



8035 Craig St., Indianapolis, IN 46250 Ph: 317-547-1838 Fax: 317-547-1839

## Subcontractor Application

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

# of employees \_\_\_\_\_

Do you have your own equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to travel? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you meet attached insurance requirements? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you worked on lifts before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind of lifts \_\_\_\_\_

What type of work (circle one or both) Commercial or Residential

What kind of work (circle all that apply) Demo Framing Drywall Finishing Ceilings Casework Doors/Frames

List 3 contractors you've worked with in the past year:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\*\*\*\*You must attach a copy of your W-9 and Certificate of Insurance\*\*\*\*