

# Application for Approval of Contractor

**Please complete this form so that CoastManagement.net is in a position to refer work to you.**

The undersigned hereby requests approval by CoastManagement.net as an "approved contractor." Coast is authorized to check any references provided, to verify any information provided and reserves the right to obtain a credit report.

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

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

License No.: \_\_\_\_\_

Address: (Place of business  
not a P.O. Box) \_\_\_\_\_  
\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_

Email: ( ) \_\_\_\_\_

Form of Business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Tax I.D. No. or Social Security No. \_\_\_\_\_

Please attach the following:

1. Contractor License
2. Certificate of liability insurance - \$500,000 minimum
3. Certificate of Worker's Compensation Insurance
4. Certificate of Automobile Insurance - \$300,000 minimum

Client References  
(Prefer Property Owners)

1. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Day Phone ( ) \_\_\_\_\_

Work Done \_\_\_\_\_  
\_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Day Phone ( ) \_\_\_\_\_

Work Done \_\_\_\_\_  
\_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Day Phone ( ) \_\_\_\_\_

Work Done \_\_\_\_\_  
\_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Day Phone ( ) \_\_\_\_\_

Work Done \_\_\_\_\_  
\_\_\_\_\_

5. Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Day Phone ( ) \_\_\_\_\_

Work Done \_\_\_\_\_  
\_\_\_\_\_

Coast endeavors to do business with licensed and insured contractors who do high quality work. We are seeking long term relationships. Coast currently manages nearly 50 properties in Los Angeles and Ventura Counties and we are continuing to expand. Any contractor offering a kickback to any of Coast's Property Supervisors will be immediately removed from our list of approved contractors.

Please note that invoices submitted to Coast for payment must be:

1. Billed to the client (property owner), care of CoastManagement.net. For example:

ABC Homeowners Association  
c/o CoastManagement.net

Invoices billed to Coast (as opposed to the client) are subject to being returned for correction. If returned, they will be processed with the next group of invoices for the subject property.

2. Original invoices. Coast does not pay off of copies or faxes. This is a standard internal audit procedure.
3. If applicable, indicate an hourly billing rate and the number of hours billed.
4. Date and include an invoice number.
5. Except for small parts that are kept in your inventory original invoices for materials should be included.

In consideration of being approved as an "approved contractor," you hereby agree to the following:

1. To carry comprehensive liability insurance of at least \$500,000 at all times that work is being done for CoastManagement.net and/or any of its clients, and
2. To indemnify, defend and hold Coast and/or any of its clients harmless from all damages, costs, expenses, attorney's fees, liabilities or claims which may arise by reason of and during the undersigned's performance of his or her work.

Invoices are generally paid within 15 days of receipt assuming all work has been performed in a satisfactory manner. While not required, providing a self-addressed envelope will assure faster processing.

Submitted by: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**Thank you**

***CoastManagement.net***

a California Corporation

(818) 991-1500      (818) 991-5077 fax

[www.CoastManagment.net](http://www.CoastManagment.net)

[www.HOAQandA.com](http://www.HOAQandA.com)

[www.LegalSeminars.net](http://www.LegalSeminars.net)