



## Subcontractor Setup Form

Thank you for your interest in working with **Everlast Construction Group, LLC**. In order to qualify your company as an approved subcontract to work with us, we need the following:

- W-9 for your company. I have attached a blank W-9 for your convenience.
- General Liability & Workers Compensation Certificate of Insurance.
- Your company's sole trade name - Must match COI & W9
- Areas serviced (States and/or Cities) -
- Trade license # per area serviced -
- Trade Type -
- Name and contact information of the following personnel's in your company. (Phone / Email)

**Owner/ President -**

**Account Receivables -**

**Project Manager -**

**Superintendent -**

**Foreman -**

**Individual in charge of Estimating -**

**Individual in charge of Submittals -**

The Certificate of Insurance should contain the following:

- In the box labeled "Description of Operations," it needs to list Everlast Construction as additional insured using form **CG2037**.
- Waiver of Subrogation
- The Certificate Holder should be:

**Everlast Construction Group, LLC  
1355 Union Hill Industrial Ct.  
Alpharetta, GA 30004**

Feel free to forward this email to your insurance agent.

Please note that until your company is qualified, we will not be able to process any invoices or payments for your company.

**Please advise, if your company fits into any of the following categories, please provide certificates and documentations verifying each selected category.**

- Union Member
- Prevailing Wage
- Hispanic Business (HBE)
- Women's Business (WBE)
- Historically Underutilized Business (HUB)
- Service – Disabled Veteran – Owner small business (SDVOSB)
- Certified Business Enterprise (CBE)
- Small Business Enterprise (SBE)
- African American Business (AABE)
- Asian American Business (ABE)
- Disadvantaged Business (DBE)
- Minority Business Enterprise (MBE)
- 8A Business Enterprise (8A)
- Native American Business (NABE)

Please feel free to contact us if you have questions

