



CANADA

**INSTALLER
ONBOARDING**

INSTALLATION SERVICES



**GET IT
INSTALLED**

CERTIFIED INSTALLER BENEFITS

- *Opportunity to grow your business*
- *Endorsement from the leader in the industry*
- *Consistent project demands*
- *Promotion, financing and reward programs*
- *LOWE'S/RONA Guarantee*
- *Take advantage of our Discount Program (Where applicable)*
- *And much more*

BEFORE YOU START, LOWE'S EXPECTATIONS:

1. The company needs to be incorporated
2. We will verify all **criminal records**
3. Successful track record with references of completed projects
4. Professional and business affiliations
5. \$2M Liability insurance certificate (sample attached)
 - a. Lowe's/Rona/Lowe's limited partnership, added as additional insured
 - b. With the right addresses:
 - i. **RONA inc.** 220, chemin du Tremblay, Boucherville (Québec) J4B 8H7
 - ii. **Lowe's Companies, Inc. & Lowe's Companies Canada, ULC**, Mail Code: A3ESS, 1000 Lowe's Blvd Mooresville, NC 28117
6. Sales tax ID: GST/HST/PST
7. WCB/WSIB/RBQ/CNESST license or clearance letter
8. Commercial auto liability insurance or confirmation of non-owned automobile
9. Signature of installer agreement
10. Access to a smart phone, tablet during business hours
11. Accessibility standards certification (Ontario only)

INSTALLER APPLICATION PROCESS

STEP 1 – Fill out the application to become a certified Installer

12. The **Installer Onboarding Form** provides details pertaining to your professional /business affiliations on top of certain tax requirement details, the types of services you are skilled in and the geographical areas where you are willing and permitted to work.
13. **\$100 non-refundable administration fee** (credit card or cheque)

STEP 2 – If your expertise and services are required

14. A Field Services Manager will contact you to schedule an appointment

STEP 3 – Start to grow your business with us as a certified Installer

- Get your vendor number
- Get all your access set-up
- Get training to be fully ready for business

11. Number of years of personal experience in the industry? Owner (1) _____ Owner. (2) _____

12. _____ % of your work is subcontracted.

13. Languages spoken: French English Other : _____

14. Languages written: French English Other _____

15. Have you ever filed for bankruptcy? Yes No

16. Have any legal procedures been filed against the company? Yes No

17. Do you have a criminal record? Yes No

18. Have you ever filed a lien against a client's property? Yes No

19. Do you publicize your company name on your vehicle? Yes No

20. Last year's sales volume? \$0-50,000 \$50,001 – \$100,000
 \$100,001 – \$150,000 \$150,001 – \$200,000
 \$200,001 – \$250,000 >\$250,001

21. Have you ever partnered with a company like RONA/RENO-DEPOT/LOWE'S? If Yes, please specify: _____

22. Selected technologies that your company currently uses?

- Smart phone
- Portable printer
- Tablet
- Web based software
- In home payment solution
- Laptop

23. Do you currently have a charge or vendor account number with LOWE'S/RONA/RENO-DEPOT? Yes No If yes, please specify: _____

Section 2 – Services Categories

Select all services categories you are qualified/experienced in and able to offer:

Assembly	HVAC	Kitchens	Appliances	Interior Finishing	Garages & Sheds	Bathrooms
<input type="checkbox"/> Car Shelter	<input type="checkbox"/> HVAC	<input type="checkbox"/> Cabinets	<input type="checkbox"/> Dishwasher Installation	<input type="checkbox"/> Electrical	<input type="checkbox"/> Sheds	<input type="checkbox"/> Tub/Shower
<input type="checkbox"/> Sun Shelter / Gazebo	<input type="checkbox"/> Furnace /Duct Cleaning	<input type="checkbox"/> Kitchen Countertops	<input type="checkbox"/> Refrigerator – Water Line Hookup	<input type="checkbox"/> Drywall and Wall Finishing	<input type="checkbox"/> Complete Garage	<input type="checkbox"/> Laminate Countertops
<input type="checkbox"/> BBQ	Outdoors Projects	<input type="checkbox"/> Complete Kitchen	Roofing & Siding	<input type="checkbox"/> Windows Covering	<input type="checkbox"/> Garage Door Opener	<input type="checkbox"/> Quartz Countertops
<input type="checkbox"/> Window AC	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Kitchen Backsplash	<input type="checkbox"/> Eavestrough	<input type="checkbox"/> Insulation	<input type="checkbox"/> Overhead Garage Door	<input type="checkbox"/> Bathroom Exhaust Fan
<input type="checkbox"/> Exterior Storage	<input type="checkbox"/> Railing	<input type="checkbox"/> Range hood	<input type="checkbox"/> Siding	<input type="checkbox"/> Mouldings and Millwork	Flooring	<input type="checkbox"/> Cabinets
Basement	<input type="checkbox"/> Fences	<input type="checkbox"/> Cabinets Re-Facing	<input type="checkbox"/> Metal Roofing	<input type="checkbox"/> Carpet/ Furn. cleaning	<input type="checkbox"/> Hardwood	<input type="checkbox"/> Tub/Shower Door
<input type="checkbox"/> Basement Renovation	<input type="checkbox"/> Patio & Deck	Doors & Windows	<input type="checkbox"/> Flat Roofing	<input type="checkbox"/> Paint	<input type="checkbox"/> Ceramic	<input type="checkbox"/> Faucets & Sink
Plumbing	<input type="checkbox"/> Stove & Fireplace	<input type="checkbox"/> Windows	<input type="checkbox"/> Roofing	<input type="checkbox"/> Interior door	<input type="checkbox"/> Laminate	<input type="checkbox"/> Bath. Complete
<input type="checkbox"/> Hot Water Tank	<input type="checkbox"/> Synthetic Lawn	<input type="checkbox"/> Storm/ Screen Door	Electrical		<input type="checkbox"/> Wood Floor Sanding	<input type="checkbox"/> Toilet
<input type="checkbox"/> General Plumbing		<input type="checkbox"/> Exterior Door	<input type="checkbox"/> Generator		<input type="checkbox"/> Carpet	

