



Welcome, we are very excited that you would like to join our Preferred Contractor Program. There are 4 Easy Steps to begin the process of joining this amazing group of Contractors.

Step 1

Tell us a little about your business:

First Name	<input type="text"/>	Last Name	<input type="text"/>
Title	<input type="text"/>	Company	<input type="text"/>
Address	<input type="text"/>	City, St, Zip	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Website	<input type="text"/>	License #	<input type="text"/>
T-Shirt Size	<input type="text"/>	Jacket Size	<input type="text"/>

Approximately what percentage of your projects are: Residential Commercial
 Of the Residential Projects what percentage are: Remodel New
 Do you custom fabricate metal railings with CableRail infill? Yes No

Approximately how many linear feet do you install per year?

Approximately how many total projects (not limited to railing projects) does your company work on each year?

What is the typical geographical reach of your company? (check correct response below)

Up to 25 miles Up to 50 miles Up to 100 miles Over 100 miles

Step 2

Provide the information below for completed installations. Two projects must be completed for each product accreditation you are requesting: CableRail and/or DesignRail®. If you are applying for both, please submit four projects. Photos will be requested for each project.

Project #1

CableRail DesignRail® Residential Commercial

Project Address	<input type="text"/>	Project Date	<input type="text"/>
City, State, Zip	<input type="text"/>	Reference Name	<input type="text"/>
Project Linear FT	<input type="text"/>	Reference Phone	<input type="text"/>

Project #2



CableRail DesignRail®

Residential

Commercial

Project Address
City, State, Zip
Project Linear FT

Project Date
Reference Name
Reference Phone

Project #3

CableRail DesignRail®

Residential

Commercial

Project Address
City, State, Zip
Project Linear FT

Project Date
Reference Name
Reference Phone

Project #4

CableRail DesignRail®

Residential

Commercial

Project Address
City, State, Zip
Project Linear FT

Project Date
Reference Name
Reference Phone

To be eligible for the Feeney Preferred Contractor program, you will need to submit the following items along with this application to your regional Feeney representative:

- Photos of the listed Projects above
- Copy of Commercial General Liability Policy's Declarations page

By signing this document, applicant attests that all information provided above is accurate. Feeney is hereby authorized to contact applicant's insurance carrier as well as all references provided. Applicant also agrees to all Terms & Conditions stated below.

Signature

Date

If you have any questions, please contact PreferredContractor@feeneyinc.com or call 800-888-2418. We appreciate your interest in our program and look forward to reviewing your application.

Thank you, Feeney, Inc.

DISCLAIMER: As an independent contractor performing under the Feeney Preferred Contractor Program, you warrant: (a) all work will be performed in a good and workman-like manner consistent with generally accepted industry practices; and (b) performance of obligations under this program will not violate any other agreement to which you are a party to, or the terms and conditions set forth herein. During the term you are participating under the program, you agree to maintain appropriate insurance coverage, including but not limited to, general liability insurance. Furthermore, you agree and understand that you or Feeney may terminate your participation under the Feeney Preferred Contractor Program, effective immediately upon giving written notice, in the event of a material violation of the program terms and conditions, or any act exposing Feeney to liability to others for personal injury or property damage.