

# Loveless Commercial Contracting, Inc.

1821 State Street

Cayce, SC 29033

(803) 796-5551 Fax (803) 796-5030

info@lovelesscontracting.com

## Subcontractor Contact Information Form

### Project Information

Job Name \_\_\_\_\_ Job Number \_\_\_\_\_

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

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contractors License No. \_\_\_\_\_ Expiration \_\_\_\_\_

Federal Identification No. \_\_\_\_\_

Email \_\_\_\_\_

Contact \_\_\_\_\_ Cell No. \_\_\_\_\_

Contact \_\_\_\_\_ Cell No. \_\_\_\_\_

Contact \_\_\_\_\_ Cell No. \_\_\_\_\_

### Is your Company:

MBE \_\_\_\_\_ WBE \_\_\_\_\_ DBE \_\_\_\_\_

MBE/WBE/DBE Certified by: \_\_\_\_\_ Please attach copies of all certifications.

Do you have a written Safety and Health Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a written Hazard Communication Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a written Drug & Alcohol Free Workplace Program? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your EMR (Experience Modification Rate) for the last three years?

Current: \_\_\_\_\_ 200\_\_\_\_: \_\_\_\_\_ 200\_\_\_\_: \_\_\_\_\_