

CONWAY SERVICE

JOHNNY CONWAY
1628 Sanwela Dr
INDIANAPOLIS, IN 46260

Licensed and Bonded
One year guarantee

Telephone (317) 347-0839
Fax (509) 351-8524

Employee / Subcontractor Information Sheet

NAME: _____
(as it should appear on your check)

ADDRESS: _____

SOCIAL SECURITY # : _____

TAX ID # : _____

DRIVER LICENSE # : _____

DATE OF BIRTH: _____

CONTACT INFORMATION:

Phone # (____) _____

Cell Phone # (____) _____ Do you text message? yes or no

E-Mail Address: _____

Fax # (____) _____

*Please list your SNOW PLOW EQUIPMENT that will be used: Snow Removal Sub
Contractors ONLY

(This section is not for the employees that drive our Salt Trucks)

1. _____ 3. _____

2. _____ 4. _____

*SUB CONTRACTORS: Please have your insurance company fax a copy of your
General Liability Insurance Certificate to us. We must have this on file in order for you to
get paid. You must have workers comp. listed on the certificate. If you do not have W/C
you must file a WCE-1 form with the State of Indiana. You can print this form off of our
web site from the "Contact Us" page. If you do not file this form with the state, you will
be charged for W/C insurance and General Liability as we pay you for your services. Any
questions please call our office @ 317-347-0839

Checks will NOT be released until we have your insurance certificate, a W-9 form, and a
sub-contractor information sheet on file in our office. Thank You.

_____ Salt Truck Driver _____ Hand Labor Sub _____ Snow Removal Sub