Section 3 – Markets

Specify the region(s) you can service:

<p>British Columbia</p> <input type="checkbox"/> Fraser Valley <input type="checkbox"/> Interior <input type="checkbox"/> Island <input type="checkbox"/> LML Remote <input type="checkbox"/> Okanagan <input type="checkbox"/> See to Sky <input type="checkbox"/> South Vancouver <input type="checkbox"/> Vancouver <input type="checkbox"/> Other _____	<p>Alberta</p> <input type="checkbox"/> Airdrie <input type="checkbox"/> Calgary North <input type="checkbox"/> Calgary South <input type="checkbox"/> Camrose <input type="checkbox"/> Edmonton <input type="checkbox"/> Fort Mc Murray <input type="checkbox"/> Other _____	<p>Saskatchewan</p> <input type="checkbox"/> Prince Albert <input type="checkbox"/> Regina <input type="checkbox"/> Saskatoon <input type="checkbox"/> Other _____
<p>Manitoba</p> <input type="checkbox"/> Winkler <input type="checkbox"/> Winnipeg <input type="checkbox"/> Other _____	<p>Ontario</p> <input type="checkbox"/> Barrie/Midland <input type="checkbox"/> Belleville/Kingston <input type="checkbox"/> Brampton <input type="checkbox"/> Brockville/Smith Falls <input type="checkbox"/> Burlington/Oakville <input type="checkbox"/> Chatham/Kent <input type="checkbox"/> Durham <input type="checkbox"/> GTA East <input type="checkbox"/> GTA West <input type="checkbox"/> Other _____	<p>Québec</p> <input type="checkbox"/> South Shore of Montreal <input type="checkbox"/> North Shore of Montreal <input type="checkbox"/> Montreal Island <input type="checkbox"/> Saguenay Lac St-Jean <input type="checkbox"/> Yamaska <input type="checkbox"/> Outaouais <input type="checkbox"/> Quebec City <input type="checkbox"/> Bas St-Laurent <input type="checkbox"/> Mauricie <input type="checkbox"/> Estrie <input type="checkbox"/> Abitibi-Témiscamingue

Fill out this section if you are an Installer *outside of Quebec*

Provide names of any Professional Affiliations / Associations:

BILD / GTHBA College of Trade: _____

Better Business Bureau TSSA / ESA: _____

Regional Home Builder's Association: Yes No

Other _____

Current Licenses (include trade, municipal, etc.)

License type	License #	# of years licensed

GST No: _____

HST No: _____

Fill out this section if you are a Quebec Installer

Régie du bâtiment du Québec (RBQ): Licence no and categories if applicable _____

Professional Membership Association: APCHQ _____ ACQ _____ APECQ _____ Others _____

Guarantee Plans: Reno-Maitre (APCHQ) _____ Plan de garantie (ACQ) _____

Renoclimat _____ Novoclimat _____ Autre(s) _____

File No CCQ _____

CNESST Conformity Certificate _____

TPS _____

TVQ _____

Commercial General Liability Insurance (Minimum – \$2,000,000), \$5,000,000 for flat roofing, involving heat

Types of insurance	Insurance company /Policy No/ # of Company owned vehicles	Effective Date	Expiry Date	Limits of liability
<input type="checkbox"/> Worker's Compensation & Employer's Liability (If applicable)				Statutory \$2M per accident or disease
<input type="checkbox"/> Commercial Auto Liability				Bodily Injury \$ 1M Per person \$ 1M Per accident Property Damage \$ 1M Per accident
General Liability <input type="checkbox"/> Comprehensive <input type="checkbox"/> Property Damage <input type="checkbox"/> Bodily Injury <input type="checkbox"/> Other (Describe) <input type="checkbox"/> Products / Completed Operations <input type="checkbox"/> Independent Installers <input type="checkbox"/> Contractual Liability endorsed to cover contract between insured and Lowe's Companies Canada, ULC/RONA Inc/Lowe's 220 Ltd. partnership.				Bodily Injury \$ 2M Per Accident Property Damage \$21M Per Accident

Please provide the names of other businesses that you work(ed) for?

Name of Business	Years of Service

How many crew members do you have working for you?

