

Authorized Contractor Application

Directions for Application

1. Fill out complete application.
2. Please attach the following documents:
 - a. Valid Proof of Liability Insurance
 - b. Worker’s Compensation Insurance (Canada – WSIB Clearance Letter/Certificate)
 - c. Business license(s) to work in the State(s)/Province(s) listed on application, if applicable
3. Email completed application to warranty@henry.com | 310.955.9200, option 4

Please select the relevant Henry Authorization type:

- Gold Seal**
Entitles Contractor to apply for Gold Seal Warranties.
- System**
Entitles Contractor to apply for System Warranties.
- Material PLUS**
Available for Roof Restoration Coating Systems only including Pro-Grade Silicone, Acrylic & Aluminum.
Entitles Contractor to apply for Material PLUS Warranties.
- Ultra**
Entitles Contractor to apply for Henry Ultra Below-Grade Warranties

Please select the relevant System types:

<input type="checkbox"/>	790-11 Hot Rubberized Asphalt Waterproofing System
<input type="checkbox"/>	Vapor-Lock Waterproofing System
<input type="checkbox"/>	MiraSEAL Cold-Fluid Waterproofing System
<input type="checkbox"/>	CM-100 Cold-Fluid Waterproofing System
<input type="checkbox"/>	Vegetative Roof Assembly (VRA)
<input type="checkbox"/>	Pumadeq System
<input type="checkbox"/>	Prodeq System
<input type="checkbox"/>	Dundeq System
<input type="checkbox"/>	Blueskin WP200 Waterproofing System
<input type="checkbox"/>	MiraDRI 860 Waterproofing System

<input type="checkbox"/>	MiraCLAY Waterproofing System
<input type="checkbox"/>	Blueskin PreSeal Pre-Applied Waterproofing System
<input type="checkbox"/>	MiraPLY Pre-Applied Waterproofing System
<input type="checkbox"/>	MiraWELD Pre-Applied Waterproofing System
<input type="checkbox"/>	modifiedPlus Mod Bit Roofing
<input type="checkbox"/>	BUR Roof Systems
<input type="checkbox"/>	Emulsion/Chopped Glass Monolithic Systems
<input type="checkbox"/>	Henry Restoration System – Pro-Grade Roof Coating
<input type="checkbox"/>	Henry Restoration System – PremiR+ EVO SPF Foam
<input type="checkbox"/>	Other

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Please provide company information below.

Company			
Address			
City			
State		ZIP	
Contact			
Email			
Phone			

Please provide the relevant information below.

Corporation	Date Incorporated?		Where Incorporated?	
Partnership	Date Organized?		Where Registered?	
	General Partner(s):		Limited Partner(s):	
Individual	Where Registered?		Principal:	
Joint Venture	Where Registered?		Principal:	
Other			Henry Representative:	

Employer Identification Number:	
Corporation (Partnership/Sole Proprietor) Number:	
States/Provinces licensed to do business in:	
License number and type:	
State(s)/Province(s) in which work is regularly performed:	
List branch offices you wish to be considered for approval and attach separate application for each office:	
How long has this entity been in business as a contractor?	
What previous name(s) have the principles used to pursue the business of construction contracting?	

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Please provide the experience of key business participants.

Participant	Name	Years	Type of System(s)	Prior Construction Experience (Business, type, years)
President				
Vice President(s)				
Other Officers				
Estimators				
Project Managers				
Supervisor(s)				
Foremen				

1. What percent of your work is performed by your own employees? If not at least 75%, describe how work is normally contracted.

2. Have you ever failed to complete work contracted to this business or been named as a party in any construction related litigation?

- Yes
- No

If yes, please describe in detail.

3. Have any of your above named principals been employed by any contracting firm that has failed to complete work it contracted to perform or has been named as a party in any construction related litigation?

- Yes
- No

If yes, please describe in detail.

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4. Has your company or any of its principals been named a party in any bankruptcy petition?

- Yes
- No

5. Is your company involved in any litigation at this time?

- Yes
- No

If yes, please identify any such case; describe what the case is about; the parties; type and amount of claim being made.

6. Has your company been a party to a lawsuit during the past five (5) years?

- Yes
- No

If yes, please identify any such case, describe what the case is about, the parties, type and amount of claim being made on a separate sheet of paper.

What were the gross annual revenues of your business over the last three years?					
This Year	\$	Last Year		Previous Year	\$

What is the normal breakdown of your work?	
New: ____% vs. Rework: ____%	Bid: ____% vs. Negotiated: ____%

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What percent of your work has been done in the following categories over the last three years?

Type	% of Work	% Guaranteed	Growing	Declining	Static
Waterproofing					
Hot Rubberized Asphalt Waterproofing					
Hot Built Up Roofing					
Cold Process Built Up Roofing					
Single Ply Roofing					
Modified Bitumen Roofing					
Foam Roofing					
Foam Wall					
Metal Roofing					
Air Barriers					
Roof Coatings					
Blindside Waterproofing					
Other					

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Please list at least four vendors with whom you have credit:

Vendor Name	Address	Phone

Please list your bank references:

Bank Name	Address	Phone

Please list trade associations in which your firm holds membership:

Association Name	Address	Phone

List Manufacturers/Marketers of Roofing or Waterproofing Systems you have current Applicator Agreements with.

Company Name	Type of Agreement

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1. The undersigned officer of the business named below hereby certifies that the information provided herein is true and accurate, offered for the purpose of having **HENRY COMPANY (HENRY)** rely thereon, in order to approve this contractor's application as a **HENRY Authorized Contractor (CONTRACTOR)**, which entitles such **CONTRACTOR** to apply for **HENRY Warranties** from **HENRY** and commits such entity to apply such systems in accordance with **HENRY** applicable specifications and good construction practices.
2. Contractor certifies by signing below that they hold all necessary licenses to perform roofing work in the jurisdictions listed on the application and agrees to notify Henry if a necessary license expires, is revoked or otherwise terminated.
3. If the applicant already has a completed credit agreement with Henry's Accounts Receivable Department prior to applying to become a Henry authorized contractor, it is not necessary to complete the financial sections of this application.
4. **HENRY** is hereby authorized to investigate credit history and Dunn & Bradstreet reports to confirm the data provided in this application.

SIGNED: _____

DATE: _____

PRINT: _____

The following must be attached to application:

- Valid Proof of Liability Insurance
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PLEASE ALLOW 2 WEEKS FOR REVIEW AND PROCESSING.

YOU WILL BE NOTIFIED OF YOUR AUTHORIZATION STATUS WITHIN THE TIMEFRAME.