



SUBCONTRACTOR INFORMATION

DATE: _____

NAME: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER(S): _____

FAX: _____ EMAIL: _____

TYPE OF SERVICE YOU OFFER: _____

DO YOU CARRY YOUR OWN LIABILITY INSURANCE?

General Liability: YES NO

Workers Compensation: YES NO

FOR OFFICE USE: IF ANSWER TO QUESTION IS YES.

General Liability COL Received:

Workers Compensation COL Received:

IF SO, PLEASE HAVE YOUR INSURANCE COMPANY MAIL US A COPY:

Harbor Point Contracting, Inc.

P.O. Box 12364

New Bern, NC 28561

OR FAX/EMAIL A COPY TO US AT:

252-636-0346 invoices@harborpointcont.com

IN ADDITION TO THIS INFORMATION PLEASE FILL OUT THE W-9 AND RETURN IT TO:

Office Manager

Harbor Point Contracting, Inc.

252-634-9936 invoices@harborpointcont.com

FOR OFFICE USE:

W-9 Received:

NOTE: *You cannot be paid until these items are received. Thank you, we welcome you!*

BILLING:

When Invoicing please note job name, date, and job address. Please separate labor from materials when applicable.