



INSTALLER ONBOARDING



RONA
INSTALLATION
SERVICE



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:

- We will verify all **criminal records**
- We validate the **corporate credit** profile including:
 - The credit score and exposure, payment index, court claims other than criminal
- Successful track record with references of completed projects
- Professional and business affiliations
- \$2M Liability insurance certificate (sample attached)
 - Lowe's/Rona/Lowe's limited partnership, added as additional insured
 - With the right addresses:
 - i. **RONA inc.** 220, chemin du Tremblay, Boucherville (Québec) J4B 8H7
 - ii. **Lowe's Companies Canada ULC / Compagnies Lowe's Canada**, Mail Code: A3ESS, 1000 Lowe's Blvd Mooresville, NC 28117
 - iii. **Lowe's 220 Limited Partnership / Société en commandite Lowe's**, 220, chemin du Tremblay, Boucherville (Québec) J4B 8H7
- Sales tax ID: GST/HST/PST
- WCB/WSIB/RBQ/CNESST license or clearance letter
- Commercial auto liability insurance or confirmation of non-owned automobile
- Signature of installer agreement
- Access to a smart phone, Apple iPad or tablet during business hours
- Apple iPad required for In Home Services partners (Lowe's/Rona In Home Services only)
- Membership to Baeumler Approved program (Lowe's only)
- Accessibility standards certification (Ontario only)

INSTALLER APPLICATION PROCESS

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

- 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.
- **\$200 non-refundable administration fee** (credit card or cheque)

STEP 2 – If your expertise and services are required

- 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

INSTALLER APPLICATION FORM

The President of the company or the owner of the registered business must complete the attached **Installer Application Form**.

For any further inquiries or submission of the fully completed application, please e-mail: onboarding@rona.ca or accreditation@rona.ca

Referral Store Location (If Applicable): _____

Reasons why you would like to become a LOWE'S/RONA/RENO DEPOT Certified Installer?

Section 1 – General Company Information

1. Legal Company/Registered Business Name: _____

2. Operating under the name of: _____

(please be specific).

Incorporated **Limited Partnership** **Sole proprietorship**

Owner Name. (1) _____ Since? _____

Owner Name. (2) _____ Since? _____

3. Owner (1) e-mail address _____ @ _____

Owner (2) e-mail address _____ @ _____

4. Is this company/business owned by a parent company? Yes No If Yes, specify parent company? _____

5. Website(s): _____

6. Head Office / Business Address:

(Street No) (Street) (City) (Province) (Postal Code)

7. Office Tel: (_____) _____ Work Cell.: (_____) _____

8. Contact Email: _____

9. Has either owner worked with RONA/RÉNO-DÉPOT/LOWE'S before? Yes No

If Yes, specify RONA/RENO-DEPOT/ LOWE'S Contact Person: _____

Title: _____

10. How long have you been in business under the current company name?

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"/> Cabinets
<input type="checkbox"/> Sun Shelter / Gazebo	<input type="checkbox"/> Furnace /Duct Cleaning	<input type="checkbox"/> Countertops – Laminate/Wood	<input type="checkbox"/> Refrigerator – Water Line Hookup	<input type="checkbox"/> Drywall and Wall Finishing	<input type="checkbox"/> Complete Garage	<input type="checkbox"/> Bathroom Exhaust Fan
<input type="checkbox"/> BBQ	<input type="checkbox"/> Midea (RONA)	<input type="checkbox"/> Complete Kitchen	Roofing & Siding	<input type="checkbox"/> Windows Covering	<input type="checkbox"/> Garage Door Opener	<input type="checkbox"/> Tub/Shower
<input type="checkbox"/> Window AC	Outdoors Projects	<input type="checkbox"/> Kitchen Backsplash	<input type="checkbox"/> Eavestrough	<input type="checkbox"/> Insulation	<input type="checkbox"/> Overhead Garage Door	<input type="checkbox"/> Countertops – Laminate/wood
<input type="checkbox"/> Exterior Storage	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Range hood	<input type="checkbox"/> Siding	<input type="checkbox"/> Mouldings and Millwork	Flooring	<input type="checkbox"/> Countertops – Quartz/stone
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"/> Railing	<input type="checkbox"/> Storm/ Screen Door		Exterior Paint	<input type="checkbox"/> Wood Floor Sanding	<input type="checkbox"/> Toilet
<input type="checkbox"/> General Plumbing		<input type="checkbox"/> Exterior Door		<input type="checkbox"/> Exterior Paint (RENO-DEPOT)	<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

***Reserve to FSM* Please confirm store #:**

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 _____

Please answer this question only if you are a Lowe's banner potential Installer

Are you an active status Baeumler Approved Member? Yes No

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)
President

Signature

Date

I am authorized to bind the company/registered business

Reserve to FSM Comments:

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
Rona Inc. 220 Chemin du Tremblay	SAMPLE ONLY DO NOT USE
Boucherville QC POSTAL CODE J4B 8H7	

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				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 AUTOMOBILES <input checked="" type="checkbox"/> HIRED AUTOMOBILES		
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 UMBRELLA FORM OTHER LIABILITY (SPECIFY) <input type="checkbox"/> <input type="checkbox"/>				AGGREGATE		

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)
SAMPLE ONLY DO NOT USE	Rona Inc. 220 Chemin du Tremblay
	POSTAL CODE
BROKER CLIENT ID:	Boucherville QC POSTAL CODE J4B 8H7

8. CERTIFICATE AUTHORIZATION

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