



**GENERAL CONTRACTOR**

1602 Front Street, Suite 100  
San Diego, CA 92101  
LIC. #795976  
619-713-2566  
619-713-0992

**REQUEST FOR INFORMATION:**

Dear Back's Subcontractor,

Please fill out the following information:

- Name Of Company: \_\_\_\_\_
- Contact Person & Title: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Telephone Number: \_\_\_\_\_
- Fax Number: \_\_\_\_\_
- Mobile/Pager Number: \_\_\_\_\_
- E-mail Address: \_\_\_\_\_
- Federal Employer I.D. or Social Security #: \_\_\_\_\_
- Incorporated/ Not Incorporated: \_\_\_\_\_
- Contractor's State License Number: \_\_\_\_\_  
**(please include a photocopy of license and current expiration date)**
- Trade(s): \_\_\_\_\_
- Union? *If yes, send copy of certification* YES / NO \_\_\_\_\_

**\*Insurance Requirements:**

- Proof Of General Liability For "**All Operations**" To Back's Construction, Inc., and Certificate Holder Named Additional Insured Endorsement, Including:
  - 1- "Will Endeavor To And Failure To" Language Deleted From Cancellation Provision
  - 2- "30 Day Notice of Cancellation" Required

*If insurance company will not do "**All Operations**" a Back's job number is required.  
Your insurance certificate is not valid without the job number.*

- Proof Of Workmen's Compensation Insurance
- Proof Of Automobile Liability Insurance

Please take a moment to fill out this form and email to [info@backsconstruction.com](mailto:info@backsconstruction.com).  
Please attached a copy of your contractor's license.  
Thank you for your prompt attention.

Sincerely,  
Suzette Back

\* Please see the Subcontractor Insurance Requirements form for details.