

Client Pre-Qualification Form

Client Name: _____

Call Time: _____

Phone: (____) _____

Repeat Ct? _____

E-mail: _____

Rental? _____

QUALIFICATION QUESTIONS

1. Is this project within 20 minutes of our office (344 Moose Club Dr.)?
2. If YES, what is the address? **If it is out of range, we cannot do the job.**

3. **Is this an insurance job? If not, skip to #7. If yes, let them know that:**

Some construction companies specialize in insurance jobs and have relationships with insurance companies to assist you with your claim. Ask your insurance company for local contractors they work with. We would be glad to work with you once you have settled with your insurance company. We do not deviate from our process which may or may not conflict with how your insurance company processes their claims. You will be responsible for all communications with your insurance company regarding exclusions, changes, and supplemental claims

4. **Is this a mobile home? If it is, we cannot do the job. If not, skip to #8.**
5. **Is this a new build? If it is, we cannot do the job. If not, skip to #9.**
6. **If the client is a good fit, please ask them for a short description of the project, give them a rough estimate of the next appointment time, and let them know that they will receive a call to schedule their appointment ASAP.**

Notes: _____
