

**DATE:**

**TO:**

**SUBJECT:** Subcontractor/Vendor On-boarding

Thank you for your interest in becoming an approved RB Marks Subcontractor Team Member. We truly value our relationships with our vendors and want each interaction to be positive for all involved. To start that process, we need to gather some information from you to ensure all lines of communication are clear and we have you entered in our system correctly. This process will help us efficiently manage our projects and payments.

Please see the list of items below that are required to get you on-boarded and in our system. The documents are on the following pages and are all fillable.

1. Vendor Contact Information Sheet (please provide proof of authorized signatories)
2. COI - GL, Auto, Umbrella, Workers Compensation (please see the attached insurance requirements)  
RB Marks needs to be listed as certificate holder and additionally insured for GL and Auto with a Waiver of Subrogation in favor of RB Marks for GL, Auto and Workers Compensation
3. Installation Floater (for MEP subs only for this one) – (please see the attached insurance requirements)
4. Signed W9
5. Vendor Cost Code Selection Sheet (Select the cost codes you perform)
6. Vendor Business Tax License
7. Vendor DBPR Licenses (if applicable)

We value our relationships with our Subcontractors and understand that without you, our company would not be in business. As soon as this information is received, we will forward a Master Subcontract Agreement to you for review and signature.

Sincerely,

The RB Marks Construction Team

## Vendor Contact Information Sheet

This request is being sent to you in order to establish you as a Vendor or to update your records. This is RB Marks efforts to provide you with better communication while working together to accomplish a successful project.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

### **Who signs Master Service Agreement (Provide Proof of Authorized Signatories):**

Name / Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Who Signs Task Orders / Change Orders / Purchase Orders:**

Name / Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Who do we contact for Closeout Documentation/ Warranty & Guarantee / O&M and Safety Manuals:**

Name / Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Contact for Pay Applications / Lien Waivers:**

Name / Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Emergency Contact (After Hours):**

Name / Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

# Sample Workers Comp / GL Insurance Requirements



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

<b>PRODUCER</b>  SAMPLE	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  SAMPLE 123 Anywhere Street Anywhere, Anystate 00000-0000	INSURER A: SAMPLE	
	INSURER B: SAMPLE	
	INSURER C: SAMPLE	
	INSURER D: SAMPLE	
	INSURER E: SAMPLE	

### COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	POLICY #	00/00/0000	00/00/0000	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000				
	MED EXP (Any one person) \$ 5,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
	GENERAL AGGREGATE \$ 2,000,000				
	PRODUCTS - COMP/OP AGG \$ 2,000,000				
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	POLICY #	00/00/0000	00/00/0000	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$				
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE (Per accident) \$				
	AUTO ONLY - EA ACCIDENT \$				
	OTHER THAN EA ACC \$				
	AUTO ONLY: AGG \$				
C	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$	POLICY #	00/00/0000	00/00/0000	EACH OCCURRENCE \$ 2,000,000
	AGGREGATE \$ 2,000,000				
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	POLICY #	00/00/0000	00/00/0000	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	E.L. EACH ACCIDENT \$ 500,000				
	E.L. DISEASE - EA EMPLOYEE \$ 500,000				
	E.L. DISEASE - POLICY LIMIT \$ 500,000				
<b>OTHER</b> Installation Floater					To the limit of the Contract

APPLIES TO MEP SUBS ONLY

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Re: All projects. RB Marks Construction, Inc. is Additional Insured for Ongoing & Completed Operations with regard to General Liability & Auto Liability. Insurance is Primary & Non-Contributory. Waiver of Subrogation in favor of RB Marks Construction, Inc. with regard to General Liability Auto Liability & Workers Compensation.

### CERTIFICATE HOLDER

### CANCELLATION

RB Marks Construction, Inc  
 125 Excelsior Pkwy Ste 101  
 Winter Springs, FL 32708

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

# Vendor Cost Code Selection Sheet

**RB Marks Construction, Inc**

Please select which cost codes your company performs.

