## SIGNATURE PAGE

## FOR THE UNION:

## THE SOUTHWEST REGIONAL COUNCIL OF CARPENTERS AFFILIATED WITH THE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS OF AMERICA

By:

Signature of Authorized Union Representative

Local Union Number

Date Signed

## FOR THE EMPLOYER:

Contractor of Firm Name (Print exactly as listed with State License Board)

Street Address

City State

Telephone Number

Contractors License Number

By:

Signature of Authorized Employer Representative

Print Name, Title and Email Address of Person Signing This Addendum

Date Signed

Date Insurance Coverage Starts

7/2024

State

Zip Code