Crew Type	Number of Members
Employees	
Sub-Contractors	

Vehicle Information

Make	Model	Year	Type

Please provide references of completed projects done within the last 12 months

Type of Project	Contact Person	Address	Telephone Number

List any Awards and Achievements

Award/Achievement	Year	Award/Achievement	Year

Please provide the names and annual purchase volume of 3 suppliers that you purchase from

#	Supplier Name	Annual Purchase Volume
1		\$
2		\$
3		\$

I certify that the above information is accurate and complete. It is my responsibility to keep RONA/RENO DEPOT/LOWE'S/LOWE'S 220 LTD PARTNERSHIP informed of changes to this information as soon as possible. I authorize RONA/RENO DEPOT/LOWE'S/LOWE'S 220 LTD PARTNERSHIP to verify any information in this profile form and RONA/RENO DEPOT/LOWE'S/LOWE'S 220 LTD PARTNERSHIP only collects, use and disclose your personal information for determining eligibility to provide work and services to RONA/RENO DEPOT/LOWE'S/LOWE'S 220 LTD PARTNERSHIP clients. You may withdraw consent at any time.

Name (print) _____ Signature _____ Date _____
 President

I am authorized to bind the company/registered business

CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder and imposes no liability on the insurer. This certificate does not amend, extend or alter the coverage afforded by the policies below.

1. CERTIFICATE HOLDER - NAME AND MAILING ADDRESS	2. INSURED'S FULL NAME AND MAILING ADDRESS
Lowe's Companies Inc. & Lowe's Companies Canada, ULC	
Mail Code: A3ESS	SAMPLE ONLY DO NOT USE
1000 Lowe's Blvd	
Mooresville NC	POSTAL CODE 28117

3. DESCRIPTION OF OPERATIONS/LOCATIONS/AUTOMOBILES/SPECIAL ITEMS TO WHICH THIS CERTIFICATE APPLIES (but only with respect to the operations of the Named Insured)

4. COVERAGES

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all terms, exclusions and conditions of such policies.

LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

TYPE OF INSURANCE	INSURANCE COMPANY AND POLICY NUMBER	EFFECTIVE DATE YYYY/MM/DD	EXPIRY DATE YYYY/MM/DD	LIMITS OF LIABILITY (Canadian dollars unless indicated otherwise)		
				COVERAGE	DED.	AMOUNT OF INSURANCE
COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OR <input checked="" type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> PRODUCTS AND/OR COMPLETED OPERATIONS EMPLOYER'S LIABILITY <input checked="" type="checkbox"/> CROSS LIABILITY <input checked="" type="checkbox"/> TENANTS LEGAL LIABILITY POLLUTION LIABILITY EXTENSION <input checked="" type="checkbox"/> NON-OWNED AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES				COMMERCIAL GENERAL LIABILITY BODILY INJURY AND PROPERTY DAMAGE LIABILITY - GENERAL AGGREGATE - EACH OCCURRENCE	\$1,000	\$5,000,000
				PRODUCTS AND COMPLETED OPERATIONS - AGGREGATE		\$2,000,000
				PERSONAL INJURY LIABILITY OR <input checked="" type="checkbox"/> PERSONAL AND ADVERTISING INJURY LIABILITY		\$2,000,000
				MEDICAL PAYMENTS		\$25,000
				TENANTS LEGAL LIABILITY	\$1,000	\$100,000
				POLLUTION LIABILITY EXTENSION		
				NON-OWNED AUTOMOBILE		\$2,000,000
AUTOMOBILE LIABILITY DESCRIBED AUTOMOBILES ALL OWNED AUTOMOBILES LEASED AUTOMOBILES** ** ALL AUTOMOBILES LEASED IN EXCESS OF 30 DAYS WHERE THE INSURED IS REQUIRED TO PROVIDE INSURANCE				BODILY INJURY AND PROPERTY DAMAGE COMBINED		
				BODILY INJURY (PER PERSON)		
				BODILY INJURY (PER ACCIDENT)		
				PROPERTY DAMAGE		
EXCESS LIABILITY				AGGREGATE		
UMBRELLA FORM						
OTHER LIABILITY (SPECIFY)						
<input type="checkbox"/>						

5. CANCELLATION

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavour to mail 30 days written notice to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

6. BROKERAGE/AGENCY FULL NAME AND MAILING ADDRESS	7. ADDITIONAL INSURED NAME AND MAILING ADDRESS (but only with respect to the operations of the Named Insured)
	Lowe's Companies Inc. & Lowe's Companies Canada, ULC
SAMPLE ONLY DO NOT USE	Mail Code: A3ESS
	1000 Lowe's Blvd
	POSTAL CODE
BROKER CLIENT ID:	Mooresville NC
	POSTAL CODE 28117

8. CERTIFICATE AUTHORIZATION

ISSUER	CONTACT NUMBER(S)			
AUTHORIZED REPRESENTATIVE	TYPE Main	NO.	TYPE Fax	NO.
SIGNATURE OF	TYPE	NO.	TYPE	NO.
AUTHORIZED REPRESENTATIVE	DATE	EMAIL ADDRESS		