

Maintain.

Serving Charleston Since 1991

New Subcontractor Packet

W9 and COIs must be received by Maintain along with this form before issuing you your first payment.

Date: ___/___/___

Sub's Business Name: _____

Owner/Rep Name (if different): _____

Email Address: _____

Phone Number: _____

1. **W9**: Please also fill out a W-9 (attached) and return to Maintain **ASAP**. Please make sure to enter all required information, sign and date. You can return your W9 in-person, email it to office@maintainusa.com, **OR eSign it online at <http://bit.ly/MaintainW9>**



2. **Insurance/Certificate(s) of Insurance**

Do you have: Workers Compensation Insurance **Yes / No**

General liability **Yes / No**

***If you have the above insurance, **please have your insurance agent send your COI (Certificate of Insurance) directly to office@maintainusa.com** with the following information for Maintain as the **certificate holder**:

Maintain of the Lowcountry, LLC
1232 Chuck Dawley Blvd
Mt. Pleasant, SC 29464

3. **Payment**: **Sub-contractor bills must be emailed to office@maintainusa.com by 2:00 PM on Wednesday to be paid out that Friday at 2:00 PM.** Please include job name and Maintain project manager's name on the invoice.