



Subcontractor Application

GENERAL COMPANY INFORMATION:

Legal Company Name:			
Street Address:		Mailing Address:	
City, State, Zip:		City, State. Zip:	
Main Office Phone:		Email:	
Contractor Registration No.		State Tax No. (UBI):	
Company Organization: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole <input type="checkbox"/> Proprietor <input type="checkbox"/> LLC <input type="checkbox"/>			
Date of Organization:			
Key Contact:		Phone:	Email:
Emergency Contact:		Phone:	
Officers / Partners / Principals			
Name:	Title:	Phone:	Email:
Contact Information for Contracts & Change Orders Approval			
Name:	Title:	Phone:	Email:
Former Names:		Phone:	Email:

TRADE INFORMATION:

Stucco	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other
Spalling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other
Framing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other
Dry wall	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other
Painting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other
Spray Deck	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other
Carpenter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other



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Please provide the contact information for your Insurance Agent/ Broker

Company Name:		Phone:
Contact Person	Title:	Email:

INSURANCE INFORMATION

Please send Certificates of Insurance, with PPD as the Certificate Holder

Please indicate your current policy limits for the following coverages:

Description	Amount	General Aggregate	Each Accident	Each occurrence
General Liability				
Workers Compensation				
Automobile Liability				
Umbrella				
Bond				

List Owner and/or General Contractor references including contact name whom we may call

OWNER / GENERAL CONTRACTOR REFERENCES			
Owner/ General Contractor	Contact Name	Phone	Email
SUPPLIER			
Major Supplier/Tier Sub	Contact Name	Phone	Email

List current, ongoing projects with approximate contract and anticipated completion date or attach separate list (Attach a separate sheet as needed)

WORK IN PROGRESS SCHEDULE			
Project	Contract Amount	Projected Completion	General Contractor

Signature

Name, Title

Date