

Contractor Requirements

Company Name: _____

DBA: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____

Main Contact: _____ Phone: _____

AP Contact: _____ Phone : _____

FEIN#: _____

(You will also need to fill out a W-9 Form)

License# (If Applicable): _____

Insurance Requirements: (If Applicable)

General Liability - (\$1,000,000 Policy)

Workers Compensation

Auto Insurance

Builders Risk

If you do not have Workers Compensation Insurance, you will need to fill out a Contractors Affidavit of Exempt Status Form.

Not having the required forms turned in will prevent NHA from allowing you to begin work or will prevent you from being paid. Please make sure that you turn everything in as soon as possible.

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