

## 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/Foreman: \_\_\_\_\_

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