



APPLICATOR APPLICATION FORM

BUSINESS NAME:

TYPE OF BUSINESS: Sole Proprietorship Partnership Corporation

BUSINESS ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Web: _____

Year Business Established: _____ Yearly Sales Volume:\$ _____

EXECUTIVE OFFICERS:

Name: _____ Position: _____

Brief Resume of Experience:

Name: _____ Position: _____

Brief Resume of Experience:

Name: _____ Position: _____

Brief Resume of Experience:

NUMBER OF EMPLOYEES:

Office: _____ Sales: _____ Laborers: _____ Supervisors: _____ Total: _____

General vicinity where majority of work performed: _____

Division of Projects: Waterproofing: _____ % Roofing: _____ % Other: _____ %

Explain Other: _____

PLEASE LIST THREE MAJOR JOBS:

Name: _____ City: _____ State: _____

Manufacturer and application or system type: _____

Date of installation: _____



Name: _____ City: _____ State: _____

Manufacturer and application or system type: _____

Date of installation: _____

Name: _____ City: _____ State: _____

Manufacturer and application or system type: _____

Date of installation: _____

EXPERIENCE WITH COLD LIQUID APPLIED FULLY REINFORCED RESIN WATERPROOFING AND ROOFING MEMBRANES

None Minor Regular Extensive

TYPES USED Polyurethane PMMA Other _____

CERTIFICATION/APPROVAL FROM OTHER MANUFACTURER YES NO

If yes, please list: _____

CREDIT REFERENCES – Three major suppliers – (Company Name, Address, Phone and Fax including area code)

BONDING COMPANY

Name: _____ Capacity CND \$: _____

Street: _____ City: _____ State: _____ Zip: _____

INSURANCE CARRIER (LIABILITY)

Name: _____ Capacity CND \$: _____

Street: _____ City: _____ State: _____ Zip: _____

ANY OTHER PERTINENT INFORMATION:

Signature (must be an officer of the company) _____ Title _____ Date _____

NOTICE: KEMPER SYSTEM is electronic and no paper copies will be provided unless requested

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