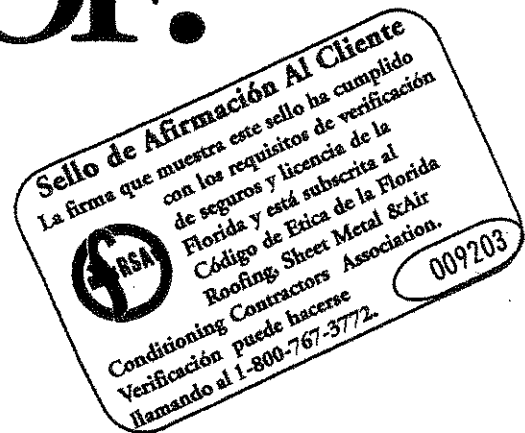


# FRSA PRESENTS THE GOOF-PROOF ROOF.



You've heard the horror stories . . . The roofing project that went sour or the roofing contractor who disappeared before the warranty did . . . The buckets and pails strategically arranged under the leaks in that new roofing job performed by a bunch of unlicensed drips.

Or how about that referral you got from your sister's second-cousin, Guido, about a guy who does great roofing work but is a little busy patching up the holes in his reputation.

Who needs it?

FRSA's Customer Assurance Program takes the sting out of selecting a licensed roofing contractor.

Just look for the Customer Assurance Seal (*shown above*) when dealing with a contractor on your next roofing project. This seal assures you the work will be performed by a licensed and insured roofing contractor who subscribes to the Florida Roofing, Sheet Metal and Air Conditioning Contractors Association's Code of Ethics.

That's it!

You've heard the stories - we're offering a sound alternative. Take the guesswork out of selecting a qualified roofing contractor and enjoy the security of a Goof-Proof-Roof.

For more information call 1-800-767-3772.



Florida Roofing, Sheet Metal and Air Conditioning Contractors Association  
P.O. Box 4850, Winter Park, FL 32793  
[www.floridarooft.com](http://www.floridarooft.com)



# FRSA CUSTOMER ASSURANCE PROGRAM (CAP)

The Florida Roofing, Sheet Metal and Air Conditioning Contractors Association has established the FRSA Customer Assurance Program to guide and assist the consuming public in an awareness of the importance of hiring qualified, licensed and insured roofing, sheet metal and air conditioning contractors.

The Customer Assurance Program does not warranty or assume any liability for the material or installation, or over all workmanship, but will provide regular background checks with the State Construction Industry Licensing Board and the Department of Labor to insure that a firm using the program is licensed and insured. Revenue received from the program through the sale of CAP seals will be used to promote consumer awareness of the program itself and to encourage the consumer to look for the sticker.

Firms enrolled in the program must agree to the following stipulations:

- a) Firm must be a member in good standing in the Florida Roofing, Sheet Metal and Air Conditioning Contractors Association and agree to subscribe to its code of ethics.
- b) Firms may order CAP stickers in minimum quantities of 100 in a single order. Firms will be subject to license and background check on the initial order and all reorders of stickers.
- c) Firms with consumer complaints on file at the State Construction Industry Licensing Board, questionable licensing or insurance coverage may not be allowed to qualify or continue in the program.
- d) The CAP Program is owned, copy written, and licensed to its member companies by the Florida Roofing, Sheet Metal & Air Conditioning Contractors Association. All CAP seals are numbered, assigned to a single member firm and are not transferable. Firms violating this may be subject to copyright or trademark infringement. This program is strictly voluntary and firms participating in it agree to hold FRSA and its agents harmless for any action that might result in its use or lack thereof.
- e) The rules of the program may be subject to change from time to time.

*The firm listed below would like to participate in the FRSA CAP Program and agrees to abide to all of the rules contained above.*

**Please send the firm below \_\_\_\_\_ rolls of CAP seals at \$100.00 per roll.  
Language desired: English \_\_\_\_\_ or Spanish \_\_\_\_\_. Payment must be enclosed for the full amount.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Qualifier: \_\_\_\_\_ License Number: \_\_\_\_\_

• Workers' Compensation Carrier: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Policy Number: \_\_\_\_\_

• Liability Insurance Carrier: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Select Payment Method:** Check enclosed \_\_\_\_\_ (Payable to FRSA)

Master Card \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Other \_\_\_\_\_

Name on Card: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

*Mailing address: FRSA (Attn: Vilma Ortiz), PO Box 4850, Winter Park, FL 32793  
Phone: 407-671-3772 Fax: 407-679-0010 Website: [www.floridarooft.com](http://www.floridarooft.com)*