**SUBCONTRACTOR INFORMATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name | | | |
|  | | | |
| Contact Name & Title | | | |
|  | | | |
| Type of Company | | Years in Business Under Current Company Name | |
| * Corporation * Partnership * Sole Proprietorship * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| Address | | | |
|  | | | |
| City | | Province/State | |
|  | |  | |
| Phone | | Email | |
|  | |  | |
| Services Provided | | | |
|  | | | |
| Areas Services | | | |
|  | | | |
| License # | License Type | | Expiration Date |
|  |  | |  |
| Legal | | | |
| In the past five years, has your current company or any predecessor organization been involved in any litigation or legal dispute with an owner, architect, or general contactor?   * No * Yes   If ‘yes’, please explain: | | | |