




**Missoula
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Cooperative inc.**

Your Touchstone Energy® Cooperative 

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CONTRACTOR

DATE: _____

NAME: _____

ADDRESS: _____

PHONE: _____; FAX: _____

CONTACT: _____ TITLE: _____

_____ TITLE: _____

CHECK HOW YOU ARE REGISTERED TO DO BUSINESS:

____ 1120; ____ PARTNERSHIP; ____ LIMITED LIABILITY COMPANY
____ 1120S; ____ SOLE PROPRIETOR; ____ LIMITED LIABILITY PARTNERSHIP

TAX I.D. _____; INCORPORATED IN: _____

TYPE OF SERVICE RENDERED: _____

INSURANCE/BONDING

LIABILITY CARRIER: _____

AMOUNT: _____; EXP DATE: _____

CERTIFICATE OF INSURANCE ATTACHED: _____

WORKERS COMP CARRIER: _____

CERTIFICATE OF WORK COMP INSURANCE ATTACHED: _____

PROOF OF INDEPENDENT CONTRACTOR FOR SELF EMPLOYED ATTACHED: _____

BONDED: YES _____, NO _____; TYPE: _____

AMOUNT: _____; BY: _____