

SUBCONTRACTOR APPLICATION FORM

Name, As shown on tax return	1		
Services Provided/ Scope of Work			
	Subcontracto	OR BUSINESS INFORMATION	
Contact Name:		Title:	
Phone:	Fax:	Email:	
Accounting Point of (Contact:		
Phone:	Fax:	Email:	
Physical Address:	Street	City/State	Zip
	Sheet	chy/state	21p
Remit to Address:	Street	City/State	Zip
Website:			
Operating As: If you are an LLC, p.	lease check the entity type y	ou are taxed as	
Corporation		Non-Profit Organizati	ion
Partnership		□ Government	
Sole Propri	etor	LLC Taxed As:	
Federal Employee Iden	tification Number, Socia	l Security, or GST:	
Years in business:			



INSURANCE REQUIREMENTS

In an effort to expedite our project start up, we are asking our subcontractors to submit certificates of insurance that comply with the requirements set by Gallant Builders. Below is a list of those insurance requirements.

COMMERCIAL GENERAL LIABILITY

minimum \$1,000,000 General Aggregate/ \$1,000,000 per occurrence

AUTOMOBILE LIABILITY

minimum \$1,000,000 combined single limit

WORKERS COMPENSATION LIABILITY

minimum \$1,000,000 Employers Liability

UMBRELLA EXCESS LIABILITY minimum \$5,000,000

- Certificate must list Gallant Builders as additionally insured
- Certificate must provide Gallant Builders with a waiver of subrogation
- Certificate must provide 30 days' cancellation notice

Certificate Holder must read as the following:

GALLANT BUILDERS, LLC 6990 Portwest Drive, Suite 170 Houston, TX 77024

Please note that subcontractors' insurance is primary to any insurance carried by Gallant Builders. No action by Gallant Builders relieves subcontractor from its duties to provide the required insurance coverage. It is noted that the above limits requested are not to be construed, in any way, as limiting the Subcontractors liability in the event of legal action or claim.



ADDITIONAL DOCUMENTATION REQUIREMENTS

BASIC COMPANY

- □ Signed and dated W-9
- □ Surety Letter

CERTIFICATIONS

- □ Trade Licenses, if applicable to your firm
- □ *MBE/ DBE Certifications, if applicable to your firm*

FINANCIAL

- □ Bank Credit Reference Letter
- □ Consolidated Financial Statements

SAFETY, (If Safety Questionnaire was completed)

- □ 3-year OSHA 300A Logs
- □ 3-year EMR NCCI Sheets or state equivalent documents