



SUBCONTRACTOR INFORMATION

BUSINESS INFORMATION:

BUSINESS NAME _____ **PHONE#:** _____

OWNER NAME _____ **MOBILE:** _____

ADDRESS: _____

BUSINESS OPERATES AS: (check one)

Sole Proprietorship

Corporation

Partnership

Other _____

TYPE OF WORK: _____

NUMBER OF EMPLOYEES (including owners): _____

DATE BUSINESS BEGAN: _____

TAXPAYER IDENTIFICATION NUMBER (TIN):

For individuals and sole proprietorships:

OR

For corporations, LLC's and registered partnerships:

Social Security #:

Employer I.D.#:

_____ - _____ - _____

_____ - _____ - _____

INSURANCE COVERAGE INFORMATION:

HJB Construction will engage only subcontractors who procure and maintain, for the duration of any contract, the appropriate levels of insurance coverage as outline in the Subcontractor packet and who produce a Certificate of Insurance prior to the commencement of any work with HJB Construction.

CERTIFICATION

I hereby certify that the above information is true and correct to the best of my knowledge; that _____ is an independent business, is in business to earn a profit, and is responsible for all insurance coverage, licenses, and all local, state and federal taxes pertinent to the operation of this business.

(Signature of Subcontractor)

(Date)