



**REDEEMED GC**  
REPAIRED, REPLACED  
REDEEMED

## Subcontractor Application

*Redeemed GC LLC*

### Basic Company Information

Company Name: \_\_\_\_\_

DBA (if any): \_\_\_\_\_

Owner/Representative Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

### Business Details

Type of Work/Services Provided: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Service Area Coverage: \_\_\_\_\_

Payment Terms: \_\_\_\_\_

### Licensing & Certifications

Contractor License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Trade Certifications (if any): \_\_\_\_\_

### Insurance & Warranty Information

General Liability (Attach COI): \_\_\_\_\_

Workers' Compensation (if applicable): \_\_\_\_\_

Bonding (if applicable): \_\_\_\_\_

Workmanship Warranty (Attach): \_\_\_\_\_

### References & Work History

Reference 1 (Name/Phone/Project): \_\_\_\_\_

\_\_\_\_\_

Reference 2 (Name/Phone/Project): \_\_\_\_\_

\_\_\_\_\_

Reference 3 (Name/Phone/Project): \_\_\_\_\_

\_\_\_\_\_

### Financial & Tax Information

Federal Tax ID (EIN or SSN): \_\_\_\_\_

W-9 Form Attached: Yes / No

### **Safety & Compliance**

Safety Program in Place: Yes / No

OSHA Violations in Past 3 Years: Yes / No. If yes, explain:

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Drug-Free Workplace Policy: Yes / No

### **Equipment & Capabilities**

Type of Equipment Owned/Leased: \_\_\_\_\_

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Workforce Capacity (Crew Size): \_\_\_\_\_

Ability to Handle Emergency Work: Yes / No

### **Acknowledgment & Signature**

I hereby certify that the information provided is true and correct. I agree to abide by Redeemed GC LLC's standards, policies, and requirements.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_