

Paul J. Sierra Construction, Inc. Sierra Construction & Restoration, Inc. 912 West Martin Luther King Boulevard Tampa, Florida 33603 813.228.6661-Hillsborough 727.442.6040-Pinellas 800.409.5897-Toll-free 813.223.5328-Fax www.sierraconstruction.com

State Certified General Contractor License #CGC002980

Dear Potential Subcontractor/Vendor:

W-9 Form.

We thank you for your interest in wanting to build a positive, mutually beneficial relationship with Paul J. Sierra Construction, Inc. In order to begin working with you, we do have certain requirements we need to verify that you meet as listed below:

Completed and signed Subcontractor set-up sheet.

Current general liability insurance. . . . . . listing Certificate Holders\*\* as additional insured FOR EACH PAUL J. SIERRA CONSTRUCTION, INC. & SIERRA CONSTRUCTION & RESTORATION, INC. (2 Certificates)

Current workers compensation insurance... listing Certificate Holders
FOR EACH PAUL J. SIERRA CONSTRUCTION, INC. & SIERRA CONSTRUCTION & RESTORATION, INC. (2 Certificates)

Copy of current Occupational and / or contractor's license. 2022-2023

Current automobile insurance.

Current professional liability insurance.

You will find our required insurance minimums listed on the Subcontractor set-up sheet.

\*\*Please request a certificate from your insurance agent <u>for each</u> Paul J. Sierra Construction, Inc. <u>and</u> Sierra Construction & Restoration, Inc. The Certificate holder <u>must be for each</u> Paul J. Sierra Construction, Inc. <u>and</u> Sierra Construction & Restoration, Inc. <u>Please see samples attached.</u>

Please return all the above complete information to our office at your earliest convenience. We look forward to doing business with you. If you have any questions, feel free to call.

Thank you,

X

Accounting Department

# Paul J. Sierra Construction, Inc. and Sierra Construction & Restoration, Inc. Subcontractor/Vendor Information and Requirements

	return this	s information	to:**				
Date:	Тур	Type of service(s) performed:					
Name of Subcontract	or:						
DBA name:							
*Contractor license #	:	Occupational license #:					
	**	****COPY OF LICEN	SES MUST BE ATTACHED*******				
Name of owner:		Contact name:					
Mailing address:							
5							
Street address:							
Telephone #:	( )		Fax # ( )				
E-mail address:			Website:				
Incorporated:	Yes 🗌	No 🗌	Corporation: S C C LC LCC				
W-9 form attached:	Yes 🗌	No 🗌	Federal ID #:				
250//255 //200							
REQUIRED INSURANCE	E INFORMA	TION:	V== = = = = = = = = = = = = = = = = = =				
SHOULD THE FOLLOWING IT	PES OF COVER	AGES AND SPECIA	XED DIRECTLY FROM YOUR INSURANCE COMPANY TO OUR OFFICE L PROVISIONS, <u>BEFORE</u> ANY PAYMENTS WILL BE PROCESSED:				
manuatory items if checked							
☑ *GENERAL LIABILITY: Certificate holders* must be named as additional insured. Minimum coverage for general aggregate and products/comp op of \$1,000,000.00. Minimum coverage for General personal and adv injury, each							
occurrence \$1,000,000.00.	inp op or <b>\$1,0</b>	00,000.00. WIIIIII	num coverage for General personal and adv injury, each				
★WORKERS COMPENSATION: NO EXEMPTIONS ALLOWED! Minimum coverage for each accident and each							
employee is \$100,000.00. Minimum coverage for disease policy limit is \$500,000,00							
AUTOMOBILE: Minimum coverage \$1,000,000.00							
*PROFESSIONAL LIABILITY: Errors and omissions. Must show proof of coverage.  EXCESSIVE LIABILITY/UMBRELLA: Minimum coverage \$ 1m							
HAZADD WASTE CON	/UMBRELLA	: Minimum cover	age \$ 1m				
LINEARD WASIE/ CON	ITRACIORS	PULLUTION: M	nimum coverage (when applicable) \$ 1m				

\*Certificate holders must be BOTH Paul J. Sierra Construction, Inc. AND Sierra Construction & Restoration, Inc.