Select this Check box to Clear Form

Check	ID	Cost Code Name	Check	ID	Cost Code Name
	00-10 30	Design Architecture		07-42 93	Soffit Panels
	01-52 13	Field Offices and Sheds		07-53 00	Membrane Roofing
	01-52 19	Sanitary Facilities		07-71 23	Manufactured Gutters and Downspouts
	01-54 00	Rental Equipment		07-81 16	Cementitious Fireproofing
	01-54 10	Misc Expenses		08-10 00	Doors and Frames
	01-54 13	Temporary Elevators		08-33 23	Overhead Coiling Doors
	01-54 16	Temporary Hoists/Crane		08-35 13	Accordion Folding Doors
	01-54 23	Temp Scaffolding and Platforms		08-41 26	Storefronts and Curtainwall
	01-55 26	Traffic Control		08-50 00	Single Hung Windows
	01-56 00	Temporary Barriers and Enclosures		09-21 16	Gypsum Board Assemblies
	01-57 23	Temporary Storm Water Pollution Control		09-24 00	Portland Cement Plastering
	01-58 13	Temporary Project Signage		09-51 13	Acoustical Panel Ceilings
	01-71 23	Construction Surveying		09-60 00	Flooring Treatments
	01-74 13	Progress Cleaning		09-72 00	Wall Coverings
	01-74 19	Construction Waste Management and Disposal		09-90 00	Painting and Coatings
	01-74 23	Final Cleaning		09-90 10	Epoxy Floor Coatings
	01-78 00	Closeout Submittals		09-90 20	Polished Concrete Flooring
	01-78 13	Completion and Correction List		10-10 00	Appliances
	01-78 33	Bonds		10-14 00	Signage
	01-78 36	Warranties		10-26 23	FRP Wall Covering
	02-41 13	Selective Demolition - Site		10-28 13	Commercial Toilet Accessories/Partitions
	03-00 00	Concrete		10-30 00	Fireplaces
	03-15 21	Termite Barrier		10-44 43	Fire Extinguishers
	03-30 00	Cast-in-Place Concrete		10-73 13	Awnings
	03-40 00	Precast Concrete		11-06 40	Foodservice Equipment Schedule
	03-45 00	Precast Architectural Concrete		11-13 19	Loading Dock Levelers
	03-47 13	Tilt-Up Concrete		11-44 00	Food Cooking Equipment
	03-82 13	Concrete Core Drilling		11-50 10	Site Specialties/EQ
	04-00 00	Masonry		11-68 13	Playground Equipment
	04-21 13	Brick Masonry		12-06 40	Owner FFE
	04-22 00	Concrete Unit Masonry		12-20 00	Window Treatments
	04-22 23	Architectural Concrete Unit Masonry		13-34 19	Metal Building Systems
	04-43 00	Stone Masonry		14-20 00	Elevators
	05-00 00	Metals		21-00 00	Fire Suppression
	05-12 23	Structural Steel		22-00 00	Plumbing Systems
	05-44 00	Cold-Formed Metal Trusses		22-50 00	Pools and Fountains
	05-50 00	Metal Fabrications		23-00 00	HVAC Systems
	05-70 00	Decorative Metal		23-38 13	Commercial-Kitchen Hoods
	06-00 00	Wood, Plastics and Composites - Materials		26-00 00	Electrical Systems
	06-05 05	Selective Demolition - Interior		26-20 00	Low-Voltage Electrical Distribution
	06-10 00	Rough Carpentry		26-41 13	Lightning Protection for Buildings
	06-17 53	Pre-engineered Wood Trusses		28-46 00	Fire Detection and Alarm
	06-20 23	Interior Finish Carpentry		31-10 00	Complete Sitework
	06-22 00	Millwork		31-35 23	Concrete Sidewalks
	06-41 16	Cabinetry/Counter Tops		32-14 13	Concrete Pavers
	06-83 16	Fiberglass Reinforced Paneling		32-30 00	Fences and Gates
	07-10 00	Dampproofing and Waterproofing		32-84 00	Planting Irrigation
	07-21 00	Thermal Insulation		32-93 00	Plants - Landscaping
	07-21 29	Sprayed Insulation		33-10 00	Water Utilities
	07-24 00	Exterior Insulation and Finish Systems		33-11 13	Water Supply Wells
	07-30 00	Shingle Roofing		33-34 13	Septic Tanks/Grease Traps