

Perfect Bathrooms & Restorations LLC is building a dependable network of qualified trade partners for remodeling, roofing, restoration, flooring, siding, and related residential work throughout Jacksonville and the surrounding First Coast communities.

This form is for screening potential independent subcontractors. Submission does not guarantee work or create an employment, agency, partnership, or exclusive relationship. Do not enter a Social Security number or bank account information on this application.

BUSINESS AND CONTACT INFORMATION

Legal Business Name **	DBA / Trade Name
Primary Contact Name **	Title / Role
Phone Number **	Email Address **
Business Street Address **	
City *	State / ZIP *
Website / Social Media	Years in Business
Business structure:	
☐ Sole proprietor	☐ Single-member LLC
☐ Corporation	☐ Partnership
	☐ Multi-member LLC
	☐ Other
Federal EIN (last 4 digits only at application stage)	
Can you provide a completed Form W-9 before beginning work? *	☐ Yes ☐ No

TRADES AND SERVICE CAPABILITIES

Select every service your company is qualified, equipped, and insured to perform:

- | | | |
|---|--|---|
| ☐ Bathroom remodeling | ☐ Kitchen remodeling | ☐ Custom tile |
| ☐ Flooring | ☐ Finish carpentry / trim | ☐ Framing |
| ☐ Drywall | ☐ Painting | ☐ Roofing |
| ☐ Siding | ☐ Windows / doors | ☐ Plumbing |
| ☐ Electrical | ☐ HVAC | ☐ Water mitigation |
| ☐ Fire / smoke restoration | ☐ Storm damage repair | ☐ Mold remediation |
| ☐ Demolition | ☐ Hauling / cleanup | ☐ Handyman / punch work |
| ☐ Cabinet installation | ☐ Countertops | ☐ 3D design / estimating |

Primary trade specialty and typical scope of work *

Geographic areas you serve and maximum travel distance

Typical Crew Size

Maximum Simultaneous Projects

Typical lead time and weekly availability

- | | | |
|---|--|--|
| ☐ Residential occupied homes | ☐ Vacant properties | ☐ Insurance restoration |
| ☐ Emergency response | ☐ Weekend work | ☐ After-hours work |

LICENSING, INSURANCE, AND COMPLIANCE

Florida contractor / professional license type and number (if applicable)

License Expiration Date

County / Local Registrations

Is every required license currently active and in good standing?

☐ Yes ☐ No

Can you provide a current Certificate of Insurance naming Perfect Bathrooms & Restorations LLC as certificate holder? ☐ Yes ☐ No

General Liability Carrier

Policy Expiration

General Liability Each Occurrence Limit

Aggregate Limit

Workers Compensation Carrier / Exemption

Expiration

Commercial Auto Carrier

Policy Expiration

Do you perform background checks or other lawful screening for workers entering occupied homes? ☐ Yes ☐ No

Can your crew comply with OSHA requirements, PPE rules, and written jobsite safety procedures? * ☐ Yes ☐ No

Have you received any safety citations, license discipline, or unresolved customer claims in the past 5 years? ☐ Yes ☐ No

If yes, explain the circumstances and resolution

OPERATIONS AND QUALITY CONTROL

Do you provide your own tools, equipment, vehicles, supervision, and labor? * ☐ Yes ☐ No

Can you provide itemized written pricing and written change-order pricing before extra work begins? * ☐ Yes ☐ No

Can you provide daily progress updates and clear jobsite photographs when requested? * ☐ Yes ☐ No

Can you protect occupied homes, maintain a clean jobsite, and remove trade debris? * ☐ Yes ☐ No

Do you offer a written workmanship warranty? ☐ Yes ☐ No

Describe your workmanship warranty and callback policy

List major tools, vehicles, lifts, trailers, or specialized equipment available

Describe your quality-control process before requesting final payment

PRICING AND PAYMENT INFORMATION

Provide representative pricing or attach a current rate sheet. Final pricing for each project must be approved in writing before work begins.

Hourly rates, day rates, unit pricing, minimum service charge, or estimating method

Preferred Payment Terms

Early-Pay Discount, if any

Can you submit invoices with job name/address, approved scope, change orders, and completion photo ☐ *Yes ☐ No

Can you accept electronic payment or company check after required documentation is approved? ☐ Yes ☐ No

EXPERIENCE AND REFERENCES

Describe three recent projects similar to the work you want to perform for us, including approximate contract size *

List manufacturers, systems, or materials in which you have formal training or strong experience

Provide three business, contractor, supplier, or customer references:

Reference 1: Name / Company *

Relationship / Project

Phone *

Email

Reference 2: Name / Company *

Relationship / Project

Phone *

Email

Reference 3: Name / Company *

Relationship / Project

Phone *

Email

REQUIRED DOCUMENTS CHECKLIST

The following documents may be requested before approval or assignment of work. Check the items available now:

- | | |
|---|--|
| ☐ Completed W-9 | ☐ General liability COI |
| ☐ Workers compensation COI or exemption | ☐ Commercial auto COI |
| ☐ Trade license / registration | ☐ Business registration |
| ☐ Government-issued ID for authorized signer | ☐ Project photographs / portfolio |
| ☐ Current rate sheet | ☐ Safety program / OSHA cards |

Additional information or notes

SUBCONTRACTOR CERTIFICATION

I certify that the information provided is true, accurate, and complete. I authorize Perfect Bathrooms & Restorations LLC to verify licenses, insurance, references, business status, and other information relevant to subcontractor qualification. I agree to promptly disclose any material change in licensing, insurance, ownership, safety status, or ability to perform assigned work.

I understand that approval as a trade partner does not guarantee any minimum amount of work. Any project awarded will be governed by a separate written subcontract or work order. The subcontractor is responsible for its own methods, means, supervision, taxes, payroll, employees, helpers, licenses, insurance, tools, vehicles, and legal compliance. No worker may be treated as an employee of Perfect Bathrooms & Restorations LLC merely because this application is accepted.

I understand that work may not begin without written authorization, an approved scope and price, and all requested documentation. Changes and additional work require written approval. Payment is subject to satisfactory completion, required inspections, closeout documentation, and the terms of the applicable subcontract or work order.

Applicant/Contractor Signature *

Date *

Printed Name of Authorized Signer *

Title *

Typing your name in the signature field is intended to serve as your electronic signature.