

**Contractor/Vendor Questionnaire**

Company Name: \_\_\_\_\_

Other Names worked under \_\_\_\_\_

Registered in what County: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone: (Office) \_\_\_\_\_ (Cell) \_\_\_\_\_

Website: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Service(s) to be provided. *Note: you must have a license for each type of service to be provided.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List References: Business Relationships / Banking Institution  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lawyer Contact (if any) \_\_\_\_\_

**The following information will be needed:**

Company License Number: \_\_\_\_\_

**Insurance:**

Provider Name: \_\_\_\_\_

Do you have General Liability Insurance? /  / Yes /  / No

Do you have Worker's Comp Insurance? /  / Yes /  / No

Form of Business? /  / LLC /  / Corp (Year Incorporated?) \_\_\_\_\_ /  / Sole Proprietor

What type of contract/cost of work do you do? 500K or less, /  / 500K to 1Mil, /  / 1 Mil–2Mil /  /

**Please return this completed form to:  
Affordable Housing Alliance, 3535 Route 66, Bldg. 4, Neptune, NJ 07753**