



# Subcontractor Agreement & Info

Business Name: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

How long have you been in business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Billing: \_\_\_\_\_

Email Address for owner(s): \_\_\_\_\_

Billing Contact & Email: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

PM Email: \_\_\_\_\_

Type of work performed: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Name as it should appear on check: \_\_\_\_\_

## Requirements: (See attached checklist)

### Insurance-

Project X is required to obtain proof of your general liability, worker’s compensation and Automobile insurance, both must be current during working relationship with PXR. We must have a current Certificate of Insurance with Project X Restoration listed as Additionally Insured prior to the beginning of the first project with PXR. Initials \_\_\_\_\_

Declaration of Independent Contractor Status Form is required if you do NOT carry a worker’s compensation policy. Initials \_\_\_\_\_

### Form W-9-

This form is for all entities working as a subcontractor for Project X. PXR is required by Federal Law to issue 1099’s, when applicable, to all subcontractors performing work and being paid by PXR.

I hereby certify to comply with all requirements listed above and to submit all Certificates of Insurance and documents noted above to Project X Restoration before beginning work. In signing this form I understand that as business owner or business representative I am responsible for all insurance coverage, licenses, and all local, state, and federal taxes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name