

AFFILIATE QUESTIONNAIRE

REFERRAL SOURCE

How did you hear about us? Store Associate Website NWFA
 Affiliate Email/Flyer Other

Which Retailer referred you?

CONTACT INFORMATION

Company Name	<input type="text"/>		
Company Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Contact	<input type="text"/>		
Office #	<input type="text"/>	Cell #	<input type="text"/>
Email	<input type="text"/>		

PRODUCTS *Indicate ALL products for which you have at least 5 years installation experience*

FLOORING	<input type="checkbox"/> Hardwood	<input type="checkbox"/> Stair Treads	<input type="checkbox"/> Floor Tile	<input type="checkbox"/> Tile Backsplash
	<input type="checkbox"/> Laminate	<input type="checkbox"/> Sand & Finish	<input type="checkbox"/> Luxury Vinyl	<input type="checkbox"/> Tile Shower

<input type="checkbox"/> Cabinet Refacing	<input type="checkbox"/> Bath Remodel	<input type="checkbox"/> HVAC	<input type="checkbox"/> Solar
<input type="checkbox"/> Countertops - Solid Surface	<input type="checkbox"/> Tubliners	<input type="checkbox"/> Insulation	<input type="checkbox"/> Patio Enclosures
<input type="checkbox"/> Countertops - Tile	<input type="checkbox"/> Basement Waterproofing	<input type="checkbox"/> Roofing	<input type="checkbox"/> Windows/Doors
<input type="checkbox"/> Countertops - Wood	<input type="checkbox"/> Water Treatment	<input type="checkbox"/> Siding	
<input type="checkbox"/> Kitchen Remodel	<input type="checkbox"/> Gutters/Gutter Systems	<input type="checkbox"/> Other (list) <input type="text"/>	

COVERAGE AREA

State

List All Counties Covered

<input type="text"/>	<input type="text"/>

Are you licensed to install these products in your coverage areas? Yes No

COMPANY INFORMATION

of Employees (including Principals)

of Crews (including Subcontractors)

For retail programs, would you be able to staff a lead generator in the store to answer customer's questions about installation and schedule measure appointments? Yes No

Would you be able to use an iPad or tablet to complete an estimate? Yes No

INSURANCE

Does your company have General Liability Insurance coverage of at least \$1 Million? Yes No

If no, are you willing to obtain it? Yes No

Does your company have Automobile Liability Insurance coverage of at least \$500K? Yes No

If no, are you willing to obtain it? Yes No

Does your company have Workers' Compensation Insurance? Yes No

If No, are you: Exempt Willing to obtain coverage NOT willing to obtain coverage

CRIMINAL BACKGROUND & CREDIT CHECKS

As part of the vetting process, criminal background and credit checks will be required.

INSTALLATION REFERENCES *Provide name and contact information for 3 most recent customers*

Submit photos of completed jobs, if available.

	Name	Phone # / Email	Date of Job
Customer #1:			
Customer #2:			
Customer #3:			



APPLICANT CLICK HERE

SUBMIT COMPLETED FORM TO
RECRUITING@INSTALLATIONMADEEASY.COM

-OR-



APPLICANT

FAX COMPLETED FORM
TO 802-786-7477