

**EKC**, Inc. Project Contacts

Project Manager Superintendant Contract Admin.

AP/AR

## **Subcontractor Information Sheet**

Company Name		
Project Manager		
Phone #		
Fax #		
Cell #		
Email Address		
AR Contact		
AR Phone #		
AR Email		
Federal ID#		
Public Works License		
Incorporation Year		
State of Incorporation		
Insurance Requirement	nts:	All certificates for insurance on this project must list project location and additional assured.
Project Location:		
Additional Insured:		EKC, Inc.

Please fax or email this sheet to (208) 429-1480 / Rhonda Holland - office@ekcconstruction.cor EKC, INC. 1649 W. Shoreline Dr. Ste 201 Boise, ID 83702 Ph: 208-345-8944 Fax:208-429-1480

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Rhonda Holland

Cecyle Brock