

CONTRACTOR CONNECTIONSM

CONTRACTOR APPLICATION FOR ALL PROGRAMS

Please accept this as application to the following Programs:

- | | |
|--|--|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Emergency Fire & Smoke | <input type="checkbox"/> Water Mitigation |
| <input type="checkbox"/> Dry Cleaning | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Flooring | <input type="checkbox"/> Large Loss |
| <input type="checkbox"/> Plumbing/Leak Detection | <input type="checkbox"/> Board-Ups |
| <input type="checkbox"/> Insurance Restoration | <input type="checkbox"/> Consumer Services Program |

Application Completed by: _____ Print Name: _____

Date: _____ Sign Name: _____

APPLICATION CHECKLIST



The following items should be returned to Crawford Contractor Connection at the address below.

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

- Complete the application in its entirety, using the online or printable version. Please use ink when filling out the paper application.
- Signed Signature Page. **PLEASE BE SURE TO MAIL THE ORIGINAL**
- W-9 Form completed and signed by an Owner. **PLEASE BE SURE TO MAIL THE ORIGINAL**
- Completed and signed Water Mitigation and Fire & Smoke Questionnaire.
- Review Applicant and Program Requirements Summary.
- The ***three (3) most recent years** of Financial Statements or tax returns based on the following business types:
 - a. "C" Corporation: Tax Form 1120 (Pages 1-4).
 - b. "S" Corporation: Tax Form 1120S (Pages 1-4).
 - c. Limited Liability Corporation (LLC): Tax Form 1065 (Pages 1-5).
 - d. Partnership: Tax Form 1065 (Pages 1-5).
 - e. Sole Proprietor: Tax Form 1040 Schedule C and Balance Sheets that include Total Current Assets, Total Current Liabilities, Long Term Debt & Equity Amounts.

OR

- a. Income Statements (Profit and Loss Statements) and Balance Sheets (Note: Balance Sheets must contain Total Current Assets, Total Current Liabilities, Long Term Debt & Equity Amounts)

Or you can utilize our Financial Fast Track Option at an additional fee of \$125. Please note that the Financial Fast Track option is intended to reduce your application preparation time, but does not necessarily reduce processing time by Crawford Contractor Connection because all other application factors must continue to be thoroughly reviewed. Please refer to the Applicant and Program Requirements summary.

- Please provide a letter of explanation with your financials documents, if your year-end financial data indicates one or more of the following:
 - a. Significant Drop in Total Revenue
 - b. Negative Net Income
 - c. Negative Total Equity
 - d. Negative Total Current Assets
 - e. Negative Total Current Liabilities
 - f. Significantly higher Total Current Liability compared to Total Current Assets
 - g. Significantly higher Long Term Liability compared to Total Equity

APPLICATION CHECKLIST Continued



- Ownership Information:** Is this company owned by individuals, publicly owned, or owned by an entity rather than by individuals?
 - a. If individuals own this company: Please ensure all owners are fully reported in the application document and all owners sign the Signature Page.
 - b. If this is a Publicly Traded Company, please provide the following on company letterhead:
 1. Stock Market Symbol.
 2. A list of all officers who have the authority to sign contracts on behalf of the company. (Please Note: A person with signing authority will need to sign the Signature Page.)
 - c. If this company is owned entirely by another company, please provide the following on company letterhead:
 1. Name of Owner Company
 2. A list of all officers who have the authority to sign contracts on behalf of the company. (Please Note: A person with signing authority will need to sign the Signature Page.)
 - d. In the event individuals own a portion of the company, with the remaining portion owned by an entity, we will need the information as described above for both the individuals and the entity.
- Copies of your current licenses required by the state. All licenses will be required to be in the company's Doing Business As (DBA) Name.
- Copies of certifications documenting compliance with the Environmental Protection Agency's (EPA) Lead Renovation, Repair, and Painting (RRP) Program Rule.
- Photos of your facility as outlined in the Applicant and Program Requirements summary.
- Application Fee: Check or Credit Card in the amount of \$350 for paper application submission or \$250 for online application submission. Online application: <http://www.contractorconnection.com>. Make checks payable to Crawford Contractor Connection, or complete the Credit Card Authorization Form on the following page. Please add \$125 for the Financial Fast Track credentialing process if you choose to utilize this option.
- Send ALL documents to Crawford Contractor Connection at the address below

**Crawford Contractor Connection
Attn: Recruiting Department
5022 Gate Parkway, Suite 304
Jacksonville, FL 32256**

* If in business less than three (3) years we will need financial statements for all full and partial years in business, with a minimum of one (1) full year.

