

RONA

INSTALLATION SERVICES

INSTALLER ONBOARDING



CERTIFIED INSTALLER BENEFITS

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

BEFORE YOU START, RONA'S EXPECTATIONS:

1. The company must be incorporated
2. We 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. RONA Limited Partnership, added as additional insured
 - b. With the correct address:
 - i. **RONA inc.** 220, chemin du Tremblay, Boucherville (Québec) J4B 8H7
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** (payable by 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

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 RONA Certified Installer?

Section 1 – General Company Information

1. Legal Company/Registered Business Name: _____

2. Operating under the name of: _____

(please be specific).

Incorporated

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 before? Yes No
If Yes, specify RONA 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? If Yes, please specify:

22. Selected technologies that your company currently uses?

- | | |
|---|---|
| <input type="checkbox"/> Smart phone | <input type="checkbox"/> Portable printer |
| <input type="checkbox"/> Tablet | <input type="checkbox"/> Web based software |
| <input type="checkbox"/> In home payment solution | <input type="checkbox"/> Laptop |

23. Do you currently have a charge or vendor account number with RONA/RÉNO-DÉPOT?
Yes No If yes, please specify: _____

Section 2 – Services Categories

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

- | | | | | |
|-------------------------------------|--|--|---|-----------------------------------|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Cabinet Refacing | <input type="checkbox"/> Exterior Projects | <input type="checkbox"/> HVAC | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Cleaning Services | <input type="checkbox"/> Flooring | <input type="checkbox"/> Interior Finishing | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Basement | <input type="checkbox"/> Doors & Windows | <input type="checkbox"/> Garage | <input type="checkbox"/> Kitchens | <input type="checkbox"/> Sheds |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Electrical | <input type="checkbox"/> Generator | <input type="checkbox"/> Paint | <input type="checkbox"/> Siding |

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"/> Sea to Sky <input type="checkbox"/> South Vancouver <input type="checkbox"/> Vancouver BC 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 MacMurray AB Other _____ <input type="checkbox"/> Grand Prairie <input type="checkbox"/> Lethbridge <input type="checkbox"/> Lloydminster <input type="checkbox"/> Medicine Hat <input type="checkbox"/> Red Deer <input type="checkbox"/> Strathmore	<p>Saskatchewan</p> <input type="checkbox"/> Prince Albert <input type="checkbox"/> Regina <input type="checkbox"/> Saskatoon SK Other _____
<p>Ontario</p> <input type="checkbox"/> Barrie / Midland <input type="checkbox"/> Belleville / Kingston <input type="checkbox"/> Brampton <input type="checkbox"/> Brockville / Smiths 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"/> Hamilton / Niagara <input type="checkbox"/> London <input type="checkbox"/> Mississauga <input type="checkbox"/> Ottawa <input type="checkbox"/> Sault Ste. Marie <input type="checkbox"/> Sudbury / Val Caron <input type="checkbox"/> Tri-City <input type="checkbox"/> Windsor / Leamington ON Other _____	<p>Quebec</p> <input type="checkbox"/> Montreal North Shore <input type="checkbox"/> Montreal South Shore <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 / Temiscamingue QC Other _____	<p>New Brunswick</p> <input type="checkbox"/> Edmunston <input type="checkbox"/> Moncton NB Other _____
		<p>Nova Scotia</p> <input type="checkbox"/> Elmsdale <input type="checkbox"/> Halifax <input type="checkbox"/> Tantallon NS Other _____

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 RONA Inc.				Bodily Injury \$ 2M Per Accident Property Damage \$2M 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 informed of changes to this information as soon as possible. I authorize RONA to verify any information in this profile form and RONA only collects, uses and discloses your personal information for determining eligibility to provide work and services to RONA clients. You may withdraw consent at any time.

Name (print) _____ Signature _____ Date _____
 President

I am authorized to bind the company/registered business