



Contractor's Request to Subcontract Checklist

Prime Contract Number: W912HN-09-C-0078-005

Prime Contractor Name and Point of Contact/Address:

EMR, Inc

3200 Haskell Ave

Lawrence, KS 66046

Prime Contract Type: Cost Reimbursement Fixed Price Other _____

Proposed Subcontractor Name and Address:

National Exterminating Services, Inc.

P.O. Box 107 Westcliff Boulevard, PO Box 2145

Warner Robins, GA 31099

Proposed Subcontract Type: Cost Reimbursement Fixed Price Other _____

Proposed Subcontract cost ceiling or price: \$3,140.00

Checklist of Documentation

Contractor: Review the following list and attach the documents needed for your specific circumstances. This list is not meant to be all inclusive. This document is a tool designed to assist contractors in developing and submitting complete packages for expedited consent to subcontract. Please refer to the terms and conditions of your contract for all subcontracting requirements.

The following documents are being submitted for subcontract consent:

- Signed Subcontract Agreement. Submitted with Package
- Certificate of Insurance. Submitted with Package. Original certificates should be sent to 3200 Haskell Ave, Suite 140, Lawrence, KS 66046
- Signed Work Order. Submitted with Package
- Other Contractor's Badge and Vehicle Pass Request Form. Submitted with Package