

**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 Fax	
Primary Contact Name	Primary Contact Phone	Primary Contact Email
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	
<i>Provide the following insurance information for your company:</i>	
Name of Insurance Company	
Name of Insurance Agent	
Policy Number	

Amount of Liability Insurance Coverage (a minimum limit of \$2,000,000 is required)	\$
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.

**WORKERS' COMPENSATION BOARD COVERAGE**

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

If yes: WCB Number: \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**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.*

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Individual/Owner/President of Company or Authorized Signatory

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