



Date: _____

Subcontractor/Company Information (Name): _____

Telephone Number: _____ Alternate Phone Number: _____

Street: _____

City: _____ Website: _____

State: _____ Postal Code/ZIP: _____

Do you have other work locations that would service E.T.? If so, where? _____

Person Completing this Form (Name:) _____

Phone No: _____ Email: _____

Contact for Insurance Information (Name): _____

Phone No: _____ Email: _____

Current Insurance Information

| Does your company carry the following insurance? | Yes | No | Aggregate Limit (\$) | Expiration Date |
|--|-----|----|----------------------|-----------------|
| General Liability | | | | |
| Automobile Liability | | | | |
| Worker's Compensation | | | | |

Who is the company contact for the following

| Department | Name | Phone Number | Email |
|--------------------|------|--------------|-------|
| Billing/Accounting | | | |
| Proposals | | | |
| Project Scheduling | | | |
| Health and Safety | | | |

What service(s) does your company provide? _____

How many years has your company been performing this work? _____

| Questions | Yes | No | N/A |
|--|-----|----|-----|
| Do you maintain competency records for all personnel (professional license, training certificate, resume, certification card, etc.)? | | | |
| Do you have a current license or certification to perform your work? | | | |
| Does your company have a written Health and Safety Program? | | | |
| Has the company had any incidents within the last 5 years? | | | |

Describe/explain any incidents: _____

Please respond with this form and the following documents to our portal at submit@ettechusa.com

| + Documents to submit (add any comments to the right of listed forms) |
|---|
| Insurance certificate showing E.T. Technologies, Inc., as additional insured. |
| Signed Subcontractor Agreement |
| Current W9 Form |
| EMR letter (for last 3 years) |
| OSHA 300/300a Logs (for last 3 years, if applicable) |
| Corporate Health and Safety Plan (if applicable) |

The information presented by this subcontractor has been reviewed. It is accepted for use by E.T. Technologies, Inc.

Name: _____

Signature: _____

Title: _____

Date: _____