



Formerly B&L Landscaping

Corporate Headquarters
13200 Northend Ave.
Oak Park, MI 48237

P. 248-547-6439 ext. 314
F. 800-680-7239
sales@brilar.net

Service Partner Questionnaire

COMPANY NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____
 FAX NUMBER _____
 FEDERAL TAX ID _____

Organization

C-Corp _____
 S-Corp _____
 LLC _____
 Partnership _____
 Joint Venture _____
 LLP _____
 Sole Proprietor _____

I. ORGANIZATION AND BACKGROUND

- A. Date Business Formed _____ B. Date Incorporated _____
 C. If SUCCESSOR to Prior Business, Name of Predecessor _____
 D. Type of Licenses Held: _____
 E. List of Officers/ Owners

| Name | * Title And Responsibility | % of Ownership | Contact # | Email Address |
|------|----------------------------|----------------|-----------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

* Please be sure to list President, Vice President and Corporate Secretary

F. Key Employees

| Name | Position And Responsibility | Years Experience | Contact # | Email Address |
|------|-----------------------------|------------------|-----------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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II. SCOPE OF OPERATION

A: What percentage of work is: Prime _____ Sub _____
Commercial _____ Residential _____

B: What type of services do you perform: (place an "x" next to all that apply)

- | | | | |
|------------------------|--------------------------|-------------------|--------------------------|
| Landscape Design | <input type="checkbox"/> | Irrigation | <input type="checkbox"/> |
| Landscape Construction | <input type="checkbox"/> | Fertilizing | <input type="checkbox"/> |
| Tree Removal | <input type="checkbox"/> | Lawn Care | <input type="checkbox"/> |
| Stump Removal | <input type="checkbox"/> | Snow Removal | <input type="checkbox"/> |
| Tree Fertilization | <input type="checkbox"/> | Deicing | <input type="checkbox"/> |
| Tree Pruning | <input type="checkbox"/> | Loading & Hauling | <input type="checkbox"/> |

C. What was the largest work-on-hand handled in the past? _____

D. What size jobs and total work program do you feel best able to handle? _____

E. Have you ever defaulted on a contract? _____ If yes, Please explain: _____

F. Do you own adequate equipment to handle these jobs? _____ (Please attach an equipment list)

G. Please explain your uniform policy (if possible, please attach a copy): _____



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H. Please explain your safety policy (if possible, please attach a copy): _____

I. Please indicate which of the following insurances you company holds.

| | | | |
|----------------------|--------------------------|-------|----------|
| General Liability | <input type="checkbox"/> | Limit | \$ _____ |
| Automobile Insurance | <input type="checkbox"/> | Limit | \$ _____ |
| Workers Compensation | <input type="checkbox"/> | Limit | \$ _____ |
| Umbrella | <input type="checkbox"/> | Limit | \$ _____ |

J. Areas Served: _____

K. Please provide any additional information that wil help us determine your qualifications: _____

Signature _____ Date: _____

****Once complete email to sales@brilar.net or fax to 800-680-7239****

| |
|---|
| <p>For Office Use Only:</p> <p>Prospective Sites (If Any) : _____</p> <p>_____</p> <p>Service Partner Approved: _____ By: _____ Date: _____</p> <p>If no, Explain: _____</p> |
|---|