

NEW CONTRACTOR REGISTRATION FORM

All information will be kept confidential by the underwriters			
Company Name			Date
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Contact Name	Office Telephone	Mobile Phone	Fax
Street Address			
City, State, Zip			
E-Mail Address Web Site Address			
E-Ividii Address			
General Information			
How long has your company been in business?			
Approximate annual service sale revenues?			
How many service trucks do you operate?			
How many service technicians do you employ?			
Do you provide service for all types of air conditioning equipment?			
Please describe any specialized service capabilities:			
How long has your company been selling full service (full breakdown responsibility) contracts?			
Approximately how many full service contracts do you have for equipment 25 tons and larger?			
Please give us an estimate of your average hourly labor COST (wages and fringe benefits):			
Who is the contact person for service contracts?			
Specifically, how does your company qualify equipment that will be under a full service contract?			

