



CONTACT INFORMATION

Company Name: _____

Address: _____

City _____ State _____ Zip _____

Mailing Address: _____

(if different from company address)

City _____ State _____ Zip _____

Main Telephone #: _____ Main Fax #: _____

Cellphone #: _____

Contact Name: _____

Email: _____

BUSINESS INFORMATION

FEDERAL ID or SSN:** _____ ****REQUIRED ALONG WITH W-9 FORM**

Company Established (Year): _____ Not Applicable

Type of Company:

- Corporation
- Partnership
- Limited Liability Company
- Sole Proprietorship

Work Experience (Check all that apply):

- General Requirements
- Masonry
- Roofing/Siding
- Fixtures
- Special Construction
- Electrical
- Site Development
- Metals
- Doors/Windows
- Equipment
- Elevators/Lifts
- Concrete
- Carpentry
- Finishes
- Furnishings
- Mechanical

Other:

Provide a list of your and/or your company's facilities and equipment, leased or owned, for use on future projects: (ex. gondola skates, wallpaper pasting machine, etc.)

EMPLOYEE INFORMATION

Number of Employees: _____

List below how many employees you have in each division listed in Work Experience:

Does your company provide health insurance for all employees?

Please confirm that all/any subcontractors employed by yourself would be:

- Suitably Experienced.
- Properly Qualified.
- Have access to all contract documentation enabling them to fully appreciate all aspects of the works required by them.
- Able to demonstrate the ability and resources to meet the requirements of any contract.

Initial to Confirm: _____

GEOGRAPHIC WORK AREAS

Provide a list of states that you and/or your organization covers:

Provide a list of states in which you hold a state contractor's license: (Please include the category or type as well as the license number as needed)

INSURANCE REQUIREMENTS

A copy of your general liability insurance (required), and your worker's comp insurance (if applicable) should be furnished naming 9Zero Brand, LLC as certificate holder and additional insured.

I have read the above insurance requirements and can provide a certificate of insurance with the required limits naming 9Zero Brand, LLC as an additional insured.

I have read the attached insurance requirements and can provide a majority of the requirements.

Please specify items that cannot be currently covered:

I have read the insurance and cannot provide any of the required coverages.

Certificate of Insurance policy number: _____ ****REQUIRED FOR ALL CONTRACTORS – ATTACH COPY**

SUBCONTRACTOR AUTHORIZATION

The undersigned, on behalf of the Subcontractor, certifies under oath that the information provided herein, including any attachment, is true and sufficiently complete so as not to be misleading.

Approved By: _____ Signature: _____

Title: _____ Date: _____

ADDITIONAL INFORMATION: Use the space below to express any additional information that is beneficial to understanding your organization: (If expanding on a previous question reference the question and page number before each response.)