CONTRACTOR CONNECTION

Please provide the following billing information to process your application payment by credit card.

**WE CANNOT PROCEED UNLESS THIS FORM IS COMPLETED IN ITS ENTIRETY,
INCLUDING SIGNATURE AND ALL AMOUNT FIELDS.**

Name of company applying to the Network:	
Name on the credit card:	
Billing Address: (address, city, state)	
Type of Card: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS	
Credit Card Number:	
Application Fee: \$	Fast Track Fee (optional): \$
Credit Card Expiration Date:	Total Amount to be charged: \$
Authorized Signature:	Today's Date:

******PLEASE BE SURE TO MAIL THE ORIGINAL DOCUMENT******

**Crawford Contractor Connection
Attn: Recruiting Department
5022 Gate Parkway Suite 304
Jacksonville, FL 32256**

CONTRACTOR APPLICATION

GENERAL COMPANY INFORMATION

ONLY COMPLETED APPLICATIONS CAN BE CONSIDERED FOR NETWORK MEMBERSHIP.
APPLICATION FEE IS NON REFUNDABLE.

Contractor/Company Name:	
Doing Business As (This is the legal company name you wish to use for business transactions):	
Company Owner (Primary) Name:	Contact Name:
# Of years this Company has been in business under this Ownership (or # of months if less than 1 year):	Office Phone:
Alternate Phone:	Emergency Phone:
Fax Number:	Federal Tax ID Number:
Number of Employees:	Website Address:
Email Address:	

ADDRESS INFORMATION

Physical Address:		Mailing Address (if different than physical):	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Billing Company:		Billing Contact Name:	
Billing Address:		City:	
State:		Zip Code:	
Phone:		Fax:	
Email Address:			

OWNERSHIP STRUCTURE

- Corporation
 Sole Proprietor
 Partnership
 Limited Liability Company
 Other
 Publicly Traded
 Division, Subsidiary, or Affiliate of a Publicly Traded Company

For Publicly Traded Companies:

Stock Symbol:	Listing Exchange:
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Is Your Company a Franchise? Yes No

ADDITIONAL COMPANY INFORMATION – PRINCIPALS

Principal Name	Social Security Number	Drivers License Number	Active Yes/No	% of Ownership *	Date of Birth

* Total % of ownership must equal 100%

* Personal Address for all principals may be needed for credit reporting purposes.

FACILITY INFORMATION

Is this business located in a commercial/ industrial business facility?

Yes No (Insurance Restoration Contractors are required to have commercial/ industrial facilities.)

Facility Name	Facility Location Street Address, City, ST	Office sq ft		Warehouse sq ft		Showroom sq ft	
		Own	Lease	Own	Lease	Own	Lease

Does this company have other locations that have applied to or are currently Crawford Contractor Connection network members?

Yes No If yes, please list the name(s) with City and State in the table below.

Facility Name	Facility Location Street Address, City, ST

COMPANY EQUIPMENT

Please indicate the **number** of each that the business owns or leases.

Type	#Own	#Lease	Type	#Own	#Lease	Type	#Own	#Lease
Automobiles			Backhoe			Dehumidifier		
Flatbed Trucks			Generator			Ozone Machine		
Vans			Air Compressor Portable			Wet/Dry Vac		
Dump Trucks			Air Compressor Stationary			Fans		
Pick Up Trucks			Water Extraction Unit			Other		
Other						Other		

ADDITIONAL COMPANY INFORMATION

Type of Insurance	Insurance Carrier	Coverage Amount
General Liability		
Contractors Pollution or Excess Liability		
Worker's Comp		
Automobile		
Bailment Coverage		

VOLUME (Please include the 3 most recent years)

Year	% Residential Jobs	% Commercial Jobs	Largest Single Job	Average Job Amount

Do your employees wear uniforms?

