

PEARSON CONSTRUCTION
GENERAL CONTRACTORS

SUBCONTRACTOR INFORMATION

Date: _____

Company Name: _____ Lic#: _____

Contact: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone #: (with area code)

Office _____ Moblie _____

Fax _____ Other _____

Pager _____

E-mail address: _____

Web site: _____

Type of organization:(check one)

Corporation Federal Tax I.D.# _____

Partnership Federal Tax I.D.# _____

Individual/Sole Proprietorship: Federal Tax I.D.# _____

AND S.S.# _____

Liability Insurance Company: _____ Policy# _____ Exp. _____

Do you have any employees (full-time or part-time)? Yes _____ No _____

If yes, do you carry Worker's Compensation as required by law? Yes _____ No _____

Carrier _____

Policy# _____ Exp. _____