

# NEXT GENERATION DEVELOPMENT, LLC

975 E. 22nd Street, Suite 200, Wheaton, IL 60189

phone 630.384.6440 fax 630.653.0639

tbateman@nxtgndev.com

## New Trade Contractor Application Form

Name of Company:

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Address:

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Business No.

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Fax No.

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Email Address:

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Website Address:

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Owner/Principals:

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How many years in business?

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How many years of experience?

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How many employees do you currently have?

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How many field employees do you currently have?

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Do you have a OSHA safety program?

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Are you signatory to a collective bargaining agreement?

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If so, which ones?

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### Trade Business Type (Please indicate all types if more than one.)

New Construction

Yes or No

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Remodeler/Additions

Yes or No

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Supplier

Yes or No

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Professional Services

Yes or No

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Do you have a specialty ?

Yes or No

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**What Regions of Chicagoland do you serve:**

**(Check all that apply)**

Chicago	Yes	or	No	_____
Northern Suburbs	Yes	or	No	_____
Northwest Suburbs	Yes	or	No	_____
South Suburbs	Yes	or	No	_____
Western Suburbs	Yes	or	No	_____
Outer Counties	Yes	or	No	_____

**Provide (3) Supplier References to contact:**

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

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

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

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

Years of relationship: \_\_\_\_\_

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

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

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

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

Years of relationship: \_\_\_\_\_

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

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

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

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

Years of relationship: \_\_\_\_\_

**Financial Information:**

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

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

Contact Phone No.: \_\_\_\_\_

\_\_\_\_\_

**Business Referrals:**

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

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

When Work Was Completed: \_\_\_\_\_

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

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

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

When Work Was Completed: \_\_\_\_\_

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

**Insurance:**

**What types of insurance?**

General Liability      Yes      \_\_\_\_\_      No      \_\_\_\_\_

Umbrella      Yes      \_\_\_\_\_      No      \_\_\_\_\_

Worker's Compensation      Yes      \_\_\_\_\_      No      \_\_\_\_\_

Automobile Liability      Yes      \_\_\_\_\_      No      \_\_\_\_\_

Other      Yes      \_\_\_\_\_      No      \_\_\_\_\_

**Are you Bonded?**      Yes      \_\_\_\_\_      No      \_\_\_\_\_

**Are you Licensed?**      Yes      \_\_\_\_\_      No      \_\_\_\_\_

State      Yes      \_\_\_\_\_      No      \_\_\_\_\_

Cities or Villages      \_\_\_\_\_

**All information provided will be held as confidential information and will only be used in the collection of information for this application to Next Generation Development LLC.**

**By providing the information above I am agreeing to give consent to Next Generation Development LLC to use and contact the references above.**

**Signature**      \_\_\_\_\_

**Print Name of Authorized Individual**      \_\_\_\_\_

**Date:**      \_\_\_\_\_

**Daytime Phone No.**      \_\_\_\_\_