



# Subcontractor Application

**Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street Address (if different):** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Function/Title:** \_\_\_\_\_

**Office #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Federal ID#/SSN:** \_\_\_\_\_ **Years in Business:** \_\_\_\_\_

**Gross Annual Revenue:** \$ \_\_\_\_\_

**Is the firm qualified as any of the following?** (If yes, enclose a copy of the certification(s).)

MBE      WBE      HUB      Other \_\_\_\_\_

**Insurance** – Provide sample COIs for all forms of liability, workers’ comp, and auto carried.

**Employee Health Insurance Provided?**      Yes      No

**Bondable?**      Yes      No

If yes, please provide a letter from your bonding agency describing your bonding levels.

**Can you provide Certified Payroll?**      Yes      No

**Areas of Expertise** List capabilities, specialties, trades, licenses, and certifications.

**Complete and email this form to: [shoran@erc-tx.com](mailto:shoran@erc-tx.com)**

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