

## ACIP Application



Today's Date: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Corporation  Partnership  Sole Proprietor  LLC  LLP

Years in Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

### **Officers Information:**

Name: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

Title: \_\_\_\_\_ State Tax ID Number: \_\_\_\_\_

Do you have a Minimum 3 years Experience installing Awnings or Signs?

Yes  No

Do you have a valid business license?

Yes  No License Number and issuing State: \_\_\_\_\_

### **Trade References:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Bank References:**

Bank Name: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

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Insurance Requirements

\$1,000,000 Liability Policy:  Yes

\$1,000,000 Auto Liability:  Yes

\$ 500,000 Workers Comp.:  Yes

Insurance Carrier: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Do you have a written safety policy:  Yes  No

List any relevant Certifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your service area in Miles? \_\_\_\_\_

Is there anything not listed, that you would like us to consider?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To the best of my knowledge, all information provided is accurate. All information will be verified, any inaccuracy's will delay the process and possibly cause a denial of application.**

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_