



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.
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.