



Elite Medical Group Staffing

EXCEEDING EXPECTATIONS DAILY

Contractor Information Sheet

Business Name _____

Owner/President Name _____

Business Address _____

City/State/Zip _____ Phone _____

Circle the business structure that applies to your company:

Sole Proprietorship LLP, Corporation, LLC other, please specify

Federal EIN or SSN: _____ State Incorporation: _____

Please list any business licenses your company holds

List other companies for whom your company has worked in the last 2 years

List Professional Medical Insurance and General Liability carrier and coverage limits.

Carrier _____ Policy # _____

Policy Limit: _____ Type: _____

Contact: _____ Phone: _____

Carrier: _____ Policy # _____

Policy Limit: _____ Type: _____

Contact: _____ Phone: _____

Please send to:

Elite Medical Group Staffing
12705 Century Dr. Suite C Alpharetta, GA 30004
Fax 1-866-899-8967.