



NEW SUBCONTRACTOR SETUP FORM

General Information

Scope of work:

Have you had any OSHA violations in the last 3 years? Yes No (If yes, please attach summary)

Company Name:

Address:

City:

State:

Postal Code:

Phone Number:

Key Contact Personnel

Name & Title:

Email:

Safety Contact: _____

Payable Information

Remit-To-Address:

Net Payment:

City:

State:

Postal Code:

Accounts Receivable Contact:

Phone Number:

Email:

Please attach the following:

Form W-9

Last 3 OSHA 300A Forms

Certificate of Insurance

(exclude employee names)

Workers Compensation

ROC Number

Signed Contract

EMOD Rating

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