

# CLASSIC BUILDERS TRADE PARTNER APPLICATION

## Contact Information

Company Name: \_\_\_\_\_ Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Main Address: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Federal ID # \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_ President's Cell: \_\_\_\_\_

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

Field Supervisors Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What types of work does your company perform? \_\_\_\_\_

How many crews do you have? \_\_\_\_\_ Years in business? \_\_\_\_\_

Please provide 5 Builder/General Contractor References including phone numbers.

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

## INSURANCE REQUIREMENTS

Classic Builders requires all Trade partners to carry the following insurances and limits:

General Liability Insurance: 1 Million per Occurrence - 2 Million Aggregate

Workmens Compensation Insurance:

Companies using leased employees: limits are statutory & Trade Partner must supply a certificate in the name of the leasing company.

Companies not using leased employees: limits are statutory & All Trade Partners must have a workers' compensation policy in their company name or a Valid Exemption.

Automobile: \$500,000 combined Single Limit

All Trade Partners shall provide satisfactory evidence of insurance on Acord form 25-S.

Trade Partners shall list Classic Builders as an "additional insured" on all insurance certificates.

## INSTRUCTIONS

Fill this form out completely and fax to our office at 813-253-2711. Please also have your insurance company mail us certificates of your GL & WC insurance coverage to: Classic Builders PO Box 89007 Tampa, FL 33689

**We welcome competent Trade Partners who take pride in doing an excellent job and offer competitive pricing.**