

**H.A. EDWARDS, INC**  
**2030 9<sup>th</sup> STREET/P.O. BOX 020796**  
**TUSCALOOSA, AL 35402-0796**  
**PHONE (205) 345-1440/FAX (205) 345-1445**

**New Subcontractor Form**

Company Name \_\_\_\_\_ FEIN \_\_\_\_\_

**(If you do not have a FEIN please provide owner's name and Social Security Number)**

Complete Mailing Address \_\_\_\_\_

Work # \_\_\_\_\_ Mobile # \_\_\_\_\_ Email \_\_\_\_\_

Contact Name \_\_\_\_\_

Is your company incorporated? Yes \_\_\_\_ No \_\_\_\_

**Insurance Information**

Workman's Comp Insurance Company \_\_\_\_\_

Date of Insurance expiration \_\_\_\_\_

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

Date of Insurance expiration \_\_\_\_\_

City of Tuscaloosa Business License \_\_\_\_\_

- **Please provide a copy of your insurance certificates**

**WE MUST HAVE A CURRENT COPY OF CITY OF TUSCALOOSA BUSINESS LICENSE AND CERTIFICATE OF INSURANCE FORM FROM YOUR INSURANCE AGENT, FOR BOTH GENERAL LIABILITY AND WORKERS COMPENSATION INSURANCE. GENERAL LIABILITY MUST BE FOR \$1,000,000**

**WE CANNOT WRITE CHECKS WITHOUT CURRENT CERTIFICATES OF INSURANCE AND LICENSE NUMBERS IN OUR OFFICE.**

**BOTH CERTIFICATES OF INSURANCE MUST REMAIN ACTIVE FOR THE DURATION OF THE JOB.**