



**CITY OF MADISONVILLE  
CONTRACTORS & SUB-CONTRACTORS  
WORKERS COMPENSATION VERIFICATION FORM**

<b>General Contractor</b>	<b>Business License</b>	<b>Address</b>	<b>Phone No.</b>	<b>Workers Compensation Co.</b>
<b>Sub-Contractors</b>	<b>Business License</b>	<b>Address</b>	<b>Phone No.</b>	<b>Workers Compensation Co.</b>
Excavation -				
Footing -				
Masonry -				
Brick -				
Framing -				
Plumbing -				
HVAC -				
Electric -				
Drywall -				
Finisher -				
Siding -				
Gutters -				
Roofing -				
Landscaping -				
Painting -				
Flooring -				
Insulation -				
Other -				
Other -				
Other -				

\_\_\_\_\_  
General Contractors Signature

\_\_\_\_\_  
Date

Subscribed and sworn to me by \_\_\_\_\_  
General Contractor for this project, this the \_\_\_\_ day of, \_\_\_\_\_, 20\_\_\_\_.  
\_\_\_\_\_, No.: \_\_\_\_\_

\_\_\_\_\_  
Notary Signature  
My Commission Expires on \_\_\_\_\_, 20\_\_\_\_.