



Vendor Information Sheet

Please complete the following information and return this form to our main office as soon as possible. If you have any questions, please contact our office at 313.499.8891.

Legal Company Name: _____

DBA (if different than above): _____

Contact Name: _____

Contact E-Mail Address: _____

Taxpayer ID #: _____ or Social Security # _____

Entity (Please circle one): Corporation Sole Proprietor Partnership LLC

Company Address: _____

Phone Number: _____

Fax Number: _____

Trade: _____

Note that all required forms as described below are required prior to starting any work at our property. Your signature below indicates your understanding of and agreement to the following:

- ✓ **Insurance Coverage** – I understand that if I am to come on property that I must have General Liability Insurance of at least \$1,000,000.00 per occurrence (\$2,000,000.00 in aggregate) and Workers Compensation Insurance per State Statutory Rate on file in our main office. If you are exempt from Workers Compensation Insurance, please submit the appropriate state issued exemption documentation.
- ✓ **Certificate Holder** – Certificate Holder on the Insurance Certificate should be listed as New Day Detroit.
 - Additional Insureds – Additional insureds should be listed as New Day Detroit at the address below.
- ✓ **Waiver of Lien** – I understand that I may be required to sign a Waiver of Lien upon payment and that no future payments will be released until I return this to the main office.

Signature

Print Name

Date:

Please return completed form and other required documentation to:

New Day Construction Services
15201 Grand River Ave, Detroit, MI 48227
Phone: 313.499.8891 Email: dispatch@newdaydetroit.com