



## **Phi Home Designs** **Subcontractor Information Form**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Service or Product supplied: \_\_\_\_\_

Contact Info: \_\_\_\_\_

Office/work

E-Mail Address

Mobile/Cell

Fax

### **Subcontractor Requirements**

**\*\*\*Phi Home Designs Cannot Enter Into Any Subcontract Agreement Until We Have The Following On File.\*\*\***

1) General Liability Insurance indicating coverage is:

\$2,000,000 General Aggregate

\$1,000,000 Each Occurance

\$1,000,000 Personal Adv Injury

\$5,000 Med Exp (any one person)

\$1,000,000 Products Comp/ OP AGG

2) Auto Liability Insurance indicating coverage is \$1,000,000 Combined single limit  
Non-Owned Auto Liability Insurance \$2,000,000 Each Occurance & Aggregate

3) Phi Home Designs is to be named as "Additional Insured"

4) Workers Compensation Insurance Statutory Limits: \$100,000 Each Accident \$100,000 Disease ea. Employee, \$500,000 Policy Limit. For Independent Contractors, an Application for Predetermination of Independent Contractor Status Form (WCB-261) needs to be submitted to the state. Your signature is required.

5) Completed W-9 form

6) For Electricians and Plumbers - Copy of your Contractor License

Please fax (207.230.0274), mail (446 West Street, Rockport, ME 04856), or email [info@phihomedesigns.com](mailto:info@phihomedesigns.com)) the above information and required documents to Phi Home Designs.

Please call 207.230.0034 with any questions. Thank you!

\_\_\_\_\_  
*PHI Signature*

\_\_\_\_\_  
*Date Requirements Met*