



FRSA CUSTOMER ASSURANCE PROGRAM (CAP)

The Florida Roofing & Sheet Metal 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 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 ensure 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 stipulation:

- a) Firm must be a member in good standing the Florida Roofing & Sheet Metal 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 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 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 by 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: _____ Amount: _____

Exp Date: _____ Security Code: _____ Signature: _____

Mailing address: FRSA. Attn: Janette, PO Box 4850, Winter Park, FL 32793

Phone: 407-671-3772 ext. 100 Fax: 407-679-0010 Email: janette@floridarroof.com