

WRAPAROUND MARYLAND, INC

Subcontractor Application

Subcontract (Name, Contact Information):

MBE Certification Number: _____

Federal ID Number: _____

Authorized Representative: _____

Agency Address: _____

Please provide a copy of professional liability insurance and bond certificate (can be emailed to pats10@wraparoundmd.com or faxed to 410-219-5072)

Work to be Performed (please use separate application for each service proposed):

Please list all related work history or expertise (Include additional sheets if necessary):

Please provide three professional references (Name, Address, Contact Information):

1. _____

2. _____

3. _____

Signature: _____ Date: _____

Print Name of Authorized Representative: _____

For Internal Use Only

Date received: _____ Approved: Yes / No

References:

1. _____

2. _____

3. _____