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Subcontractor Information Sheet

Project: _____
 Company: _____
 Address: _____
 Phone Number: _____
 Fax Number: _____

Company President / CEO

Name: _____ P: _____ C: _____
 Email: _____ F: _____

Emergency Contact

Name: _____ P: _____ C: _____
 Email: _____ F: _____

Project Manager

Name: _____ P: _____ C: _____
 Email: _____ F: _____

Superintendent / Foreman

Name: _____ P: _____ C: _____
 Email: _____ F: _____

Billing Contact

Name: _____ P: _____ C: _____
 Email: _____ F: _____

Insurance Company

Company Name: _____
 Agent Name: _____
 Email: _____ P: _____

Bonding Company (Fill out only if applicable)

Company Name: _____
 Agent Name: _____
 Email: _____ P: _____

Tax ID #: _____