

CONTRACTOR INTERVIEW WORKSHEET



Business Information

Company and representative: _____

Business address: _____

Telephone: _____ Cell: _____ Fax: _____

Web site (if applicable): _____

Years in business: _____ B/N or GST/HST number: _____

Municipal Business License Number (if required): _____

Memberships in industry or trade associations: _____

Contractor Information

Range of services provided (type of work, special expertise, etc): _____

	Yes	No
Will the contractor provide at least three customer references?	<input type="checkbox"/>	<input type="checkbox"/>
Will the contractor arrange for you to visit a current project?	<input type="checkbox"/>	<input type="checkbox"/>
Does the contractor have Workers' Compensation or equivalent insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Does the contractor have business liability insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Will the contractor provide you with a written contract?	<input type="checkbox"/>	<input type="checkbox"/>
Will the contractor provide a written warranty for work performed?	<input type="checkbox"/>	<input type="checkbox"/>
Was the contractor responsive to your questions and concerns?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you could work well with this contractor?	<input type="checkbox"/>	<input type="checkbox"/>
Was the contractor able to provide suggestions for how to improve your project or obtain better value for your money?	<input type="checkbox"/>	<input type="checkbox"/>