Yes

No

Are the company vehicles marked?

Yes

No

Can your company provide proof of workers compensation insurance?

Yes

No

Do your employees carry proper company identification?

Yes

No

What percentage of your overall business is subcontracted?

FINANCIAL FAST TRACK OPTION

If you elected to use Fast Track in lieu of submitting Income Statements and Balance Sheets, please complete the following information. If you are submitting Income Statements and Balance Sheets, you do not need to complete this section.

Please complete your financial information for the last 3 years.

Year Ending	Total Revenue	Total Expenses	Total Net Income

You are required to forward a letter of explanation with your financial documents, if your year-end financial data indicates one or more of the following:

- Significant Drop in Total Revenue.
- Negative Net Income.
- Negative Total Equity
- Significantly higher Total Current Liability compared to Total Current Assets.
- Significantly higher Long Term Liability compared to Total Equity.

REFERENCES Please provide three references for each applicable reference.

PLEASE PRINT CLEARLY

INSURANCE COMPANY REFERENCES (Refers to companies for which you have done work – not companies that write your policy.)

Company Name	Contact Name	Position	Phone Number	Email Address

MATERIAL SUPPLY REFERENCES

Company Name	Contact Name	Position	Phone Number	Email Address

SUB CONTRACTOR REFERENCES

Company Name	Contact Name	Position	Phone Number	Email Address

RESIDENTIAL REFERENCES

Name	Additional Contact Name	Type of Project	Phone Number	Email Address

COMMERCIAL REFERENCES (Refers to commercial businesses for which you have done work.)

Company Name	Contact Name	Position	Phone Number	Email Address

LEGAL ISSUES Please read each question and check its preceding box. If your answer is yes, please provide an explanation with any additional sheets if needed. Additional information maybe requested.

COMPANY QUESTIONS

Yes No

Has your business been involved in litigation in the last seven (7) years? **If so**, please explain, including date resolved, opposing parties, state and county. If still ongoing please advise of current status.

Yes No

Has your business ever filed for bankruptcy? **If so**, what is the current status?

Yes No

Has your business license ever been suspended or revoked? **If so**, list the license(s).

INDIVIDUAL PRINCIPAL QUESTIONS

Yes No

Has any principal been involved in litigation in the last seven (7) years? **If so**, provide an explanation, including date resolved, opposing parties, state and county. If still ongoing please advise of current status.

Yes No

Has any principal filed for bankruptcy? **If so**, provide the current status.

Yes No

Has any principal ever had a professional license suspended or revoked? **If so**, list the license.

Yes No

Has any principal ever used an alias? **If so**, provide the alias.

Yes No

Has any principal ever been convicted of a felony? **If so**, provide an explanation, including dates, state and county.

TRADES

General Contractor: (Full service structural restoration including roofing, flooring and other major restoration trades. This box should not be checked if you do not provide full service)

General Contractor - Commercial
% subbed out _____

General Contractor - Residential
% subbed out _____

Cleaning (Refers to Full Service Cleaning in connection with Fire or Other Damage):

Carpet and Upholstery Cleaning Content Cleaning % subbed out _____ General Cleaning % subbed out _____

Water Mitigation:

Commercial Mitigation (24 hour service)
% subbed out _____

Residential Mitigation (24 hour service)
% subbed out _____

Emergency Fire and Smoke (24 hour service): (Includes Board up, Cleaning/wipe down, and pack outs)

Board Up % subbed out _____ Residential Fire and Smoke- Cleaning Commercial Fire and Smoke- Cleaning

Ozone Security Temporary Fencing Temporary Utility Service

Roofing:

Commercial Roofing
% subbed out _____

Residential Roofing
% subbed out _____

Gutters

Flooring: (Refers to installation, not cleaning.)

