

Service Partner Application

			Compan	y Cor	ntact Inf	ormation				
Company N	ame (as shov	/n on W9):								
۸ - ا - است - م - ب										
Address:	Street Address									
	City, State, Zip	Code								
Phone office	e:					Email:				
Phone cell:				Website:						
Month and \	ear the comp	oany started con	nducting in	spectio	ons:					
Has general liability insurance?			YES	NO	General A	Aggregate Cove	erage: \$			
Has E&O insurance?			YES	NO	General A	Aggregate Cove	erage: <u>\$</u>			
		rity owned comp						Minority	N/A □	
List current of	ASHI InterNACHI Other: ent certifications/and associations held: Certificate Number:									
		s that can be co s, skillsets, and p	nducted a	nd list y		or the services			's system	
General F	Fee		Wood Des Organism/		Fee: _		Radon Testin			
Well	Fee		Septic (Inc	. pump)			Pool/Spa			
Roof			Asbes	tos	Fee: _		Mold (Swab Sampling)			
Manufact Stone Ve	neer		Structu	ural	Fee: _		Plumbing	Fee:		
Electric	cal Fee:		Water Qua	lity/Wel	l Fee:		HVAC	Fee:		



Coverage Area											
Please list the counties you conduct your services in:											

Disclaimer

- Fees for services will be discussed via phone interview after application review
- ReloOlogy performs background checks on all primary subcontractors/service partners. By applying to join our network, you agree to have a background check performed after your 5th inspection.
- All subcontractors/service partners are required to submit a W9 form, submit a valid certificate of insurance, and agree to ReloOlogy's 'Service Partner Guidelines' (<u>Click Here for Service Partner Guidelines</u>).

Submission & Questions

Additional information on our services can be found at www.reloology.com or can be requested via email to info@reloology.com.

Please email this completed form to info@reloology.com.