

AUTO OWNERS
NOTICE TO SUBCONTRACTORS

We have been informed by our worker's compensation and general liability carriers that we must keep on file current/valid certificates of insurance of your worker's compensation policy and general liability policy.

Please contact your insurance company and have them put us on their list of certificate holders, so that we may receive current certificates now for both of the above policies, and will also receive future certificates annually and automatically. If there is a problem in obtaining these certificates, please contact us immediately.

Alternately, if you are a sole proprietor/subcontractor with no employees and do not have a worker's compensation policy, the following information will be acceptable in lieu of a certificate. All of the below information must be completed and received for validity.

* Name of Subcontractor/Sole Proprietor: _____

* Social Security Number or Federal Tax ID Number: _____

* Please attach a copy of your DBA, or a Business Card or a piece of Letterhead Stationary

* I am (Print your Name Here): _____,
a Sole Proprietor with no employees, and I have not had any employees during the audited period,

_____ through _____.

(Your Signature)

(Date)

* Please list below other General Contractors that you have worked for in the last six (6) months, including their names and addresses. (Attach additional sheets if necessary.)

* This information must be kept current. Return this completed form and any updates or changes to us as soon as possible. Thanks you for your cooperation.