Carpet

Tile Work

Vinyl

Wood

Plumbing:

Leak Detection

Plumbing

Large Loss:

Commercial Large Loss
% subbed out _____

Residential Large Loss
% subbed out _____

Construction Defect:

Construction Defect

Hazardous Materials:

HAZMAT Certified

Remodeling:

Remodeling

TRADES Continued

General Home Repair:	<input type="checkbox"/> General Home Repair
Special Needs Modification:	<input type="checkbox"/> Bath/Shower Accessibility % subbed out _____ <input type="checkbox"/> Cabinetry/appliance height modifications % subbed out _____ <input type="checkbox"/> Doorway Enlargements % subbed out _____ <input type="checkbox"/> Entrance/exit ramps % subbed out _____
Textile Restoration:	<input type="checkbox"/> Garments <input type="checkbox"/> Leather and Furs <input type="checkbox"/> Linens and Towels <input type="checkbox"/> Rugs <input type="checkbox"/> Shoes, Belts, Purses <input type="checkbox"/> Stuffed Animals <input type="checkbox"/> Wedding Gowns <input type="checkbox"/> Window Treatments
Electrical & Wiring:	<input type="checkbox"/> Electrical
HVAC:	<input type="checkbox"/> HVAC
Landscaping & Fence:	<input type="checkbox"/> Fencing <input type="checkbox"/> Landscaping <input type="checkbox"/> Stump Grinding
Manufactured Housing:	<input type="checkbox"/> Mobile Home <input type="checkbox"/> Modular Home
Siding:	<input type="checkbox"/> Aluminum <input type="checkbox"/> Hard Board <input type="checkbox"/> Hardi-Plank/Lapboard <input type="checkbox"/> T-11 <input type="checkbox"/> Vinyl
Specialty Services:	<input type="checkbox"/> Asbestos Abatement <input type="checkbox"/> Cabinets <input type="checkbox"/> Art Restoration <input type="checkbox"/> Salvage <input type="checkbox"/> Temporary Housing <input type="checkbox"/> Furniture Refinishing <input type="checkbox"/> Mold Remediation <input type="checkbox"/> Catastrophe <input type="checkbox"/> Earthquake Retrofit
Tree Removal:	<input type="checkbox"/> Crane <input type="checkbox"/> Tree Removal
Window & Door:	<input type="checkbox"/> Door <input type="checkbox"/> Windows & Glass

TELL US MORE ABOUT YOUR COMPANY

States Served

Counties Served (List only the counties that you are willing to cover entirely.)

Zip Codes not served within your area.

Zip Codes Served

SIGNATURE PAGE

Please read, sign and date that you understand the following statements. All owners must sign individually. Please mail original signed document.

ACKNOWLEDGEMENT STATEMENT

We, the undersigned, hereby grant Crawford Contractor Connection, permission to make any and all desired inquiries, order credit reports and order narrative reports on our company and each of the undersigned.

We, the undersigned, hereby grant Crawford Contractor Connection, permission and approval to assess the information submitted and provide an overall recommendation based on the information.

The application is confidential and not binding in any way upon with Crawford Contractor Connection or the undersigned applicant.

We, the undersigned, acknowledge and attest that the information provided in this application is true, to the best of our knowledge. We, the undersigned, acknowledge that any current or past criminal charges against the principals have been disclosed to Crawford Contractor Connection.

We, the undersigned, hereby agree that the application itself is copyrighted and confidential to Crawford Contractor Connection and will be protected as such. In addition, Crawford Contractor Connection agrees that the applicant's information is confidential to the application and will be protected by Crawford Contractor Connection with the understanding, however, that Crawford Contractor Connection reserves the right to freely disseminate the applicant's information to Clients of Crawford Contractor Connection without notification to applicant.

FAST TRACK AND FINANCIAL INFORMATION

I/We certify under penalty of perjury, that the financial information provided in this application is true and correct, consistent with audited and/or financial statements used for annual reporting purposes.

LEGAL ISSUES

I/We certify under penalty of perjury, that the legal issues provided in this application are complete, true, and correct.

QUALIFICATION STATEMENT

If employees, subcontractors or trades people are hired to work on any Crawford Contractor Connection assigned job, it is the responsibility of the Program Contractor to determine if they are fully licensed/certified and qualified to perform the work that is being assigned to them. If any wrongdoing, mishandling, and/or negligence is caused by the employee, subcontractor, or trades people, it is the Program Contractor who is solely responsible and must correct the action/problem as soon as it is recognized.

