

ACS PARTNERS, LLC SUBCONTRACTOR REQUIREMENTS:

Please follow these instructions completely.

1. Enter your complete information on a W-9 along with the subcontractor form accurately and fax it to 404-250-6264.
2. Contact your insurance carrier and have them fax a copy of your insurance certificate for General Liability, Auto Liability and Worker's Comp policies **endorsed** to ACS Partners, LLC as **additional insured** AND INCLUDE THE FOLLOWING LANGUAGE: "with respect to claims arising from by, or on behalf of subcontractor/supplier products-completed. All policies endorsed to include a waiver of subrogation against ACS Partners, LLC."
3. ACS will withhold 40% for contracts with no worker's compensation and 15% for no general liability insurance. This is not refundable.
4. Final payment will require lien waivers from all parties involved.

SUBCONTRACTOR INFORMATION

Please fill in the following information. To ensure that your payroll and tax documents are correct, please update any changes to this information.

Name: _____ SS or Tax Id #: _____

Address: _____

DOB: _____ Drivers License # : _____

Office Number: _____ Fax Number: _____

Cellular / Other Phone: _____ Email (optional) _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Please list all men you expect to use on your crew:

Please list relevant experience and references:
