

Seniors Home Supports Program

Service Provider: Application to Assist Seniors

Are you a: Business (Sole Proprietor/Corporation) Individual

Not for Profit/Community Organization

APPLICANT INFORMATION		
Name		
Address	City	Postal Code
Business Phone	Business Email	
Primary Contact Name	Primary Contact Phone	Primary Contact Fax
Title of Primary Contact	Owner/President of Company (<i>if different than above</i>):	

SERVICE INFORMATION		
<i>Indicate the service(s) you will provide:</i>		
Yard Maintenance Rate Range	Housekeeping Rate Range	Home Repair & Maintenance Rate Range
Snow Removal Rate Range	Personal Services Rate Range	Moving Help Rate Range
Other:		

Do you offer a sliding scale for low-income clients? YES NO

If no, would you consider it? YES NO

Do you offer senior discounts? YES NO If yes, what percentage? _____

If no, would you consider it? YES NO

INSURANCE INFORMATION

Provide the following insurance information for your company:

Name of Insurance Company	
Name of Insurance Agent	
Policy Number	

Amount of Liability Insurance Coverage (a minimum limit of \$1,000,000 is required, industry standard \$2 M)	\$
Expiry Date	
Does your company have bonding insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please Note: You WILL be required to provide proof of liability insurance annually.

If you do not have insurance, you will be required to sign a waiver.

WORKERS' COMPENSATION BOARD COVERAGE

Does your company have WCB coverage? YES NO Not Applicable (industry not compulsory)

BETTER BUSINESS BUREAU ACCREDITATION

Is your company accredited by the Better Business Bureau (BBB)? YES NO

REFERENCES

List two customer references:

Full Name: _____ Phone: _____
 Address: _____
 Email: _____

Full Name: _____ Phone: _____
 Address: _____
 Email: _____

SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a Service Agreement with the Seniors Home Supports Program, I understand that false or misleading information in my application or interview may result in my release from the program.

Service Provider: _____ Date: _____

Print Name: _____
 Individual/Owner/President of Company or Authorized Signatory

Signature: _____
 Individual/Owner/President of Company or Authorized Signatory