

**Company Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

New Contract     Revision    Location: Delray Beach Easy Living office

**Contracted Service Provider Application**

Owner/Principals: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Pager #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Services Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Areas Covered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupational License #: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number of Independent Contractors: \_\_\_\_\_

Discount Willing to Provide: \_\_\_\_\_ Billing Cycle: \_\_\_\_\_

Ordering System: \_\_\_\_\_  
\_\_\_\_\_

Pricing System: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For each insurance company listed, an insurance certificate holder form (enclosed) must be completed.

Liability Insurance:

Company Name \_\_\_\_\_ Coverage \_\_\_\_\_

Vehicle Insurance:

Company Name \_\_\_\_\_ Coverage \_\_\_\_\_

Workman's Comp:

Company Name \_\_\_\_\_ Coverage \_\_\_\_\_

Bond:

Company Name \_\_\_\_\_ Coverage \_\_\_\_\_

Other Insurance:

Company Name \_\_\_\_\_ Coverage \_\_\_\_\_

General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your company a Drug-free Company?  Yes  No

If No, and if Easy Living pays for the drug test, are you and your employees willing to abide by the Easy Living Drug-free Policy?  Yes  No

Are all your employees insured and bonded?  Yes  No

Are you willing to have your staff go through training programs provided by Easy Living initially and on occasion as requested?  Yes  No

Have one of the principals or yourself been convicted of a felony within the last 5 years?  Yes  No

If yes, please explain (This will not necessarily exclude you from consideration)

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List 3 business references, not related, that you have known for at least 2 or more years:

Name	Address	Phone	Business	Years

List 3 clients, for which you or your staff, have completed work within the last 2 years:

Name	Address	Phone	Work Completed

Miscellaneous Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if contracted, falsified statements on this application shall be grounds for cancellation of contract.

I authorize investigation of all statements contained herein, the business references and any employers listed above. To give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for services for any specified periods of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date

**Insurance Certificate Holder Form**

I hereby give my permission to \_\_\_\_\_ to provide a copy of my original insurance certificate to Home Care Services, L.L.P. In addition, I authorize you to make Home Care Services, L.L.P. a certificate holder for my insurance. This includes general liability, workman's comp, vehicle, bond, or other insurance.

Please send all appropriate documentation to:

Pamela Hapke  
Hospitality Director  
Home Care Services, L.L.P.  
6600 West Atlantic Ave.  
Delray Beach, FL 33446

Insurance Type (s): \_\_\_\_\_

Name (print): \_\_\_\_\_

Agent: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Date

**Reference Check Form**

\_\_\_\_\_  
Company applying

\_\_\_\_\_  
License #

I hereby authorize you to release to Easy Living, Inc., any information regarding my performance of services, quality of work, together with any other information you may have regarding my company.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

The above named company has applied as a contractor for Easy Living. It is our understanding that you used the services provided by this company. Please complete the following information requested and return it to us in the enclosed envelope. This information will be held in strict confidence. Thank you for your cooperation in this matter.

Service Performed\_\_\_\_\_

Date Work Completed\_\_\_\_\_ Would you rehire?\_\_\_\_\_

If no, explain\_\_\_\_\_

Quality of Work\_\_\_\_\_ Cooperation\_\_\_\_\_

Reliability\_\_\_\_\_ Patience\_\_\_\_\_

Remarks\_\_\_\_\_

Reference given by\_\_\_\_\_ Date\_\_\_\_\_

Signature\_\_\_\_\_

Position or Title\_\_\_\_\_

If Phone Call, Completed By\_\_\_\_\_ Date\_\_\_\_\_