



# New Installer Questionnaire

Requirements to be included as an approved installer for the UMassFive MySolar program :

- Provide completed questionnaire below
- Coverage page of general liability policy
- Copy of Master Electrician's license

## Please Complete All Questions:

**Name of Company:** \_\_\_\_\_

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

(if PO box, please provide physical address as well ) \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Official Website (URL):** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Type of Company:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sole Proprietorship             | <input type="checkbox"/> Partnership            | <input type="checkbox"/> Corporation (C,S,K, & others) |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Limited Partnership    |  |
| <input type="checkbox"/> Cooperative                     | <input type="checkbox"/> Non-profit Corporation |  |

**Number of Years in Business:** \_\_\_\_\_

**Names of Owners with 25% or more ownership interest:**

\_\_\_\_\_  
\_\_\_\_\_

**Please Select:**

**Y** or  **N** Are you party to any lawsuits? **If you answered yes**, please provide details separately.

**Y** or  **N** Have you completed more than 25 successful residential solar installations?

