## **Electrical Work Subcontractor**

## **Agreement Form**

This Agreement is made and entered into on	(Date), by and						
between:							
Contractor Name:							
Company Name:							
Business Address:							
Phone Number:							
Email Address:							
Hereinafter referred to as the "Contractor."							
And							
Subcontractor Name:							
Company Name (if applicable):							
Business Address:							
Phone Number:							
Email Address:							
Hereinafter referred to as the "Subcontractor."							
Scope of Work							
The Subcontractor agrees to perform the following elec	trical services for the						
Contractor:							

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## **Project Details**

Project Name: \_\_\_\_\_

Project Location: \_\_\_\_\_

Start Date: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

**Compensation and Payment Terms** 

The Contractor agrees to pay the Subcontractor as follows:

- □ Fixed Price: \$\_\_\_\_\_
- □ Hourly Rate: \$\_\_\_\_\_ per hour
- Payment Schedule: \_\_\_\_\_\_

**Responsibilities of the Subcontractor** 

- 1. Perform electrical services in compliance with local and national electrical codes.
- 2. Provide all tools, materials, and equipment necessary unless otherwise agreed upon.
- 3. Ensure all work is completed within the agreed timeframe.
- 4. Maintain a clean and safe worksite.
- 5. Carry appropriate licenses and permits as required.

Insurance and Liability

The Subcontractor shall maintain the following insurance policies:

- □ General Liability Insurance
- □ Worker's Compensation Insurance
- □ Professional Indemnity Insurance

**Termination Clause** 

This Agreement may be terminated under the following conditions:

□ Breach of contract by either party

- □ Non-performance of agreed services
- □ Mutual agreement between both parties

Governin	g Law
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This Agreement shall be governed by the laws of the State of \_\_\_\_\_.

Signatures

By signing below, both parties agree to the terms and conditions outlined in this Agreement.

Contractor	Signature:			

Date: \_\_\_\_\_

Subcontractor Signature: \_\_\_\_\_

Date:									