

POSNER CONSTRUCTION CO., INC.
SUBCONTRACTOR APPLICATION

Business name: _____

Address: _____

Contact person: _____

Phone: _____ Fax: _____

Email address: _____

Web address: _____

Principal name and brief description of related experience:

Number of employees: _____ Current yearly volume: \$ _____

Number of years in business, **or** if start-up, give background: _____

List business references with contact information:

List 3 credit references with contact information:

When complete, include copies of:

- License
- Worker's Compensation Insurance Certificate **or** Exempt Form
- Liability Insurance Certificate (must show limits)

Fax to:

561-743-3321

