

**SUB-CONTRACTING/INSURANCE INFORMATION
FOR SERVICE CONTRACTS**

Member/Associate Member: _____

Sub-Contractor: _____

Customer/Contract Number: _____

Answer Yes or No:

1. _____ Insurance Certificates:

Member: _____ Partner: _____

For any insurance assistance or questions please contact **Kathleen Tricarick at 518-463-9706 x247**

2. _____ Sub-Contracting

If Yes: Type of Sub-Contracting: _____

Contact Information:

Company Name: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

3. _____ Have you supplied the Sub-Contractor listed above a copy of the most recent PRC schedule for the type of work they are scheduled to perform?

** Affidavit of Prevailing Wage (to be obtained from the subcontractor) available on NYSID website under FORMS tab on the right side of the home page**

Signature: _____

Date: _____