Services Provided (please check all that apply)

Interior Electric	<input type="checkbox"/>	Interior Gas Line	<input type="checkbox"/>	Natural Gas Heating Systems	<input type="checkbox"/>
Interior Low Voltage	<input type="checkbox"/>	Exterior Gas Line	<input type="checkbox"/>	Central Air Conditioning	<input type="checkbox"/>
Interior Plumbing	<input type="checkbox"/>	Exterior Water Line	<input type="checkbox"/>	Heat Pump Systems	<input type="checkbox"/>
Interior Drainage	<input type="checkbox"/>	Exterior Sewer Line	<input type="checkbox"/>	Domestic Water Heaters	<input type="checkbox"/>

List all licenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOT Certified: Yes/No

Office Hours: \_\_\_\_\_ Monday through Friday

Normal Service Hours: \_\_\_\_\_ Monday through Friday

Weekend Hours: \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday

24 Hour Emergency Service: Yes/No

Number of service trucks \_\_\_\_\_

Distance in miles you will go to perform service: 20 \_\_ 30 \_\_ 40\_\_ 50\_\_ 60\_\_  
(from office/shop zip code)

**Company/Employee Information**

Are company vehicles signed and in good condition?		
Are the service vehicles stocked, organized and suitable for the trade?		
Are non-company owned vehicles used? If so, are they insured?		
Do all technicians carry use ID badges?		
Do all technicians wear company uniforms?		
What specialist equipment is carried on the service vehicles?		
What training has the technicians received in the use of this equipment?		
How do you ensure your technicians are competent in the trade and how is this assessed?		
Are training records for technicians kept?		
Are certificates and qualifications for technicians kept on Record? If not, have they been viewed by the company?		
How many employees does the company have?	Office:	Field:
Are all technicians directly employed?		
If no, how many are direct and how many are sub-contracted?		
How does the company assess the competency of those not directly employed?		
Does your company ensure a drug and alcohol free workplace?		
How does the company ensure that all employees are allowed to work in the United States?		
What type of shift patterns are used to ensure 24/7 coverage?		
What other clients do you provide 27/7 service for?		
Detail of two (2) residential references	1)	

	2)

**Health and Safety**

Does the company have a health and safety program?	
If yes, is there a health and safety manual that details your program?	
What documents on working practices are regularly viewed? (Policy and procedures that protect technicians, customer, public when excavating trenches)	
How does the company monitor Health and Safety?	
How does the company ensure are working according to safety regulations?	
How does the company assess the competency of those not directly employed?	
Is there a designated Health and Safety representative in the company? If yes, please provide details.	

I confirm that, to the best of my knowledge, the details contained within this form are correct and that the Company named will comply with current Safety and Health standards, as issued by OSHA under the 1970 OSHA Act, when undertaking any work for Home Service USA or any of its clients.

**Signed:**

Company Representative: \_\_\_\_\_

Position: \_\_\_\_\_

Home Service USA

Representative: \_\_\_\_\_

Please fax this application to: 802-609-7743

**Declaration**

Assessment Passed? Yes \_\_\_\_\_ No \_\_\_\_\_

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