

**SUB CONTRACTOR INFORMATION APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Current Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address/Phone \_\_\_\_\_

Previous Employer \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Address/Phone \_\_\_\_\_

Do you have any of the following types of Insurance:

General Liability Insurance? \_\_\_\_\_ Insurance Company \_\_\_\_\_

Worker's Comp Insurance? \_\_\_\_\_ Insurance Company \_\_\_\_\_

Automobile Insurance? \_\_\_\_\_ Insurance Company \_\_\_\_\_

Have you ever filed Worker's Comp Claim? \_\_\_\_\_

If so, please provide details:

\_\_\_\_\_

\_\_\_\_\_

Number of employees on your crew (including yourself)? \_\_\_\_\_

References:

1. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(include company name, address, phone number and contact name)

2. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(include company name, address, phone number and contact name)

3. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(include company name, address, phone number and contact name)

**MINCEY BATHROOM INSTALLATION, INC.**

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**(770) 889-4646**

**Roger Mincey: (678) 778-2270**