



CONTRACTOR COMPARISON CHECKLIST

	Kiefer Landscaping	Other
Over 20 Years in Business with Original Owner <input type="checkbox"/>	YES <input type="checkbox"/>	_____
\$2 Million Dollar Liability Insurance Policy <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Proven Performance on Large Commercial and Residential Projects <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Experienced and Knowledgeable Craftsmen with many years experience <input type="checkbox"/>	YES <input type="checkbox"/>	_____
New Innovative Designs <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Top Quality Materials <input type="checkbox"/>	YES <input type="checkbox"/>	_____
High Quality Suppliers to Aid in Design & Troubleshooting <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Exclusive Distributor on Selective Products <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Responsive Communication <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Coordinated Effort from Design to Install <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Excellent Safety Record <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Full Time Office Staff <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Regular Business Hours <input type="checkbox"/>	YES <input type="checkbox"/>	_____
In House Landscape Designers <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Value Engineering Service for Retaining Walls <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Environmentally Conscientious <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Contract Contains Written Warranties <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Stand behind all warranties <input type="checkbox"/>	YES <input type="checkbox"/>	_____
All crews carry cell phones for constant contact <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Annual Service Plans <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Drug Testing on Employees <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Worker's Compensation Insurance <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Licensed Plumber on Staff (Irrigation Connections to Main Lines) <input type="checkbox"/>	YES <input type="checkbox"/>	_____
Competitive Pricing <input type="checkbox"/>	YES <input type="checkbox"/>	_____