



## Hartsfield Jackson Atlanta International Airport REQUEST FOR INSURANCE

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# FORM 1

*NOTE: The Primary Contractor must complete the HJAIA Form 1 for EACH subcontractor on the project, as well as for the Primary.*

\* Fields marked with asterisk are REQUIRED for submission of this form.

Project ID	Project Name			
Name of Firm*			FEIN	
Address*			City, State, Zip*	
Phone Number*			Contractor is* Inc. Sole Prop. JV Partnership	
Web Address			Ownership Af.Amer. Hisp. Female Disadv.	
Office Contact Name*	Phone*	Ext*	Fax*	E-Mail*
Safety Contact Name*	Phone*	Ext.	Fax*	E-Mail*
Site Contact	Phone	Ext	Fax	E-Mail
Payroll Contact	Phone	Ext	Fax	E-Mail
Type of Work*	Work to be performed in Aircraft Operations Area (AOA)?*			
	Yes <input checked="" type="radio"/> No <input type="radio"/>			
Start Date (mm/dd/yyyy)	Est. Completion (mm/dd/yyyy)			
Contract Value*	Estimated Payroll*	Est Hours*	Est. # of Subs	Est Manhours Sub
Awarding Contractor*				
Prime Contractor				

Form 1 completed by (name)\*

Date

Title

Phone\*

I certify that I am the above-described person, legally authorized and eligible to submit the information contained on this form on behalf of the above-described contractor in relation to work to be performed within the scope of the Hartsfield Jackson Atlanta International Airport OCIP program. I affirm that this document is true and complete to the best of my knowledge.

**signature**