

FAX TO 770-988-1961
ATTENTION: INSTALLATION DEPARTMENT

2009 Installer Questionnaire

Name: _____

Address: _____

City/State/Zip: _____, _____, _____

Home Phone: _____ Cell Phone: _____

Fax #: _____

Email: _____

Do you have a valid driver's license: Yes / No

Do you have current vehicle insurance: Yes / No

Do you own? Full size truck Yes / No (Big enough for 2.5 yards of sand)
Trailer Yes / No (enclosed/crawler)
Transit/Level Yes / No
Bobcat/Front Loader Yes / No (will you rent one? Y / N)

Do you have a Notary Public? Yes / No (will you be able to get one? Y / N)

Do you have a crew to work with? Yes / No (minimum of two)

Do you have General Liability Insurance? Yes / No (minimum of \$300k)
(Blue World Pools must be additional insured and Certificate holder)

Have you ever worked as an Independent Contractor? Yes / No

How long? _____

What did you install? _____

Can you travel within a 250-mile radius of your home? Yes / No

Experience installing pools? Yes / No (if no will require OJT)

Notes: _____

