

FORM A - ENROLLMENT FORM

Section I – Contract Information

Company Name:	Address:
Phone:	Fax:
Contact:	Email:
Federal ID#:	EMR:
Is your contract/bid: <input type="checkbox"/> Lump Sum <input type="checkbox"/> Time & Materials <input type="checkbox"/> Unit Pricing <input type="checkbox"/> Other	
Work Description:	
Estimated Start Date:	Estimated Completion Date:
Who are you contracted with?	
Are you subcontracting out any work? <input type="checkbox"/> Yes* <input type="checkbox"/> No	

Section II

Your Workers' Comp Carrier:
Your Workers' Comp Policy #:
Your Workers' Comp effective and expiration:
Rating Board File #:
Rating Date:
Your General Liability Carrier:
Your Automobile Liability Carrier:
Your Excess Liability Carrier:

Insurance Agent/Broker Information:

Name:	Address:
Contact:	Phone:
Date Prepared:	Fax:

Note: All your lower-tier subcontractors MUST complete forms A and B in order for them to commence work on site. ENROLLMENT IS NOT AUTOMATIC.

Signature: _____ Date: _____

Print: _____ Title: _____