



NEW YORK CITY AGENCY FILINGS, APPROVALS & PERMITS

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Project Manager

CONTRACTOR INFORMATION SHEET

PROJECT:

NAME OF SIGNATORY: _____

TITLE: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE #: _____

DOB TRACKING #: _____

FED. TAX ID #: _____

DOB NOW EMAIL: _____

INFORM US IF YOUR INSURANCE IS STILL ACTIVE WITH THE DOB OR IF IT HAS EXPIRED. IF IT HAS EXPIRED, KINDLY FORWARD US YOUR UPDATED ORIGINAL INSURANCE FORMS.

***** REMEMBER THAT CERTIFICATE HOLDERS MUST BE STATED ON INSURANCE CERTIFICATES EXACTLY AS: "NEW YORK CITY DEPARTMENT OF BUILDINGS ATTN: LICENSING & EXAMS UNIT 280 BROADWAY, 1st FLOOR, NEW YORK, NY 10007"**

ACTIVE: ☐ YES or ☐ NO *If not forward the following items:*

- WORKMAN'S COMP. FORM
- DISABILITY INS. FORM
- GENERAL LIABILITY INS. FORM

Kindly return to our office upon completion, if you have any further questions feel free to call us.