**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: |