



## SUBCONTRACTOR APPLICATION FORM

Thank you for your interest in working with the BOWA team!  
Please complete this form and forward to our accounting department.

How did you hear about BOWA?

Please state Project Name or Address for which you are applying for:

### COMPANY INFORMATION

Company Name (Name in which payments will be made out to): \_\_\_\_\_

**Please Note: Name stated above should be the same on all documents submitted including: Certificate of Insurance & Subcontractor Agreement.**

#### Main Office

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

(If Different) Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Main #: ( ) - \_\_\_\_\_

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

Main Fax #: ( ) - \_\_\_\_\_

#### Production

#### Accounting

Production Contact: \_\_\_\_\_

Accounting Contact : \_\_\_\_\_

Production Work #: \_\_\_\_\_

Accounting Work #: \_\_\_\_\_

Production Cell #: \_\_\_\_\_

Accounting Fax#: \_\_\_\_\_

Production Email: \_\_\_\_\_

Accounting Email: \_\_\_\_\_

### COMPANY ORGANIZATION

Officer's / Owner's Name: \_\_\_\_\_

Company Organization: Corporation:

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

Partnership:

Sole Proprietor:

% of Work Performed by own forces: \_\_\_\_\_ %

Federal ID Number (FEIN): \_\_\_\_\_

### SERVICES PROVIDED AND EXPERIENCE

Jurisdictions you are currently licensed to work in:  
*License Numbers must be provided.*

Qualified Specialties/Trade:

**Maryland**  
 Montgomery County \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**District of Columbia** \_\_\_\_\_

**Virginia**  
 Arlington County \_\_\_\_\_  
 City of Alexandria \_\_\_\_\_  
 City of Fairfax \_\_\_\_\_  
 Fairfax County \_\_\_\_\_  
 Falls Church \_\_\_\_\_  
 Fauquier County \_\_\_\_\_  
 Loudoun County \_\_\_\_\_

Total Number of Employees (Including Owner): \_\_\_\_\_

\_\_\_\_\_

## INSURANCE REQUIREMENTS

All Subcontractors are required to maintain certain insurance policies and limits according to their specified class.

A **certificate of insurance** must be provided based upon the following designations:

**A** **CLASS 1:** Those subcontractors that deal with flammable, explosive or other high-risk processes or materials, including electricians, plumbers, welders, pipe-fitters, HVAC installers or roofers using tar furnaces or rigging contractors using heavy equipment such as cranes.

**B** **CLASS 2:** All subcontractors that do not deal with flammable, explosive, or other high-risk processes.

**C** **ARCHITECTS/ENGINEERS**

	<b>A</b>	<b>B</b>	<b>C</b>
	<b>Class 1</b> (per occurrence)	<b>Class 2</b> (per occurrence)	<b>Architects/Engineers</b> (per occurrence/claim)
Worker's Compensation	\$ 500,000	\$ 500,000	\$ 500,000
General Liability	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Automobile Liability	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
Umbrella	\$ 2,000,000	\$ 1,000,000	\$ 2,000,000
Professional Liability	N/A	N/A	\$ 1,000,000

\* **BOWA must be named as certificate holder and additional insured on all certificates of insurance.**

According to the above class descriptions **please circle** your designated class:                      Class 1      Class 2      Architect/Engineer

Can you meet the requirements as stated above for your class description?                      **Yes**                          **No**       

## ADDITIONAL INFORMATION AND SIGNATURES

I have received and reviewed a copy of the Subcontractor Agreement.                      **Yes**                          **No**       

I attest that all of the information provided is true to the best of my knowledge. I am aware that a certificate of insurance must be provided along with the completed application form and agree to maintain a current certificate of insurance as long as working on a BOWA project. I am aware of the payment terms which state that I may bill for completed work by the 25th of each month in order to receive payment on the 25th of the following month and if I submit a bill for completed work by Monday at 8:30am, and agree to a 3% discount, a check could be available for pick up that Friday at 2pm . I agree to abide by all of the aforementioned terms.

Authorized Signature: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_