University of New Hampshire SUBCONTACTOR/EMPLOYEE MASTER LIST (in compliance with NH RSA 21-1:81-b)

Date:	
Revision	Date:

Project Name:
Project Address:
UNH Project ID Number:
General Contractor:

Contractor Project Number:

NAME OF GENERAL CONTRACTOR, SUBCONTRACTOR, OR INDEPENDENT CONTRACTOR	ENTITY WITH WHOM SUBCONTRACTOR OR INDEPENDENT IS CONTRACTED	ENTITY PROVIDING WORKERS COMPENSATION COVERAGE (list company name)	NAME AND ADDRESS OF WORKERS COMPENSATION INSURANCE CARRIER	OSHA 10-HOUR CONSTRUCTION SAFETY PROGRAM FOR ALL WORKERS (Y/N)