

GMFS Contractor Approval Checklist



Below is a checklist of items required to perform a contractor review. Once a contractor has been approved by the Construction Lending Department, they will *not* have to go through the approval process again for one year.

Completed Contractor Profile. NOTE: Must be signed by the contractor.

Verification of contractor's license with state website (where house is being built):

Verification of Good Standing with the Secretary of State

General Liability Insurance and Worker's Comp Policies with GMFS, LLC listed as Certificate Holder

Email the completed 2 page package to: constructionhelpdesk@gmfslending.com

Please allow up to 48 hours to process the review.

GMFS Contractor Profile | Last updated 01/14/19

CONTRACTOR PROFILE REPORT



CONTRACTOR INFORMATION

Contractor Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Principal: _____
Point of Contact: _____
Phone Number: _____ Cell Number: _____ Fax Number: _____
Email: _____

ORGANIZATION

Type of Organization: Corporation Partnership LLC Joint Venture Individual
Number of years in which organization has been in business? _____
Other Co. Names? _____
List jurisdictions legally licensed/qualified to conduct business: _____
Tax ID Number: _____ License Number: _____

SUPPLIER REFERENCES

Supplier: _____ Phone: _____ Name: _____ Acct #: _____
Supplier: _____ Phone: _____ Name: _____ Acct #: _____
Supplier: _____ Phone: _____ Name: _____ Acct #: _____

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against you or your organization or its officers? _____ If yes – describe in an attached document and provide 3rd party documentation
Have you or your organization filed any lawsuits or requested arbitration with regard to construction contracts within the past five (5) years? _____ If yes – describe in an attached document and provide 3rd party documentation

INSURANCE

Liability Insurance Carrier: _____ (must provide current declarations page w/minimum of 1mm per incident)
Policy #: _____ Expiration Date: _____
Workman's Comp Insurance Carrier: _____
Policy #: _____ Expiration Date: _____

Contractor represents and warrants that all information in this Contractor's Profile is complete and accurate. Contractor authorizes the borrower, and/or the lender, to contact the references listed above to verify the information represented in this Contractor Profile.

Signature: _____
Typed/Written Name: _____
Title: _____ Date: _____

In addition to this completed form Contractor must provide copy of State/Local Licenses, Copy of current Liability Insurance, Copy of final repair bid, and fully executed Lender required documents to include a fully executed W-9.