



Corporate Office
 1013 Lucerne Ave.
 Lake Worth, FL 33460
 P: 561-540-1480
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 www.TheConsumerGroup.net



New Sub-Contractor Information Form

***Please complete and fax back along with your current Certificate of Insurance**

Date: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Fax: _____ Email Address: _____

After Business Hours Phone: _____

Contact Person: _____ Title: _____

Federal Tax ID/SS #: _____

Areas of Coverage:

1. _____

2. _____

Business References:

1. _____

2. _____

Please check off the type of service(s) that your company provides:

- Janitorial
- Windows
- Tile Floors/Carpets
- Awnings, Power Washing, Other _____
- Pest Control
- Other _____

***Certificate of Insurance:** General Liability Exp. Date: ____/____/____

Workers Compensation Exp. Date: ____/____/____