

EXHIBIT G – SUBCONTRACTOR INFORMATION SHEET

Job Name: _____
Job Number: _____
Company Name: _____
Company Address: _____
Company Phone: _____

Company Signatory

Name: _____ P: _____ C: _____
Title: _____
Email: _____

Emergency Contact

Name: _____ P: _____ C: _____
Email: _____

Project Manager

Name: _____ P: _____ C: _____
Email: _____

Superintendent / Foreman

Name: _____ P: _____ C: _____
Email: _____

Billing Contact

Name: _____ P: _____ C: _____
Email: _____

Compliance Contact (If Applicable)

Name: _____ P: _____ C: _____
Email: _____

Insurance Company

Company Name: _____
Agent Name: _____
Email: _____ P: _____

Bonding Company (If Applicable)

Company Name: _____
Agent Name: _____
Email: _____ P: _____