



Service Provider Information

Completed by/position: _____ Date completed: _____

Name of Company: _____

Address: _____

Telephone(s): office: _____

Website: _____ E-mail: _____

Type of Services provided: _____

Geographic Service Area (check all that apply):

- All of Athens County
 Athens
 Albany
 Chauncey
 Glouster
 Nelsonville
 Amesville
 Coolville
 New Marshfield
 Other: _____

History of the Business:

Years in Business 1-4 5-10 11-15 16-20 21-30 31 or more

Number of Employees 1-4 5-10 11-15 16-20 21 or more

Company Information:

How many customers do you serve monthly? 1-4 5-10 11-20 21-or more

What are your normal days/hours of business? _____ OR 24 hrs

Do you have experience working with seniors? Yes No

Do you subcontract? Yes No

If yes, please explain circumstances: _____

Fees:

Do you have a minimum trip fee? Yes No

Describe: _____

What other billing information can you share?

Fee structure: _____

Initial visit: _____

Regular service call: _____

Would you consider providing discounts for The Athens Village members? Yes No

After-hours Emergencies:

Can you fill requests on short notice? Yes No Depends

Describe: _____

Emergency after-hours fees: _____

Emergency after-hours time frame: _____ to _____

Is your telephone always answered by a person? Yes No Answering Service Machine

Please return to: The Athens Village, 94 Columbus Rd., Athens, OH 45701

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Service Provider Information

Bonded/Insured:

Is your business bonded? Yes No

Please summarize insurance coverage and limitations: _____

Are your eligible workers covered by Worker’s Compensation? Yes No

Does your business and/or employees maintain any special trainings, certifications or accreditations? Yes No; Please describe: _____

Is your business licensed locally or by the state? Local Yes No; State Yes No

Does your business maintain any special permits?
 Yes No Not required for the services we provide.

Please describe: _____

Special Concerns:

Do you complete background checks on your employees? Yes No

Please describe: _____

References/satisfied customers and contact information:

	<i>Name</i>	<i>Organization (if any)</i>	<i>Phone</i>
1.	_____		
2.	_____		
3.	_____		

Do you have any promotional information or a website address we can share with our members?

Yes No

Please attach or list anything that you would like us to share with members: _____

I _____ agree to hold The Athens Village, its principles and agents,

Name/title in company

harmless and to indemnify them from any and all liability associated in any way with the scope, performance, or results of services(s) provided by individual(s) within our company and associated in any way with our enterprise.

Signed: _____

Service Provider’s Signature

Date: _____

***Thank you for your time and interest in becoming a service provider for The Athens Village!
We may contact you for more detailed information, if necessary.***

Please return to: The Athens Village, 94 Columbus Rd., Athens, OH 45701

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