

This packet is for all companies that invoice Emmons Construction, LTD for products, services, or labor. **In order for the above entity to provide payment to your company, this packet needs to be filled out in full.**

Each form is valid for one year from date of signature. We will send requests for updated forms once per year.

The following forms are included:

**Information Form** - General information pertaining to your company. This can also be given to your insurance company in order for them to submit an insurance certificate. If your company does not carry all forms of insurance named, **check** the appropriate box indicating the type of insurance you DO NOT carry.

**W9** - This information should be identical to what is on your tax return, to include dba, if applicable. If you file taxes as a Limited Liability Company, **include the tax classification letter in the blank (C, S, or P).**

**DWC85** - One is required for each entity you perform a service for. **This form is required only if you DO NOT carry worker's compensation insurance.**

If you have any questions pertaining to this packet, contact Curtis Emmons at [curtis.emmons@baemmons.com](mailto:curtis.emmons@baemmons.com) or 254-634-1893.

*\*Verity ALL highlighted fields are filled out or the appropriate box is checked (W9 should have a social security number OR an EIN)\**

**Company legal name** (as shown on tax return): \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone 1:** \_\_\_\_\_ **Phone 2:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

This company has approximately \_\_\_\_\_ employees.

*Please request your insurance company send a certificate with proof of general liability, worker's compensation, and vehicle insurance to [vernice.emmons@baemmons.com](mailto:vernice.emmons@baemmons.com). Please include a certificate naming the following companies as a certificate holder:*

**Emmons Construction, LTD**

If your company **DOES NOT** carry one or more of the above named coverages, mark the corresponding box:

This company does not carry  General Liability  Worker's Compensation  Vehicle Insurance.

Mail checks to address on file (OR)  I will pick up checks at the Central Office; Terms of invoices are \_\_\_\_\_

