



Approved Contractor Application

(Form 1)

Mail signed original to:

APOC

Attn: Technical Product Manager

P.O. Box 5449

Tampa, FL 33675

APOC, a Subsidiary of Gardner Industries, does not install roofing systems and does not own any interest in any firm that provides this service in the United States. Thus, except under the terms of a warranty, APOC cannot be responsible for any roofing contractor's workmanship, nor does APOC ever assume such responsibility.

APOC does maintain a list of roofing contractors, called "APOC Approved Contractors," who are eligible to install and to repair APOC warranted systems. The name "APOC Approved Contractor" identifies a roofing contractor eligible to apply for an APOC Roofing System's warranty and in no way designates him to be the agent for APOC.

CRITERIA FOR APOC APPROVED CONTRACTORS

- Must have been in business as a professional roofing contractor for a minimum of two years, and have demonstrated the ability to safely, responsibly, and completely install roofing membranes according to the designated roof specifications.
- Must prove financial responsibility by keeping accounts up to date and current with the distributing suppliers.
- Must not have had more than three (3) complaints filed against the APOC warranty program for poor workmanship or shoddy application.
- Must provide proof of liability and property damage insurance relating to installation and applications of roofing systems.
- Must install a minimum of 200 squares of APOC roofing systems annually.
- Must have a contracting license as required by state laws and local ordinances, with work being done per the jurisdiction's building codes.
- Contractor's failure to meet criteria may result in loss of "APOC Approved Contractor" status.

Applicant Company Name:			Main Contact:		
Street Address:		City:		ST:	Zip:
Telephone:	Fax:	Email:	Website:		
Year Established:	Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other _____				

Company Primary Management Personnel:

Name:	Title:
Name:	Title:
Name:	Title:

Roofing Manufacturers with whom your firm is currently approved:

1. Name:	2. Name:
System & Level:	System & Level:
3. Name:	4. Name:
System & Level:	System & Level:

List the names and address of the sources from which you presently buy materials:

Name of Firm/ Contact	Phone #/ E-mail	Type of Materials

Have you ever failed to complete work contracted to, or been named as a party in any roofing related litigation?

Yes No (If **Yes**-Explain with written attachment)

Please identify your Liability Insurance Company:

Insurance Company:	Coverage Amount: \$	Policy Number:		
Address:	City:	ST:	Zip:	

Please identify your bonding company and capacities:

Company Name:	Capacity: \$	Policy Number:
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List states licensed to provide roof contracting work:

<u>State</u>	<u>License Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Equipment List: (attach list or fill in below)

Transportation:
Application:
Sheet Metal:
Other:

Number of Estimators/Outside Sales People:

Estimators:	Outside Sales People:
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Market Breakdown for historical work:

New Construction	_____	%
Renovation, Tear Off	_____	%
Repair & Maintenance Dept.	_____	%

The above pages of information, contained in this application, have been completed using truthful and accurate information as related to the applicant and roof contracting company.

Print Name of Company

Print Name of Applicant

Print Title of Applicant

Signature of Applicant

Date

Complete and mail signed original to:
APOC
Attn: Technical Product Manager
P.O. Box 5449
Tampa, FL 33675

APOC Corporate Use Only (To be completed by Accounting)		
D & B Attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of Insurance Attached:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Outstanding Claims, Debts or Lawsuits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

APOC Corporate Use Only (Application Approval)		
_____ APOC Regional Manager	_____ Date	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ APOC Technical Product Manager	_____ Date	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ APOC V.P. Sales & Marketing	_____ Date	<input type="checkbox"/> Yes <input type="checkbox"/> No