

Subcontractor Set-Up Form

General Company Information

Company Name:			
Address:			
City:		Postal Code:	
Contact Name:			
Phone Number:		Fax Number:	
Form of Organization:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship
Principal Name:			
Number of Licensed Personnel:		24 hr support	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Alarm Response Times	

Billing Rates	Rate	Rate	Rate
Regular	\$	Double Time	\$
Overtime	\$	Statutory Holidays*	\$

Documentation Required

Documentation	Date Received	Initial
City Business License		
Security Business License		
Insurance and Bonding (\$2 Million Min.)		
Contractor Confidentiality Form		
Signed Service Agreement		
Non Compete Agreement		
WCB Clearance Letter		
Credit Check		

References (minimum 2)

Company Name	Phone number, Contact	Reference Provided

Initial Security Representative

Approved For Use:

Chief Operating Officer Signature:

Date MM/DD/YY

