



## **SUB-CONTRACTOR REQUIREMENTS**

**Please Submit the following information:**

**Certificate of Liability Insurance**

**Workman's Compensation or Workman's Comp Waiver**

**A Copy of your warranty on your letterhead**

**W-9**

**Please fax to 1-317-351-0595**

**Email: [Jeanie@trgci.com](mailto:Jeanie@trgci.com)**