

Subcontractor MUST return this form to DBH Resources and Owner/Contractor for enrollment of all Sub-tier Contractors.

SUB-TIER CONTRACTOR ENROLLMENT FORM

WRAP-UP INSURANCE PROGRAM

PROJECT: SATICOY VILLAGE APARTMENTS

In order to enroll your Sub-tier Contractors into the Wrap-Up Insurance Program ("Program"), you **must** complete and return this form to the Owner/Contractor and Program Administrator (DBH Resources) as soon as you award a Sub-tier contract. Please Note: A separate form must be completed for each Sub-tier Contractor.

**SUBCONTRACTOR
COMPANY:** _____

WE **WILL NOT** HIRE ANY SUB-TIER CONTRACTORS ON THIS PROJECT. (Check if applicable.)

WE **WILL** HIRE A SUB-TIER CONTRACTOR ON THIS PROJECT. (Complete below.)

**Sub-tier Contractor
Company:** _____

Contact Person: _____

Address: _____

Telephone: _____

Facsimile: _____

Type of Work Performed on
Project: _____

**Subcontractor's
Signature:** _____

Phone: _____

Name: _____

Fax: _____

Date: _____

***** PLEASE RETURN COMPLETED FORM VIA FAX TO: *****

- 1. DBH RESOURCES – ATTN: ANDREW PHILLIPS
FAX: 310.398.2968**
- 2. DAY CONSTRUCTION CORP.– ATTN: ROY G. MONETTE
FAX: 310.208.0715**

