
Subcontractor Information Form

This form must be completed in full and submitted with the required attachments.

Submission Options:

Upload to www.ThomasSign.com via the "Contact Us" form under the "Connect" tab.

Email to info@ThomasSign.com

Primary Location Information

Company Name: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact Name: _____ Business Phone: _____

Cell Phone: _____ Emergency Contact: _____

Legally Licensed as a Contractor? Yes No

EIN or SSN: _____ Company Status: _____

Contractor License Details

Type: _____ License #: _____

Name on License: _____ Expiration Date: _____

Years in Business: _____ # of Employees: _____

of Installation Trucks: _____ Crane Capabilities: _____

Installation Territory

Selecting more than one state requires an "All States" endorsement on your Workers' Compensation policy.

All States (Required if selecting multiple states)

AL AK AZ AR CA CO CT DE DC FL GA HI ID IL
 IN IA KS KY LA ME MD MA MI MN MS MO MT NE
 NV NH NJ NM NY NC ND OH OK OR PA RI SC SD
 TN TX UT VA VT WA WI WV WY

Canada Caribbean Puerto Rico Virgin Islands

Diversity & Specialty Certifications

(Attach Certificate if Applicable)

MBE WBE DBE LGBT SBA VBE 3M Certified

Insurance Information

(Attach Certificate of Insurance)

General Liability Auto Liability Umbrella Workers' Compensation

Minimum Coverage Requirements:

1. General Liability: \$1,000,000 per occurrence
2. Automobile Liability: \$1,000,000
3. Workers' Compensation: Must comply with state laws. If exempt, provide state-issued proof.

(All States endorsement required if selecting multiple states in the Installation Territory section.)

Additional Insured Clause: "Thomas Sign and Awning Company, Inc. is included as an additional insured."

Certificate Holder: Thomas Sign and Awning Company, Inc.

Confidentiality & Noncompete Agreement

A Confidentiality & Noncompete Agreement is included in the vendor package and must be submitted with required attachments.

Payment Terms

Net 60 days from invoice receipt.

Required Attachments

- License Certificate of Insurance W-9 Noncompete Agreement
 Optional: Diversity Certificate Brochure
-

Signature: _____ Date: _____

Title: _____