



Quick Start Guide

Below we have highlighted the essential functions of the Hennan Group application form. For more detailed instructions don't hesitate to contact us directly via the Help Desk button.

Subcontractor Information Form

Thank you for your interest in partnering with our company. We look forward to a long and prosperous working relationship. Listed below is a checklist of paperwork we require. Please upload in them the form below.

Documentation Requirements:

- Subcontractor Agreement
- W-9 Form
- Certificate of Liability, Worker's Compensation and Disability Insurance (Acord 25) showing proof of required insurance per the Subcontractor Agreement with Hennan Group Inc and the address of the project named as a legal Additional Insured. Incorrectly filled certificate of insurance will be rejected and denied from working on the project.

Other Requirements

- Invoices must include the following information:
 - Your company name & address
 - Invoice number
 - Invoice date
 - PO (supplied by Hennan Group Inc)
 - Job site address
 - Labor and materials broken out separately
- Separate invoices must be submitted for each job

Hennan Group Inc will not offer a contract to any subcontractor who does not comply with all the required paperwork. Payment for work completed may be delayed if any documents have expired.

Please email our office at support@hennangroup.com if you have any questions. Thank you,

Services Provided (check all that apply): *

- | | | |
|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Drywall | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Tile Installation | <input type="checkbox"/> Siding |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Roofing | <input type="checkbox"/> Cabinetry |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Flooring | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Handyman | <input type="checkbox"/> Windows | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Other | | |

Project Name

Please Select

Project Start Date

MM-DD-YYYY

Date

Project End Date

MM-DD-YYYY

Date

Subcontractor Information:

Company Name

Contact Name

First Name

Last Name

Contact Email

example@example.com

Contact Phone Number

(000) 000-0000

Please enter a valid phone number.

Business Address

Street Address

Street Address Line 2

City

Please Select

State

Zip Code

Are you a NYC DOB Registered Contractor?

- Yes
 No

Are you OSHA Certified?

- Yes
 No

Additional accreditations, training or certificates


Please describe any and all continuing training.

Years in business

- 0-1 years
- 2-4 years
- 5-6 years
- 7-10 years
- 10+ years

Insurance Information:


File Upload Acord Form 25 *


Browse Files
Drag and drop files here

Certificate of Liability, Worker's Compensation and Disability (Acord 25)

W-9 Upload

File Upload Signed W-9 Form *


Browse Files
Drag and drop files here


Upload the signed W-9 for your business


Additional Information

Terms and Conditions:

- By submitting this form, I certify that all information provided is accurate and complete to the best of my knowledge.
- I understand that any false or misleading information may result in disqualification or termination of subcontractor agreement.

Signature *

Sign Here 



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In the <https://hennangroup.com/sub-contractor-information-form/> page, you can find the application form for subcontractor at Hennan Group, please make sure to fill all the required information and make sure to double check in case you have any mistakes.

After filling all the information, please hit the "Continue" button.

After we are done reviewing your application, we will contact you on your personal Phone Number or Email Address for the further steps.

*****END*****