



## APPLICATOR APPLICATION FORM

**BUSINESS NAME:** \_\_\_\_\_

### TYPE OF BUSINESS:

Sole Proprietorship

Partnership

Corporation

### BUSINESS ADDRESS:

Street:

City:

State:

Zip:

Phone:

Fax:

Web:

Email:

Year Business Established:

Yearly Sales Volume:\$

### EXECUTIVE OFFICERS #1

Name:

Position:

Brief Resume of Experience:

**EXECUTIVE OFFICER #2**

|       |  |
|-------|--|
| Name: |  |
|-------|--|

|           |  |
|-----------|--|
| Position: |  |
|-----------|--|

|                             |  |
|-----------------------------|--|
| Brief Resume of Experience: |  |
|-----------------------------|--|

**EXECUTIVE OFFICER #3**

|       |  |
|-------|--|
| Name: |  |
|-------|--|

|           |  |
|-----------|--|
| Position: |  |
|-----------|--|

|                             |  |
|-----------------------------|--|
| Brief Resume of Experience: |  |
|-----------------------------|--|

**NUMBER OF EMPLOYEES:**

|         |  |        |  |
|---------|--|--------|--|
| Office: |  | Sales: |  |
|---------|--|--------|--|

|            |  |              |  |
|------------|--|--------------|--|
| Workforce: |  | Supervisors: |  |
|------------|--|--------------|--|

|        |  |  |  |
|--------|--|--|--|
| Total: |  |  |  |
|--------|--|--|--|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|  |  |
|--|--|
| General vicinity where majority of work performed: |  |
|--|--|

|                   |  |
|-------------------|--|
| Type of Projects: |  |
|-------------------|--|

|                |  |
|----------------|--|
| Explain Other: |  |
|----------------|--|

**PLEASE LIST THREE MAJOR JOBS:**

|       |  |      |
|-------|--|------|
| Name: |  | Date |
|-------|--|------|

|       |  |        |  |
|-------|--|--------|--|
| City: |  | State: |  |
|-------|--|--------|--|

Brief about the project:

|       |  |      |
|-------|--|------|
| Name: |  | Date |
|-------|--|------|

|       |  |        |  |
|-------|--|--------|--|
| City: |  | State: |  |
|-------|--|--------|--|

Brief about the project:

|       |  |      |
|-------|--|------|
| Name: |  | Date |
|-------|--|------|

|       |  |        |  |
|-------|--|--------|--|
| City: |  | State: |  |
|-------|--|--------|--|

Brief about the project:

|   |       |         |           |
|---|-------|---------|-----------|
| <b>EXPERIENCE:</b>                                    |       |         |           |
| None  | Minor | Regular | Extensive |
| <b>CERTIFICATION/APPROVAL FROM OTHER MANUFACTURER</b> |       | YES     | NO        |
| <b>If yes, please list:</b>                           |       |         |           |
|   |       |         |           |
|   |       |         |           |

| <b>CREDIT REFERENCES</b> |              |              |              |
|--------------------------|--------------|--------------|--------------|
|                          | Reference #1 | Reference #2 | Reference #3 |
| Name                     |              |              |              |
| Address                  |              |              |              |
| Phone                    |              |              |              |
| Email                    |              |              |              |
| Web                      |              |              |              |
| Fax                      |              |              |              |

| <b>BONDING COMPANY</b> |  |       |  |
|------------------------|--|-------|--|
| Name:                  |  |       |  |
| Capacity \$:           |  |       |  |
| Street:                |  | City: |  |
| State:                 |  | Zip:  |  |

| <b>INSURANCE CARRIER (LIABILITY)</b> |  |       |  |
|--------------------------------------|--|-------|--|
| Name:                                |  |       |  |
| Capacity \$:                         |  |       |  |
| Street:                              |  | City: |  |
| State:                               |  | Zip:  |  |

**ANY OTHER PERTINENT INFORMATION:**

Authorized Signature  
(must be an officer of the company)

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

Position: \_\_\_\_\_

Date: \_\_\_\_\_

NOTICE: PLC is electronic and no paper copies will be provided unless requested

|                          |  |
|--------------------------|--|
| <b>(PLC USE ONLY)</b>    |  |
| COVERLINK REPRESENTATIVE |  |
| APPROVAL SIGNATURE       |  |
| APPROVED CONTRACTOR #    |  |
| 1st Year Estimated Sales |  |