



Snapping Shoals EMC Contractor

Program Checklist

Thank you for your interest in our program. To complete the application process, you will need to fill out the following forms and provide proof for the information requested.

- Your contact information.
- Certificate of insurance with a \$500,000 Commercial General Liability Policy (per occurrence). Must stay current.
- Workers Compensation insurance that meets Georgia statutory limits.
- Completed Independent Contractor Referral Agreement
- Current contractor's license(s) held by your company.
- Current business license.
- Are you a member of the Better Business Bureau? YES NO Where: _____
- All information must be completed and sent to.

memberservices@ssemc.com

Phone: (770) 385-2875

Disclaimer:

- (1) Please allow 7-10 days for verification of submitted information.
- (2) Submitting these forms does not guarantee acceptance into the Contractor program. All applications are subject to Snapping Shoals EMC approval.
- (3) Must actively participate in Snapping Shoals EMC programs.



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All information is required

- Completed applications will be processed in the order they are received by Snapping Shoals EMC.
- Incomplete applications will be rejected until the next open enrollment period and you will be notified.

Please check the following and attach the documents to fulfill these requirements.

Send to: memberservices@ssemc.com

- Company has General Liability Insurance in the amount of \$500,000 dollars. *Must stay current at all times.*
- Company has Workers Compensation Insurance. *If required under Georgia law.*
- Copy of your current business and contractor's license.
- My company has access to the necessary serviceable calibrated tools, equipment and instruments available for contracted work and meets the minimum Health and Safety Standards.

Business Applying For Snapping Shoals EMC Contractors List - Physical Address

Legal Business Name: _____ FEIN# (also known as Taxpayer ID): _____

** DBA Name: _____

Owner of Business: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Please complete the information below for authorized business contact information. The primary contact name will receive all direct mail, payments and email communications from Snapping Shoals EMC.

Business Contact Information - Mailing Address

Primary Contact Name (s): _____

Address: _____

City: _____ State: _____ Zip: _____

Email (s): _____ Phone: _____ Fax: _____

(make sure that we have at least one email address that information will always go for program updates)

Customer Issue Resolution Policy

1. Customer complaints will be forwarded to contractor within 24 hrs of received complaint.
2. Snapping Shoals EMC shall contact customer for follow up and resolution.
3. Complaints shall be documented and added in the Contractors file, including: the nature of the complaint, the name of the person reporting the complaint, date of the complaint, the resolution of the problem. After 3 verified unresolved complaints, the contractor will be removed from the Snapping Shoals EMC Preferred Contractors List.

I understand that by submitting this application and documents I am validating that in fact I am representing my company and agree that the company and all associated documents will abide by all terms and conditions of this agreement.

Signature

Date