



SUBCONTRACTOR INFORMATION FORM

Date: _____

Subcontractor: _____

Address: _____

Description of Trade Services: _____

Phone Number: _____

Fax Number: _____

CCB License No.: _____

Project Manager: _____

Phone Number: _____

Email: _____

Office Contact: _____

Phone Number: _____

Email: _____

In order to work on our premises or perform work as a subcontractor for 3R's Construction, the following documents and insurance policies must be current and maintained on file at 3R's Construction:

Required Document

- Subcontractor Information Form
- W-9
- Certificate of General Liability Insurance
\$1,000,000 Minimum Coverage per Occurrence
3R's must be listed as Additional Insured
- Certificate of Workers Compensation Insurance

Please submit the requested documents to 3R's Construction.



