

CONTRACTOR INFORMATION FORM

Development Name: _____

Phase #: _____

Section #: _____

Contractor's Name: _____

Contractor's Address: _____

Contractor's Phone Number: _____

Contractor's Fax Number: _____

Contractor's E-mail Address: _____

Contractor's Contact/Forman: _____

Contact/Foreman's Phone Number: _____

Please attach copies of the contractor's license and insurance certificate.

License must have MU classification and be up-to-date.

Insurance requirements are as follows:

- General Liability Each Occurrence \$1,000,000
- General Aggregate \$2,000,000
- Workers Compensation and Employers' Liability