



ROOFING CONTRACTOR QUALIFICATION STATEMENT
AS SUGGESTED BY THE NRCA (NATIONAL ROOFING CONTRACTORS ASSOCIATION)

Submitted To: NEW VENDOR ADMINISTRATOR
Company: CRS Roof Consultants, LLC.
Address: 1361 S Winchester Blvd, Ste 207 San Jose, CA 95128

Submitted By: _____
Company: _____
Address: _____
Phone: () _____ Fax: () _____
Principle Office: _____

1 ABOUT YOUR COMPANY

1.0 What is the type of business organization?

C-Corporation S-Corporation Partnership Sole Proprietorship

1.1 Please answer the following in accordance with your company's type of organization:

CORPORATION

PARTNERSHIP/PROPRIETORSHIP

Date of Incorporation: _____
State of Incorporation: _____

Date of Organization: _____
State of Operation: _____

Presidents Name: Years of Experience

Name and Address of Partners: Experience

Vice Presidents Name:

Secretary's Name:

Treasurer's Name:

1.2 If not a Corporation, Partnership or Proprietorship, describe the type of company and name principals:

1.3 How many years has your company been in business as a roofing contractor? _____

1.4 How many years has your company been in business under its current name? _____

1.5 Under what other or former names has your company operated as? _____

1.6 Please list Trade Association Memberships your company holds & years [] membership held.

_____ [] _____ []
_____ [] _____ []
_____ [] _____ []

1.7 List states and categories in which your company is legally qualified to do business. Indicate the applicable registration/license numbers and states in which partnership and/or trade names are filed.

STATE	CATEGORY	REG/LICENSE #	PARTNERSHIP/TRADE NAME STATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2 ABOUT YOUR WORK

2.0 What kind of roofing does your company perform? (Check all that apply)

- | | | |
|------------------|-------------|-------------------------|
| Built-Up | Shakes | Slate |
| Cold Process | Sheet Metal | Spray Polyurethane Foam |
| Metal | Shingles | Tile |
| Modified Bituman | Single-Ply | Waterproofing |
| Roof Deck | | |

2.1 Does your company's work crews perform all roofing work? YES NO
 If no, please explain. _____

2.2 What is your company's policy concerning on-site supervision or work and internal quality control procedures? _____

2.3 Has your company ever failed to complete work it was awarded? YES NO
 If yes, please explain. _____

2.3.1 Within the last five years, has any officer or partner of your company ever been an officer or partner of any other company when it failed to complete a roofing contract? YES NO
 If yes, explain when, where and why. _____

2.4 Have you or your company ever filed for bankruptcy? YES NO
 If yes, please explain. _____

2.5 What is your company's Experience Modification Rate (EMR) for Worker Comp over the last 3 years?
 EMR – last year: _____ State: _____
 EMR – previous year: _____ State: _____
 EMR – previous year: _____ State: _____

2.6 Does your company handle projects involving removal of asbestos-containing roofing materials? YES NO

If yes, please explain. _____

2.7 Is your company currently involved in litigation? YES NO

If yes, please explain. _____

3 REFERENCES

3.0 Please list trade references.

COMPANY	ADDRESS	CONTACT	CONTACT NUMBER
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

3.1 Please bank references.

COMPANY	ADDRESS	CONTACT	CONTACT NUMBER
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

3.2 Please provide the name of your bonding company.

COMPANY	ADDRESS	CONTACT	CONTACT NUMBER
_____	_____	_____	() _____

3.3 Please list manufacturers in which your firm has *Licensed Applicator Agreements*.

COMPANY	ADDRESS	CONTACT	CONTACT NUMBER
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

3.4 Please list manufacturers in which your firm has *Installation Certifications*.

COMPANY	ADDRESS	CONTACT	CONTACT NUMBER
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

3.5 Please provide information on three customers for each type of roofing identified in Section 2.0, or matches the requirements of participation in a Specific Bid Request.

4 FINANCIAL INFORMATION

4.0 Please attach copy of your company's current Balance Sheet or other evidence of financial ability.

4.1 Please provide the name of firm(s) preparing your financial statements. _____

4.1.1 Is the financial statement for the company named on page one. YES NO
If not, please explain the relationship and financial responsibility of the organization (e.g. parent, subsidiary, etc.). _____

4.1.2 Will this organization act as a guarantor of the contract for roofing work? YES NO

5 ADDITIONAL INFORMATION

5.0 Please provide copies of your *Certificates of Insurance*.

5.1 Partnership/Proprietorship - Please provide a copy of your local *Fictitious Business Name*.

5.2 Corporations – Please provide your Federal Tax ID: _____

I certify that the foregoing statements are true and complete to the best of my knowledge. I further acknowledge and understand that any false statement is sufficient cause for rejection of this application.

Name

Signature

Date