

# Contractor Acceptance Checklist

Page 1 of 1

## Form B



Loan Officer Name:	Loan Officer Email:
Borrower (s):	Date:
Project Address:	
City:	State: Zip Code:
Contractor:	
Contractor Telephone:	

Checklist		
When complete, return this information to Lender		
Mandatory Items To Be Completed	Check Box When Completed	Additional Comments
1. <b>Contractor Questionnaire</b> With all data fields and lines fully completed and executed.	<input type="checkbox"/>	
2. <b>State Contractor's License</b> Copy of valid State Contractor's License.	<input type="checkbox"/>	
3. <b>Worker's Compensation Insurance</b> Evidence of Worker's Compensation Insurance or Certificate of Exemption if Contractor has no employees.	<input type="checkbox"/>	
4. <b>General Liability Insurance</b> Evidence of General Liability Insurance in the amount of \$1,000,000 or greater.	<input type="checkbox"/>	
5. <b>Contractor's Driver's License</b> Legible copy of contractor's valid driver's license or government-issued photo ID.	<input type="checkbox"/>	
6. <b>W-9</b> Valid, completed W-9 form.	<input type="checkbox"/>	
7. <b>Production Builder</b> Provide authorized signor information (letter head stating authorized signor), Articles of Ownership and Dunn & Bradstreet number (D&B #)	<input type="checkbox"/>	

Please forward a completed Form B and all applicable attachments via email to [Fairwayprojects@graniteriskmanagement.com](mailto:Fairwayprojects@graniteriskmanagement.com). You may also mail materials to **Granite Risk Management, ATTN: Project Review Department**, 7730 Market Center Ave Suite 100, El Paso, TX 79912. For customer service questions, please call (866) 380-9657.

# Contractor's Questionnaire

Page 1 of 4

## Form A



### Instructions

Lender requires that **THIS QUESTIONNAIRE MUST BE COMPLETED IN DETAIL**, dated, and signed by the General Contractor. Please provide complete addresses and telephone numbers where requested.

Borrower Name(s):	Project Name:
Property Address:	City: State: Zip Code:
Estimated Project Duration:	Sq. Ft.:

### General Information

Name of Contractor (exactly as it appears on State Contractor's License):	
Business Name (including DBA):	Number of years in business:
Business Address:	
City:	State: Zip Code:
Business Telephone (area code):	Cell Phone:
Email Address:	

### Business Information

Federal Tax ID Number:	Dunn & Bradstreet number (D&B #):
Are you a Production Builder?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you a Modular Company?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes – Enter Seller's License Number:
State Contractor's License #:	Class(es):
Is your license in good standing?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No – explain in the space provided on page 4
Have you ever had a Contractor's License revoked?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes – explain in the space provided on page 4
Please provide details of a responsible managing employee, responsible managing officer, or qualifying partner under your license.	
Name:	Title: Email:

### If your business is a Sole Proprietorship

Sole Proprietor's Name:	Years of experience in residential construction:
-------------------------	--

### If your business is a Partnership

Partner Name:	Title:
Percent Owned:	Years of experience in residential construction:
Partner Name:	Title:
Percent Owned:	Years of experience in residential construction:

### If your business is a Corporation

CEO/President:	Percent Owned:
Years of experience in residential construction:	
CFO/Controller:	Percent Owned:
Years of experience in residential construction:	

If the percent mentioned above does not add up to 100%, please provide details of who owns remainder of the business or who is an authorized signor:

Name:	Title:	Percent Owned:	Years of experience in residential construction:
-------	--------	----------------	--

Have you, your organization, any officer or partner ever failed to complete a construction contract or failed in a construction-related business?

<input type="checkbox"/> No	<input type="checkbox"/> Yes – explain in the space provided on page 4
-----------------------------	--

Are you or your organization currently involved in any disputes, lawsuits, judgments, liens, or surety claims?

<input type="checkbox"/> No	<input type="checkbox"/> Yes – explain in the space provided on page 4
-----------------------------	--

# Contractor's Questionnaire

## Form A

Continued - Page 2 of 4



### Gross Sales/Projects Completed History

Identify your company's gross sales and number of projects completed for each of the last three calendar or fiscal years.

Insert Year	Gross Sales (\$)	Number of Renovation Projects Completed	Number of Ground Up New Construction Projects Completed
1.			
2.			
3.			

### References

#### Previous Residential Project References

All projects listed below must have been completed within the past three years.

