

Sub-Contractor Information Request Form

Company Name _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____ Fax: _____

E-mail: _____ Web-site: _____

Contact Person: _____ Title: _____

How many years of commercial cleaning experience do you have? _____

How many years has your company been in business? _____

Is your company licensed, insured, and bonded? Yes No

What is the amount of your company insurance? _____

Does your company have experience cleaning any of the following facilities, check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Movie Theaters | <input type="checkbox"/> Hotels |
| <input type="checkbox"/> Medical Offices | <input type="checkbox"/> Warehouses or other large facilities |
| <input type="checkbox"/> Restaurants | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Office Buildings | |
| <input type="checkbox"/> Daycares/Schools | |

What type of cleaning equipment do you own or have access to?

Can your company strip and wax floors? Yes / No

Does your company provide window cleaning? Yes / No

Does your company provide power washing as a service? Yes / No

Please list three references (Use additional sheet if necessary)

Client _____ Client _____ Client _____

Contact _____ Contact _____ Contact _____

Phone _____ Phone _____ Phone _____

Return this sheet with proof of insurance. Make sure that in your insurance information includes the dollar amount of your coverage. You can also fax this form to 678-985-2232. Attention: ANC Partners department