



Restoration Resources
Disaster Recovery Experts

SUBCONTRACTOR REQUIRED INFORMATION FORM

Company Name: _____

Company Contact: _____

Address: _____

Office #: _____

Mobile #: _____

Fax #: _____

Trade: _____

Years in business: _____

Incorporated: yes _____ no _____

Business license #: _____

Federal ID#: _____ or Social Security #: _____

Insurance: PBI Restoration Resources needs a current Certificate of Liability Insurance with PBI listed as Additional Insured for all subcontractors.

No payments can be made to new vendors without a completed form.

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Payments will be made 30 days from PBI's receipt of invoice

1924 Greenspring Drive * Timonium, MD 21093
Glenn Dale Business Center * 7100 Holladay Tyler Road * Glenn Dale, MD 20769
9131 Antique Way * Manassas, VA 20110
888-724-7363

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