TOWN OF BEDFORD

Subcontractors' Compensation Insurance Affidavit

For Sole Proprietor

Applicant Information
(Please Print)

Excavation Contractor Name _____ Phone # _____
Address _____ City/Town _____
Insurance Co. _____ Policy # _____

Foundation Contractor Name _____ Phone # _____
Address _____ City/Town _____
Insurance Co. _____ Policy # _____

Frame Contractor Name _____ Phone # _____
Address _____ City/Town _____
Insurance Co. _____ Policy # _____

Insulation Contractor Name _____ Phone # _____
Address _____ City/Town _____
Insurance Co. _____ Policy # _____

Drywall Contractor Name _____ Phone # _____
Address _____ City/Town _____
Insurance Co. _____ Policy # _____

Siding/Deck Contractor Name _____ Phone # _____
Address _____ City/Town _____
Insurance Co. _____ Policy # _____

Finish work Contractor _____ *Phone #* _____
Drywall Contractor Name _____ Phone # _____
Address _____ City/Town _____
Insurance Co. _____ Policy # _____