

Proposed Project Information:

Project Name	
Address	
City/State/Zip	

Homeowner(s)	
Address	
City/State/Zip	
Phone	
Email	

Business Information:

Business Name	
Address	
City/State/Zip	
Fed Tax ID	

Owner's Name	
Phone	
Fax	
Email	
Web Address	
Years in Business	
State Business Organized	

Select Business Type:

Corporation
 LLC
 Partnership
 Sole Proprietor

License Information:

State Issued	
Issue Date	
License Type	

License Number	
Expiration Date	
License Status	

(Please explain on separate sheet as necessary:)

Is your Contractor's license in good standing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your Contractor's license ever been revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you, your organization, officer or partner ever failed to complete a construction contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you, your organization, officer or partner ever failed or declared bankruptcy in a construction related business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or your organization currently involved in any disputes, lawsuits, judgements, liens or surety claims?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Contractor Experience:

Gross Sales/Projects Completed History

Identify your company's gross sales and number of projects complete for each of the past 3 years

Year	Gross Sales (\$)	# of Projects Completed	Type of Project

List any special building considerations or certifications (attach separate sheet if necessary)

References: Please include Letters of Recommendation

Bank Reference: Please identify your bank with whom you have current business accounts

Bank Name	
Phone	

Contact Name	
Email	

Supplier Reference: Please list major trade suppliers (attach separate sheet if necessary)

Company	
Phone	
Years worked with this supplier	

Contact Name	
Email	
Type of Supplier	

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Past Client References: Please provide at least two clients within the last year

Client #1		Contract Amount	
Address		Phone	
City/State/Zip		Email	
Client #2		Contract Amount	
Address		Phone	
City/State/Zip		Email	
Client #3		Contract Amount	
Address		Phone	
City/State/Zip		Email	

Checklist: When complete, return this information to RenovationReady. Please attach the following required documents.

- 1 Contractor Questionnaire: Fully completed and signed Contractor Questionnaire
- 2 State Contractor's License: Copy of Valid State Contractor's License
- 3 Worker's Compensation Insurance: Certificate of Insurance (if employees exist) or Letter of Exemption (if no employees)
- 4 General Liability Insurance: Evidence of Commercial General Liability Insurance
- 5 Contractor's Driver's License: Legible copy of Contractor's valid driver's license or photo ID
- 6 Tax ID / W-9: Valid, completed tax ID or W-9 form

Permission and Release: Please sign and complete the following:

In consideration of the time and expense incurred by RenovationReady, LLC and Granite Loan Management, LLC (collectively "RR/Granite" in reviewing and evaluating this Contractor's Questionnaire and to facilitate the review, analysis and investigation of the information contained herein by RR/Granite for and on behalf of the lender ("Lender") on the project(s) identified herein, I, on behalf of the above described Contractor ("Contractor") and myself, hereby grant permission for RR/Granite to review, confirm, and make such inquires as deemed necessary including without limitation the pulling of one or more credit reports on the responsible managing employees, responsible managing officers, and/or qualifying partners identified herein for the purposes of confirming the information contained in this Contractor's Questionnaire and providing such information to the Lender. The Contractor hereby authorizes and directs all third parties listed herein to provide such information, records, verifications, confirmation and documents as may be requested by RR/Granite. On behalf of myself and the Contractor, and its parent, sister and affiliate companies, and its and their officers, agents, employees and independent contractors do hereby release, discharge, exonerate and covenant not to sue any person, company, association or any governmental organization providing information in the review and confirmation hereunder from any and all liability of every nature and kind arising from or in any way connected with the furnishing of information, the inspection of documents, records and other information, and the preparation, review and confirmation of any information provided to RR/Granite and submitted to the Lender hereunder.

BY SIGNING BELOW, I hereby certify that the information contained in this Contractor's Questionnaire is true and correct to the best of my knowledge and belief.

Individual, Sole Proprietor or Business Entity:

Signature		Date	
Print Name		Tax ID	
Title (if applicable)		SSN	
<small>Note: Both Tax ID and SSN are required to complete review</small>			
Signature		Date	
Print Name		Tax ID	
Title (if applicable)		SSN	
<small>Note: Both Tax ID and SSN are required to complete review</small>			