



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?

