



Supplier Information Profile

Company Name/DBA:

Local Address:

City, State Zip:

Telephone:

Fax:

Contact Person:

Email:

Website:

How long has the company been in business? ____

How many locations do you have? ____

Is your company one of the following types of business? If so, Certified

Minority ____ Women Owned ____ Veteran ____ Disabled ____

Please provide two references from former and/or current clients.

Reference 1:

Company Name:

Contact Name and Number

email

Reference 2:

Company Name:

Contact Name and Number:

email

How many consultants do you have on billing? ____

UPON Submitting a resume to our client, ECS request 24 hour hold on the consultant.

Can you work within these guidelines?

YES ____ NO ____

Does your company carry the required insurance listed below?

Workers Compensation Insurance - \$100,000 per accident

General Liability Insurance - Minimum limit of \$500,000 per occurrence

Automobile liability Insurance - Minimum limit of \$500,000 per occurrence

Excess Liability Insurance - Minimum limit of \$500,000 per occurrence

Professional Liability - Minimum limit of \$1,000,000 per occurrence /
\$3,000,000 annual aggregate

Waiver of Subrogation in favor of clients and ECS

Do you agree to accommodate and provide proof of the required insurances upon Subcontract Agreement Signing?

YES ____ NO ____

Signature

Title:

Date:

ECS, Inc.
2875 NE 191st Street, Suite 701
Aventura, Florida 33180
Phone: (305) 935-4268 Fax: (305) 682-8766