APPLICATION FEE

We acknowledge a thorough review of all application documentation submitted will occur, and that the application fee is non-refundable.

All Owners Must Sign Individually in Ink: Date Signed: _____

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

PLEASE MAKE ADDITIONAL COPIES OF THIS PAGE IF MORE SIGNATURE LINES NEEDED.

Crawford Contractor Connection Water Mitigation, Fire & Smoke- Cleaning and Board Up Program

If you have indicated on the Trades Page that your company performs Water Mitigation, Fire & Smoke- Cleaning or, Board Up, we will need the following questions answered to help Crawford Contractor Connection determine qualification for these programs.

The following three questions apply to the Water Mitigation, Fire & Smoke-Cleaning and Board Up Programs:

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| Do your crews respond to emergency calls 24 hours a day, 7 days a week, and 365 days a year? If not please explain on the following page. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you currently use Xactimate software? If not, would you be willing to do so? (Please explain on the following page) | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a digital camera? | <input type="checkbox"/> | <input type="checkbox"/> |

WATER MITIGATION PROGRAM:

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| Do you own your own fans, dehumidifiers, water extraction unit(s) and trucks? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is all of your mitigation work handled in-house? If any is sub-contracted out, please explain on the following page. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have access to other trades: i.e., light repairs, drywall, painting and preventative board ups and roof tarping? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have moisture-reading equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your company currently handle all types of water mitigation claims including "black water"? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you currently carry a Contractor's Pollution Liability insurance policy? If not, would you be willing to do so, please explain on the following page. | <input type="checkbox"/> | <input type="checkbox"/> |

FIRE & SMOKE- CLEANING:

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| Are you capable of handling onsite cleaning of contents and structure? If not, please explain on the following page. | <input type="checkbox"/> | <input type="checkbox"/> |
| Is all of your content and structure cleaning work handled in-house? If any is sub-contracted out, please explain on the following page. | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you capable of handling content pack outs? If not, please explain on the following page. | <input type="checkbox"/> | <input type="checkbox"/> |
| Are your content pack outs handled in house and is your facility climate controlled? If not, please explain on the following page. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you own an Ozone or similar type machine? | <input type="checkbox"/> | <input type="checkbox"/> |

Crawford Contractor Connection Water Mitigation Fire & Smoke- Cleaning and Board Up Program- Continued

FIRE & SMOKE- CLEANING (continued):

YES **NO**

Is all of your General Cleaning work handled in-house? If any is sub-contracted out, please explain below.

Do you currently carry a Bailment insurance policy?
If not, would you be willing to do so, please explain below.

BOARD UP:

YES **NO**

Are you capable of handling emergency board up, and roof tarping?

Is all of your Board Up work handled in-house? If any is sub-contracted out, please explain below.

Is an employee from your company present to oversee all Board Up work? If not please provide details below.

Please use the space below to indicate an explanation for any question that was answered "no".

Once selected for a program, you will need to meet all program requirements (listing of program requirements enclosed in this package). If you do not have the necessary insurance coverage or currently utilize Xactimate, we are not asking you to take steps to meet our requirements **until you have been selected by a client**. We just want you to be aware of the requirements for the future. Prior to activation on a program you will also be required to sign a service level agreement.

Completed By: _____ **DATE:** _____

Company: _____

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Applicant and Program Requirements



GENERAL CONTRACTOR / SPECIALTY / MITIGATION / DRY CLEANING PROGRAMS:

Application Fee: \$350.00 for paper application submission OR
\$250.00 online app submission at
<http://www.contractorconnection.com>

Minimum years in business: 1 year under current ownership

Financials:

- For contractors in business **3 or more years**, we will need the most recent 3 consecutive years of year-end financial statements.
- For contractors in business **less than 3 years**, we will need the most recent financial statements for all full year and partial years in business with a minimum of 1 full financial year.
Example: If your company started in September of your 1st year in business, and reports financials using a calendar year, we need the financials for the start-up year (September through December) **AND** the most recent full year of year-end financials.
- Contractors who have not yet been in business for a full calendar year, but have been in business a total of 12 consecutive months, must forward financials for all 12 consecutive months.

