



12 Lupi Court  
Suite #5  
Mahopac, NY. 10541

**Fax Number:** ( 845 ) 621-2843

To become a contractor with American Development Corp. you must fill out the form below. All of the criteria below must be maintained on an ongoing basis, or you will lose the privileges of American Development Corp. American Development Corp qualifications screening means you will be presented as a knowledgeable and capable construction professional. The minimum requirements to become a member of American Development Corp are:

- **Your business has been in operations at least 3 years**
- **Good professional and customer references**
- **No adverse legal actions against your company**
- **Appropriate licenses in all states required**
- **Clear record with your creditors**
- **General liability insurance**

We will verify all information provide before E-mailing a Personal ID. Personal ID's are generally E-mailed within 48 hours after receiving all data. You will receive your Membership package within 2-4 weeks after receiving your Personal ID.

**DATE:**

**• STEP 1: Company information**

**COMPANY NAME:**

**APPLICANT'S NAME:**

**STREET ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE:**

**FAX:**

**CELL PHONE:**

**PAGER:**

**E-MAIL:**

**WEBSITE:**

**OWNER OF COMPANY:**

**YEAR STARTED:**

**FED TAX NO. OR OWNER  
SOC. SEC NO.**

**DUNS NUMBER**

**• STEP 2: Licensing**

**PRIMARY:**

**NAME ON LICENSE:**

**LICENSE NUMBER:**

**ISSUING JURISDICTION:**

**EXPIRATION DATE:**

**SECONDARY:**

**NAME ON LICENSE:**

**LICENSE NUMBER:**

**ISSUING JURISDICTION:**

**EXPIRATION DATE:**

**GENERAL LIABILITY INSURANCE:**

**Insurance Company:**

**Liability Limit:**

**Expiration Date:**

**Contact Person:**

**Phone:**

**Policy Number:**

**WORKERS COMPENSATION INSURANCE:**

**Insurance Company:**

**Number of workers:**

**Expiration Date:**

**Contact Person:**

**Phone:**

**Policy Number:**

**• STEP 3: Project and Regional Information**

**What type of projects do you specialize in?:**

(Check all that apply)

**Do you do Commercial Work?:**  YES  NO

**Will you do Insurance Work?:**  YES  NO

**Will you service third party warranties?:**  YES  NO

**Do you currently offer your own warranty?:**  YES  NO

**Do you perform work as a sub-contractor?:**  YES  NO

**Do you do installed sales work?:**  YES  NO

**What sizes of projects are you interested in?:**

(Check all that apply)

Less than \$500

\$10,001 to \$35,000

\$501 to \$5,000

\$35,001 to \$100,000

\$5,001 to \$10,000

More than \$100,000

**What areas would your company prefer to cover?:**

(Please enter the zip codes of the areas you would like to cover below)


**If you do not have a zip code restriction, enter "all", otherwise list each zip code box.**