

Inspector Information Sheet

Company Name: _____

Name of Owner: _____

Main Contact: _____

BUSINESS ADDRESS

Street: _____

City: _____ St: _____ Zip: _____

Main E-mail Address: _____

Business Phone: _____ Cell Phone: _____

Driver's License # (submit copy): _____ Exp Date _____ DOB _____

Federal Tax ID #: _____

Sole Proprietor
LLC

Partnership
Corporation

QUESTIONNAIRE:

EZInspections / InspectorADE

Do you have prior experience doing occupancy check inspections? Yes No Yes No

Explain Experience (years, prior companies): _____

Do you utilize Sub-Contractors? Yes No If "Yes", how many? _____

Do you use a Third Party Software? Yes No If "Yes", which software: _____

How is your work distributed to your Employees/Sub-Contractors?

Third Party Software Fax Email Pickup Mail

Do you have an Aspen Grove ABC Number? Yes No If "Yes", provide number: _____

License & Insurance: (If "YES" to any of the following, include a copy with PNA listed as an additional insured)

Do you have a Business License? Yes No

License State/City: _____ Expiration Date: _____

Do you have \$1,000,000 Errors & Omissions Insurance? Yes No

Insurance Company/Policy #: _____ Expiration Date: _____

Do you have \$1,000,000 General Liability Insurance? Yes No

Insurance Company/Policy #: _____ Expiration Date: _____

Do you have Worker's Comp Insurance? Yes No

Insurance State/Policy #: _____ Expiration Date: _____

Do you have Auto Insurance? Yes No

Insurance Company/Policy #: _____ Expiration Date: _____

REFERENCES

Please list four references below.

1. Name and relationship _____ Phone Number _____

2. Name and relationship _____ Phone Number _____

3. Name and relationship _____ Phone Number _____

4. Name and relationship _____ Phone Number _____

BACKGROUND INFORMATION

Is there any litigation pending in relation to work performed by you or your company? **YES**___ **NO**___

If yes, please explain:

Have you ever been convicted of a felony? **YES**___ **NO**___

If yes, please explain:

Have you ever had your driver's license suspended? **YES**___ **NO**___

If yes, please explain:

LAST 5 YEARS WORK HISTORY:

1) Company name _____ reason for leaving _____

2) Company name _____ reason for leaving _____