Financial Fast Track Option Fee: \$125 for the Financial Fast Track Option - In lieu of sending year-end financial statements, balance sheets or tax forms. For an additional \$125, we will review your financial stability based on your credit rating, (see Financials/Tax Form Requirements for details to qualify)

Sales Fee: 3% per job sold

Maximum Sales Fee: \$1,500 per job below \$250,000
\$3,000 per job \$250,000 and above

Late Fee: Late payments subject to \$25 per month late fee.

Applicant and Program Requirements- continued

Annual Recertification Fee:

\$0 to \$1,500 – depending on revenue from Contractor Connection assignments. Charged at time of Service Provider’s recertification date per below schedule.

Recertification Fee	
\$0	Fee waived for members with revenue (Jobs Sold) from program assignments totaling less than \$100,000 in the previous 12 months is considered a developmental contractor.
\$250	Members with revenue (Jobs Sold) from program assignments totaling \$100,000 or greater, but less than \$500,000 in the previous 12 months
\$500	Members with revenue (Jobs Sold) from program assignments totaling \$500,000 or greater, but less than \$1 million in the previous 12 months.
\$750	Members with revenue (Jobs Sold) from program assignments totaling \$1 million or greater, but less than \$2 million, in the previous 12 months.
\$1,000	Members with revenue (Jobs Sold) from program assignments totaling \$2 million or greater, but less than \$3 million, in the previous 12 months.
\$1,250	Members with revenue (Jobs Sold) from program assignments totaling \$3 million or greater, but less than \$4 million, in the previous 12 months.
\$1,500	Members with revenue (Jobs Sold) from program assignments totaling \$4 million or greater in the previous 12 months.

Application Fee/Qualification Process: The application fee covers our cost in processing the application and is non-refundable once processing has started. Once qualified by us, you will be presented to our clients as needs are identified. Your participation in any client program is determined by collaboration between Crawford Contractor Connection and the client based on needs. Your application to the network and/or payment of this processing fee does not constitute a guarantee of selection by one of our clients. *Insurance and software requirements do not have to be met until selected for a program by a client (please see requirements once selected for a program page).*

FINANCIALS/TAX FORMS REQUIRED:

Option 1: Submit the most recent year(s) of financial statements. We prefer Income Statements and Balance Sheets from applicants. However, we understand that certain businesses will only have tax forms to submit. Requirements are based on the following business types. Please see the lists of businesses below to determine what *minimum* financial forms will be required:

(Note: Balance Sheets must contain Total Current Assets, Total Current Liabilities, Long Term Debt & Equity Amounts)

- “C” Corporation: Tax Form 1120 (Pages 1-4).
- “S” Corporation: Tax Form 1120S (Pages 1-4).
- Limited Liability Corporation (LLC): Tax Form 1065 (Pages 1-5).
- Partnership: Tax Form 1065 (Pages 1-5).
- Sole Proprietor: Tax Form 1040 Schedule C and Balance Sheets that include Total Current Assets, Total Current Liabilities, Long Term Debt & Equity Amounts.

Option 2: To expedite your preparation of application documentation, you may use the Financial Fast Track Option in lieu of sending year-end financial statements, balance sheets or tax forms. For an additional \$125, we will review your financial stability based on your credit rating, given that it meets the following criteria:

- Financial Fast Track Option: A detailed Experian credit report will be generated and reviewed. The applicant must receive a “Low Risk” credit rating in order to waive the requirement for full year-end financial documents. If the credit report received indicates a score other than Low Risk, full year-end financial statements, balance sheets or the appropriate tax forms, as described in Option 1, will be required to complete the financial credentialing. The Financial Fast Track Option service fee is non-refundable.
- The Financial Fast Track Option can only be used during the application process. It is not available for annual recertification or application updates.
- The Financial Fast Track Option is intended to reduce your application preparation time, but does not necessarily reduce processing time by Crawford Contractor Connection because all other application factors must continue to be thoroughly reviewed.

Annual Financials/Tax Forms Required For all Active Contractors

We require all active contractors to submit current year-end (or fiscal year-end) financials on a yearly basis as part of the contractor’s annual re-certification.

