



**SUBCONTRACTOR AFFIDAVIT OF TIER SUBCONTRACTOR AND SUPPLIERS**

**Subcontractor:** \_\_\_\_\_  
**Project Name/Number:** \_\_\_\_\_  
**Billing Period:** \_\_\_\_\_

List below, the names and addresses of **ALL** Suppliers and/or Tier Subcontractors that have provided labor, materials or services for the above stated project and billing period. This shall be a complete listing of all contracted businesses regardless of a served Notice of Right to Lien. A completed Conditional or Unconditional Release for each must accompany this form when submitted. (You may need to submit more than one sheet)

<u>SUPPLIER/ SUB TIER SUBCONTRACTOR - NAME &amp; ADDRESS</u>	<u>TYPE OF MATERIALS/SUPPLIES OR SERVICES</u>

By signing this document, you are confirming to Burke Construction Group, Inc. that you have provided **ALL AND WITH OUT EXCEPTION**, potential obligations to any supplier or tier subcontractor that has been contracted or who has supplied labor or materials to the above project for the specified billing period in connection with the attached Payment Application even if there are no financial obligations due to that Sub or Vendor. It is also understood that the subcontractor assumes sole financial responsibility for payment to any supplier or tier subcontractor not listed on this document that may have supplied labor or materials for the above stated project within the specified billing period. Failure to List a Sub Tier Sub or Vendor who has provided Services during this specified billing period may be considered a Fraudulent act subject to prosecution to the fullest extent permitted by Law. Failure to provide this document shall constitute valid grounds for Rejection of the Payment Application for the specified billing period.

Subscribed and sworn to before me the \_\_\_\_\_ day  
 of \_\_\_\_\_, 2010

\_\_\_\_\_  
 Signed (Must be signed by Authorized Agent)

\_\_\_\_\_  
 Notary Name and Seal

\_\_\_\_\_  
 Title of Authorized Agent