

SUBCONTRACTOR CERTIFICATION

Trade(s) for Consideration:	<u>TRADE CATEGORY:</u> _____
	(HVAC, Electric, Flooring etc.)

<u>COMPANY INFORMATION:</u>	
<u>Name of Company or Individual:</u>	_____
<u>Address of Company or Individual:</u>	_____
Contact Name: _____	Street and Unit Number _____
Contact Phone: _____	City, State, Zip _____
Contact Email: _____	_____
TIN or EIN (and W-9): _____	(send W-9)
License Number (if applicable): _____	(send copy)
License valid through: _____	_____
Name of Qualifier, if applicable): _____	_____
Business Tax Receipt (BTR): _____	(send copy)
	(County Or City)

<u>BUSINESS CATEGORY:</u>			
Small Business (per 12 CFR Part 121):	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Minority-Owned Business:	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Women Business Enterprise:	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Section 3 Business or Individual (per 24 CFR Part 135)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Section 3 Category:	<input type="checkbox"/> Cat 1	<input type="checkbox"/> Cat 2	<input type="checkbox"/> Cat 3
Date Section 3 Last Verified:	_____		

<u>INSURANCE INFORMATION:</u>			
Insurance Coverage: a) General Liability ____; b) Auto ____; c) Workers Compensation ____	(send certificate)		
General Liability Limits:	Occurrence: \$ _____		
	Aggregate: \$ _____		
	Valid through: _____		
Automobile:	Combines Single Limit (per accident)	\$ _____	
Workers Compensation:	Statutory Coverage	\$ _____	
	Or, if Exempt:	<input type="checkbox"/> yes <input type="checkbox"/> no	if yes, (send exemption)
	Valid through: _____		

Signature (individual authorized to bind company)

Date of Certification

Michael McManaman, Director of Contracts and
Insurance Compliance (mmcmanaman@wpbha.org)

Date Approved