1. Client Name:	Contract Amount (\$):	<input type="checkbox"/> Ground Up New Construction	<input type="checkbox"/> Remodel
Address:	City:	State:	
Zip Code:	Tel.:	Email:	
2. Client Name:	Contract Amount (\$):	<input type="checkbox"/> Ground Up New Construction	<input type="checkbox"/> Remodel
Address:	City:	State:	
Zip Code:	Tel.:	Email:	
3. Client Name:	Contract Amount (\$):	<input type="checkbox"/> Ground Up New Construction	<input type="checkbox"/> Remodel
Address:	City:	State:	
Zip Code:	Tel.:	Email:	

**Current Residential Projects** -- Identify the total number of residential projects currently under construction:

#### Subcontractor References

List major trade subcontractor references. Attach a separate sheet if necessary.

1. Company:	Contact Name:
Tel.:	Email:
How many years have you worked with this subcontractor?	Type of Subcontractor:
2. Company:	Contact Name:
Tel.:	Email:
How many years have you worked with this subcontractor?	Type of Subcontractor:
3. Company:	Contact Name:
Tel.:	Email:
How many years have you worked with this subcontractor?	Type of Subcontractor:

#### Supplier References

List major trade suppliers. Attach a separate sheet if necessary.

1. Company:	Contact Name:
Tel.:	Email:
How many years have you worked with this supplier?	Type of Supplier:
2. Company:	Contact Name:
Tel.:	Email:
How many years have you worked with this supplier?	Type of Supplier:
3. Company:	Contact Name:
Tel.:	Email:
How many years have you worked with this supplier?	Type of Supplier:

## Contractor's Questionnaire

## Form A

Continued - Page 3 of 4



### Filing your Completed Questionnaire

After signing the Declarations and Authorization to Release Information section which immediately follows these instructions, return this completed questionnaire and any additional attachments to Lender along with the documents listed below.

**Important Note: Your questionnaire cannot be processed without the following documents on file:**

1. Copy of State Contractor's License
2. Copy of Declarations Page of Worker's Compensation Insurance
3. Copy of Declarations Page of General Liability
4. Copy of valid driver's license
5. Valid, completed W-9 form

### Authorization & Release.

By signing below, the undersigned ("I" or "me" or "my") hereby declares the statements contained herein are accurate, complete and truthful. I expressly authorize and give permission to Lender and Lender's authorized service provider, Granite Risk Management ("Granite"), to obtain personal and/or business credit information on me and the company or business identified below ("Company") for purposes of completing an investigative review to the extent deemed necessary by Lender. I understand the investigative review may be used to determine credit worthiness, credit standing, credit capacity, character, general reputation, work experience and personal characteristics as authorized by the Fair Credit Reporting Act. In this regard, I give full authority and permission for Lender and Granite to obtain information concerning my and the Company's past employment, past performance, construction contracts, work history, trade references, personal and business credit information, criminal background and any other matters deemed relevant by Lender. I authorize, but do not require Lender or Granite to disclose information obtained in the investigative review to the Lender's borrower(s) or other necessary persons for which the Company or I will be providing services. I understand and agree that for as long as Lender and Granite act in good faith, the Company and I will hold Lender and Granite harmless and will indemnify each of them from and against any and all claims, demands, suits, actions or the like which relate in any way to the investigative review performed by Lender and Granite. I understand Lender and Granite may not provide a copy of my consumer report to me and will not reveal specific contents contained in the consumer report to me. I understand it is my responsibility for contacting one or more consumer reporting agencies directly to obtain a copy of my credit report. A facsimile, or electronic copy of my signature below shall be valid as the original for me and the Company.

### Individual or Sole Proprietor

Signature:

Date:

Print Name:

Social Security Number:

### Partnership or Corporation (All listed principals must execute this document and provide Social Security Numbers)

Authorized Officer Signature:

Date:

Print Name:

Title:

Social Security Number:

Authorized Officer Signature:

Date:

Print Name:

Title:

Social Security Number:

In this box, please explain why your license is not in good standing:

In this box, please explain why your Contractor's License was revoked:

In this box, please explain if you, your organization, any officer or partner ever failed to complete a construction contract or failed in a construction-related business:

In this box, please explain if you or your organization are currently involved in any disputes, lawsuits, judgments, liens, or surety claims:

# Statement of Exemption from Worker's Compensation

## Form A2



This Statement of Exemption from Worker's Compensation is made this \_\_\_\_\_ day of \_\_\_\_\_  
by \_\_\_\_\_ (hereinafter referred to as the "Contractor").  
Contractor has contracted with \_\_\_\_\_ (the "Borrower(s)") for the  
purposes of construction and/or remodeling a residence at \_\_\_\_\_  
(the "Property").

Information about General Contractor (Check the appropriate box)

- ☐ Contractor has no employees in the field or office staff. All work is "subcontracted out", and therefore, the Contractor would not be required to carry Worker's Compensation Insurance.
- ☐ Worker's Compensation is included in my State's licensing fees. Applicable state(s) are as follows: \_\_\_\_\_

By signing below, Contractor agrees to the above.

Contractor Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_