We prefer Income Statements and Balance Sheets from applicants. However, we understand that certain businesses will only have tax forms to submit. Requirements are based on the following business types. Please see the lists of businesses below to determine what *minimum* financial forms will be required:

(Note: Balance Sheets must contain Total Current Assets, Total Current Liabilities, Long Term Debt & Equity Amounts)

- “C” Corporation: Tax Form 1120 (Pages 1-4).
- “S” Corporation: Tax Form 1120S (Pages 1-4).
- Limited Liability Corporation (LLC): Tax Form 1065 (Pages 1-5).
- Partnership: Tax Form 1065 (Pages 1-5).
- Sole Proprietor: Tax Form 1040 Schedule C and Balance Sheets that include Total Current Assets, Total Current Liabilities, Long Term Debt & Equity Amounts.

LICENSES/ CERTIFICATIONS REQUIRED:

Submit copies of any licenses required by your state and all states you perform work in, i.e. Contracting License, Operating License, Contracting Registration etc. All licenses must be in the company's Doing Business As (DBA) Name.

Also, submit copies of certifications documenting compliance with the Environmental Protection Agency's (EPA) Lead Renovation, Repair, and Painting (RRP) Program Rule.

FACILITY PHOTOS:

Included with your application, please submit digital photos to include the following:

- Front of building space including signage
- Office space
- Company Vehicles including signage
- Storage/pack out areas
- Available equipment (it is not necessary to take a picture of each individual piece. Please take one to two photos of your equipment available to you on site).

You may combine your photos to include more than one of the items listed above in one photo (example: the front of your building and vehicles in the same picture). Please send color copies of your photos (printed digital photos), or if you do not own a digital camera, you may submit 35 mm developed film. Please do not submit more than 6 photos with the application.

Please note: Use of Digital Camera will be required once selected for a program.

FACILITY REQUIREMENTS:

Absent special circumstances, contractors are expected to maintain a professional business location with identifying signage in an area zoned for commercial or industrial activities (non residential). Further, it is expected that vehicles will have identifying signage and employees will wear uniforms. If this is not the case with your company, then your company may not pre-qualify for the network depending upon circumstances. This information is not intended to discourage your application, but rather to make sure you are fully aware of items evaluated.

Requirements Once Selected for a Program:

Insurance Requirements

**The following requirements apply once a client has selected you for a program.
It is not necessary to meet these requirements until you are notified of selection for a specific program.**

Limits of liability shall be written on an occurrence basis. ***Insurance companies must have an A.M. Best Rating of B+ or higher and a Financial Size Category (FSC) of VII or better for the USAA program.*** A 30-day cancellation notice to Crawford Contractor Connection, Inc. shall be given. Payment for the above referenced policy is the sole responsibility of each Service Provider Participant. Crawford Contractor Connection must have a current Certificate of Insurance on file for each Service Provider Participant **prior** to receiving claims. The below listed limits are a minimum.

- **General Liability:**
 - \$1,000,000 Each Occurrence to include:
 - Premises and Operations Liability
 - Products and Completed Operation Liability
 - Broad Form Property Damage/Damage to Property Liability
 - Independent Contractors Liability
 - Personal Injury Liability

- **Automobile Liability:** \$1,000,000 Combined Single Limit
(All Owned Autos, Non Owned Autos, Hired Autos – or – Any Autos)

- **Proof of Worker’s Compensation** (Required regardless of individual State laws)

- **Contractors Pollution Liability or Excess Umbrella** \$1,000,000 Each Occurrence
(As referenced in matrix on next page)

- **Bailment Coverage** \$250,000
(As referenced in matrix on next page)

The information below must also be included on your insurance certificate:

- **Additional Insured:**

“Crawford and Company and Crawford Contractor Connection, a division of Crawford & Company, are named as additional insured for the above listed coverages and policies, as they apply to work performed for Crawford Contractor Connection (excluding Workers’ Compensation). The policies shall not restrict coverage for completed operations for the insured or the additional insureds. The General Liability and Contractors Pollution insurance policies shall be primary and non-contributory.”

