

COMPANY INFORMATION

1. Principal(s) and Director(s) of the Company:

2. Company Insurance details:

Commercial General Insurance carried: BD\$ _____
Automobile Insurance carried: BD\$ _____
Workers Compensation Insurance carried: BD\$ _____
Professional Indemnity Insurance carried: BD\$ _____

3. Company's Bermuda Payroll Tax No.:

4. Company's Bermuda Social Insurance No.:

5. Company Banking Details:

Name and address of primary bankers:

6. Do you have any involvement with other entities that may be seen as a conflict of interest? If so, please provide details:

7.

TOTAL NUMBER OF STAFF	
NUMBER OF BERMUDIAN	
NUMBER OF NON-BERMUDIANS	
PERCENTAGE OF BERMUDIANS	

COMPANY INFORMATION (CONTINUED)

Attach a copy of the Company`s Certificate of Incorporation.

Submit multiple copies; if necessary, one for each subcontractor.

Signed: _____

Print Name: _____

Title: _____

Company: _____

Date: _____