

TRADE PARTNER APPLICATION

Please complete all sections in full. Fields marked with * are required. Attach all requested documentation before submitting.

Submit completed application and all attachments to: operations@wdpriceinc.com | Questions? Call (508) 774-7352

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Company Information

Tell us about your business.

Legal Company Name *		DBA / Trade Name	
Business Address *		City / State / Zip *	
Mailing Address	<i>If same as above, write 'Same'</i>		
Primary Contact Name *		Title / Role *	
Phone *		Email Address *	
Secondary Contact		Phone / Email	
Website		Years in Business *	
No. of Full-Time Employees *		No. of Field Employees	
Business Entity Type *	<input type="checkbox"/> LLC <input type="checkbox"/> Corporation / Inc. <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____		
Federal Tax ID (EIN) *		State of Incorporation	

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Trade Scope & Services

Describe the work your company performs.

Primary Trade / Scope *	<i>e.g., Framing, Electrical, Tile & Flooring, Painting, HVAC, Plumbing...</i>
Additional Scopes	
Project Types *	<input type="checkbox"/> New Residential <input type="checkbox"/> Residential Renovation / Remodel <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Other: _____
Typical Project Size (\$) *	<input type="checkbox"/> Under \$25K <input type="checkbox"/> \$25K-\$100K <input type="checkbox"/> \$100K-\$500K <input type="checkbox"/> \$500K+
Service Area / Geography *	<i>List states or regions where your company actively works</i>

Briefly describe your company's experience, specialties, and what sets you apart (2–4 sentences):

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Licenses & Certifications

List all active licenses relevant to your trade scope.

Attach a copy of each license. Expired licenses must be noted with renewal status.

License / Certification Type	License Number	Issuing Authority / State	Expiration	Copy Attached?
State Contractor License				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade-Specific License				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other License / Cert.				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other License / Cert.				<input type="checkbox"/> Yes <input type="checkbox"/> No

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Insurance Coverage

W.D. Price requires the minimums listed. Attach a current COI.

Your Certificate of Insurance must name W.D. Price, Inc. as Additional Insured and be dated within 30 days of submission.

Coverage Type	Minimum Required	Your Carrier	Policy Number	Expiration	COI?
General Liability	\$1M / \$2M Aggregate				<input type="checkbox"/> Y <input type="checkbox"/> N
Workers' Compensation	Statutory				<input type="checkbox"/> Y <input type="checkbox"/> N
Commercial Auto	\$1M CSL				<input type="checkbox"/> Y <input type="checkbox"/> N
Umbrella / Excess	\$2M				<input type="checkbox"/> Y <input type="checkbox"/> N
Professional / E&O	If applicable				<input type="checkbox"/> Y <input type="checkbox"/> N

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Project References

Provide three (3) recent references from GCs or owners.

References should be from projects completed within the last five years. W.D. Price may contact references as part of the vetting process.

Reference 1

Company / Client Name *		Contact Name & Title *	
Phone *		Email *	
Project Name *		Year Completed *	
Project Value (\$)		Project Location	
Your Scope of Work *	<i>Briefly describe the work your company performed on this project</i>		

Reference 2

Company / Client Name *		Contact Name & Title *	
Phone *		Email *	
Project Name *		Year Completed *	
Project Value (\$)		Project Location	
Your Scope of Work *	<i>Briefly describe the work your company performed on this project</i>		

Reference 3

Company / Client Name *		Contact Name & Title *	
Phone *		Email *	
Project Name *		Year Completed *	
Project Value (\$)		Project Location	
Your Scope of Work *	<i>Briefly describe the work your company performed on this project</i>		

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Qualifications & Capacity

Help us understand how your company operates.

Question	Response
Can your crew read and work from construction drawings and specifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Do you carry your own tools and equipment for this scope?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Are you able to execute W.D. Price's standard subcontract agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Have you worked under a GC's safety plan and site rules before?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Can you provide a project schedule and milestone updates if requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Do you subcontract any portion of your work to others?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Have you ever had a project terminated by a GC or owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Are you currently in default on any contract or legal proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

If you answered Yes to 'subcontracted work to others', 'project terminated', or 'legal proceeding', please explain below:

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Attachments Checklist

Check each item and attach before submitting.

✓	Document	Required?
<input type="checkbox"/>	Certificate of Insurance (COI) — current, naming W.D. Price, Inc. as Additional Insured	Required
<input type="checkbox"/>	Copy of State Contractor License	Required
<input type="checkbox"/>	Copy of Trade-Specific License(s) (Electrical, Plumbing, HVAC, etc. if applicable)	If applicable
<input type="checkbox"/>	W-9 Form (Request for Taxpayer Identification)	Required
<input type="checkbox"/>	Company capability statement or project portfolio (optional but encouraged)	Optional
<input type="checkbox"/>	OSHA 300 Log or safety summary (if available)	Optional

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Certification & Signature

By signing below, I certify that:

1. All information provided in this application is true, accurate, and complete to the best of my knowledge.
2. I am authorized to submit this application on behalf of the company named herein.
3. I understand that providing false or misleading information may result in disqualification or termination of any agreement.
4. I agree to notify W.D. Price, Inc. promptly of any material changes to licenses, insurance, or company status.

Printed Name *		Title *	
Signature *	X _____ _____	Date *	
Company Name *			

This application and all supporting documents are confidential and used solely for the purpose of evaluating your company as a potential trade partner of W.D. Price, Inc. Submission of this application does not guarantee approval or award of work.

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Next Steps

Email completed form to admin@wdprice.com

Text completed form 508.744.7352

Or mail you completed form to:

161 Main Street
Yarmouth Port, MA 02675

We will review and be in touch.

Thank you for your interest in working with us!