****Please note that some insurer clients require that they be specifically named as additional insured**
(USAA, Frankenmuth, The Hartford Financial Services Group, Inc. and Nationwide)**

- **General Liability:**

General Liability coverage includes Premises and Operations Liability, Products and Completed Operation Liability, Broad Form Property Damage/Damage to Property Liability, Independent Contractors Liability and Personal Injury Liability.

- **Certificate Holder:**

Crawford Contractor Connection
5022 Gate Parkway, Suite 304
Jacksonville, FL 32256

Insurance Requirements (continued)

In addition to the above listed requirements, please see below:

Type of Contractor	Additional Insurance Requirements based on trade(s) selection (Insurance requirements may change if contractor is selected for additional trades.)
General Contractor only (or any trade other than water mitigation)	Sample #1 <ul style="list-style-type: none"> • Excess Liability: \$1,000,000 Each Occurrence
Water Mitigation only*	Sample #2 <ul style="list-style-type: none"> • Contractors Pollution Liability: \$1,000,000 Each Occurrence • The following statement will need to be added to Additional Insured wording: "Contractors Pollution Liability insures the full scope of services provided by the insured and provides coverage under the terms of the policy for losses that are a result of exposure to fungus, bacteria, asbestos, lead and silica."
Full Service (General Contractor or any other trade in combination with water mitigation*)	Sample #3a <ul style="list-style-type: none"> • Contractors Pollution Liability: \$1,000,000 Each Occurrence • The following statement will need to be added to Additional Insured wording: "Contractors Pollution Liability insures the full scope of services provided by the insured and provides coverage under the terms of the policy for losses that are a result of exposure to fungus, bacteria, asbestos, lead and silica. Subcontracted work is not excluded." Sample #3b <ul style="list-style-type: none"> • Contractors Pollution Liability: \$1,000,000 Each Occurrence • Excess Liability: \$1,000,000 Each Occurrence • The following statement will need to be added to Additional Insured wording: "Contractors Pollution Liability insures the full scope of services provided by the insured and provides coverage under the terms of the policy for losses that are a result of exposure to fungus, bacteria, asbestos, lead and silica."
Cleaners, Textile Restoration, and Fire & Smoke	Sample #4 <ul style="list-style-type: none"> • Bailment Coverage: \$250,000

* Note: Contractor Connection Program Requirements DO NOT allow any Service Provider to subcontract water mitigation services under any circumstances.

Requirements Once Selected for a Program (continued):

**The following requirements apply once a client has selected you for a program.
It is not necessary to meet these requirements until you are notified of selection for a specific program.**

SOFTWARE/HARDWARE:

- **XACTIMATE.** Xactimate estimating software may be leased directly from Xactware. Please contact their Sales Department for more information on their product:
Phone: 800-424-9228
Website: <http://www.xactware.com>
- Digital Camera
- Internet Access

BACKGROUND INVESTIGATIONS:

It is a network requirement that active contractors perform a background investigation of all its principals, owners, and employees that will be present at anytime, in policyholders'/customers' homes prior to any Services being performed. Each Contractor will need to certify that it has completed a background investigation on each Contractor Employee before activation for any program and on an annual basis thereafter. The contractor is free to use any vendor of their choosing to perform these background checks. It will not be necessary for you, the contractor, to submit the results of background checks except upon formal request by Crawford Contractor Connection, as we will have you sign and submit an affidavit attesting that the background checks have been completed.

SUBROGATION TRAINING:

It is a network requirement that active contractors complete and provide proof of Subrogation Awareness training no later than 90 days after being selected to a program. The required course is published by Claims Training Services (CTS), an independent training vendor. Subrogation is a very important aspect of handling insurance claims, and the insurance carrier clients would like to see additional training in this area. In addition, subrogation training certification will be a valuable marketing tool for contractors and estimators. Crawford Contractor Connection and the insurance carrier clients are not expecting you to replace the adjuster in handling subrogation matters. However, considering that the contractor often times conducts the initial site inspection, it is imperative for contractors to complete subrogation awareness courses.

If you would like additional information, please contact Claims Training Services (CTS) at 732-942-0411

**Questions? Please call the Recruiting Department for more information: (800) 586-9585.
You may also visit our web site to apply on line at www.contractorconnection.com**