**(*Your Company Name)***

**SUBCONTRACTOR AGREEMENT**

**\*It is imperative that you read the entire agreement\***

This Subcontractor Agreement is entered into as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*date)* by and between *(Your*

*company name)* and the subcontractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Business name) a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Type of entity, ie: Corporation, Sole Proprietor,

Partnership, LLC) to do business in the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUIREMENTS**

What does (*Your Business Name)* require of *you* as a subcontractor? We need you to be friendly, upstanding and produce high-quality work, just like us. We also require you to meet all of the following requirements and provide the copies of the documents that are listed at the end of this agreement.

Please Initial to show that you are able to meet each item below:

1. \_\_\_\_\_\_ Respective City and/or State Business License(s)

1. \_\_\_\_\_\_ Commercial Liability insurance. Minimum Requirements $\_\_\_\_\_\_\_\_\_\_\_\_\_ aggregate.

 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per occurrence. **PLEASE NOTE: “*Your Company Name*”**

**MUST BE ADDED AS AN ADDITIONAL INSURED BEFORE SENDING A CERTIFICATE OF INSURANCE TO US FOR OUR RECORDS. \*THESE REQUIREMENTS MUST BE MAINTAINED FOR THE ENTIRE LENGTH OF THIS AGREEMENT, WHICH IS UNTIL TERMINATION OF THE AGREEMENT FROM EITHER PARTY.**

1. \_\_\_\_\_\_ *(Any special items you need to include that are applicable to your business)*
2. \_\_\_\_\_\_ We require that you invoice us on one of the last three days of the month for the respective month of completed work. Ex: If you provided services from December 1st, 2099 to December 31st, 2099 we would ask for an invoice (#1001 for sake of the example) on either December 29th, 30th or the 31st, 2099 for the work completed between 12/01/2099-12/31/2099. **WE PAY IN STANDARD NET-30 TERMS IN NEARLY ALL CASES** **UNLESS OTHERWISE AGREED UPON. NEVER LESS THAN NET-30, HOWEVER.** In this scenario, the check for Invoice #1001 would be in the mail on or by January 31st, 2100. Invoices shall be sent to (*Your company email address)*. **WE PAY BY CHECK ONLY, VIA USPS.**
3. \_\_\_\_\_\_ If you are sick or if you are on vacation or unable to service/complete work for any reason, **\*YOU MUST GET THE SERVICE/WORK COVERED\*,** whoever is covering for you is **REQUIRED BY** **CONTRACT** to have either their own insurance or be covered on yours. ***\*(Your Company Name)* WILL NOT BE RESPONSIBLE FOR ANY DAMAGES OF AN UNINSURED PERSON. \***
4. \_\_\_\_\_ **You agree to give *(Your Company Name)* 30 DAYS’ NOTICE when and if you**

 **wish to terminate this agreement. Failure to do so will result in a penalty of**

 **$30 per day short of 30 days. We do this only to cover expenses that are**

 **Incurred, such as getting an emergency service to cover in the interim.**

**REQUIRED DOCUMENTS**

1. **Current Copies of City and/or State Business License(s)**
2. **Current Copy of your General Liability Coverage with *(Your Company Name)* added as an Additional Insured**
3. **Capabilities Statement**
4. **W-9**

**By signing below, you agree to adhere to the terms set forth in this contract.**

Owner/Operator of *(Your Company Name)*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Owner/Operator of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Subcontractor’s Company Name)*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Subcontractor’s Signature)*

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

**WE LOOK FORWARD TO DOING BUSINESS WITH YOUR COMPANY!**

**Sincerely,**