



NEW SUBCONTRACTOR INFORMATION

Please complete and send to Urban Constructors along with your Company's IRS Form W-9 (Request for Taxpayer ID Number) and current Certificate of Insurance (General Liability and Workers Comp coverage)

*You may send the requested items through the Document Upload portal found on our website, via email to Info@UrbanConstructors.com, or via fax to (281) 251-6826. Thank You

COMPANY INFORMATION:

Company Legal Name _____
Physical Address _____
Mailing Address (if different) _____
Email Address _____
Telephone No. _____ Fax No. _____

PERSONNEL:

President / Owner _____ Phone _____
Estimator _____ Phone _____
Accounts Payable _____ Phone _____
Accounts Receivable _____ Phone _____
Insurance Contact _____ Phone _____

GENERAL INFORMATION:

Scope(s) of work for consideration: _____ Geographical areas for consideration: _____

REFERENCES

Project Name _____
Contractor _____
Location _____
Contact _____
Phone No. _____

Project Name _____
Contractor _____
Location _____
Contact _____
Phone No. _____

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Contact _____
Phone No. _____

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