### **PAYMENT INFORMATION:**

- Subcontractor will be required to sign the standard state Release of Lien issued by Paul J. Sierra Construction, Inc. / Sierra Construction & Restoration, Inc.
- If all required information is current and complete, all Invoices will be paid on the 15<sup>th</sup> and 30<sup>th</sup>/31<sup>st</sup> of every month, 30 days from invoice date, unless contract states "Pay when Paid". Pay when Paid will be paid within 15 days of GC Draw payment on the next scheduled check run.
- Due to overwhelming traffic in our main office, we will mail all checks no later than the 15<sup>th</sup> and 30<sup>th</sup>/31<sup>st</sup>. The exception will be if that date falls on a holiday or weekend. Vendors picking up checks will be limited to those needing to deliver needed paperwork such as lien releases. Pickups will be between 2:30pm and 4:30pm only.

#### GENERAL INFORMATION:

• To the fullest extent permitted by law, the Subcontractor shall indemnify and hold harmless Contractor and its agents and employees from and against any and all claims, damages, losses and expenses, including but not limited to attorney's fees, in any way arising out of or resulting in whole or in part from performance or nonperformance of the Subcontractor's Work under this Agreement, or from the performance or nonperformance of Subcontractor's agents, subcontractors, or employees, regardless of whether such claims, damages, losses, or expenses are the result of the negligence of Subcontractor or its contractors, subcontractors, sub-subcontractors, materialmen, or agents of any tier

## Paul J. Sierra Construction, Inc. and Sierra Construction & Restoration, Inc. Subcontractor/Vendor Information and Requirements Page -2-

or their respective employees. This indemnity and hold harmless shall also extend to any such claims, damages, losses, or expenses caused in part by any act, omission, or default of Contractor, excepting only claims of, or damages resulting from, the gross negligence, or willful, wanton or intentional misconduct of Contractor or its officers, directors, agents or employees, or for statutory violation or punitive damages, except and to the extent the statutory violation or punitive damages are caused by or result from the acts or omissions of Subcontractor or any of Subcontractor's contractors, subcontractors, materialmen, or agents of any tier or their respective employees.

- The Subcontractor is an independent contractor and is not an employee, servant, agent, partner or joint venture of Contractor. Contractor is not responsible for withholding, and shall not withhold, FICA or taxes of any kind from any payments which it owes the Subcontractor. Neither the Subcontractor nor its employees shall be entitled to receive any benefits which employees of Contractor are entitled to receive, and shall not be entitled to workers' compensation, unemployment compensation, medical insurance, life insurance, paid vacations, paid holidays, pension, profit sharing, or Social Security on account of their work.
- The Subcontractor shall perform the work at its own risk, and assumes all responsibility for the condition of tools, equipment, material, and job site.

I have read and understand the conditions outlined above. Default on my part in the above conditions may result in backcharges for insurance coverage through Paul J. Sierra Construction, Inc. / Sierra Construction & Restoration, Inc. or loss of subcontract.

Signature:	Date:	
Printed Name:		
OFFICE USE ONLY:		
Submitted by:	Cost Code Division (1-16):	
Subcontract package completed and processed by:	Date:	

(Rev. October 2018) Department of the Treasury

### Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

HILCHICA	Tieveriae del vice								
	1 Name (as shown on your income tax return). Name is required on this line; do	o not leave this line blank.							
	2 Business name/disregarded entity name, if different from above								
page 3.									
	Check appropriate box for federal tax classification of the person whose name following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
ns on	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member ☐ C	☐ Partnership l	rship Trust/estate Exempt payee code (if any)						
\$ <del>\$</del>	Limited liability company. Enter the tax classification (C=C corporation, S=	=S corporation, P=Partnersh	ip) ▶						
Print or type. Specific Instructions on	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax put is disregarded from the owner should check the appropriate box for the tax put.	n of the single-member own om the owner unless the own urposes. Otherwise, a single-	Exemption from FATCA reporting code (if any)						
ij.	Other (see instructions)		(Applies to accounts maintained outside the U.S.)						
g	5 Address (number, street, and apt. or suite no.) See instructions.	R	Requester's name a	and address	(optional)				
See									
S	6 City, state, and ZIP code								
	7 List account number(s) here (optional)								
Par	Taxpayer Identification Number (TIN)								
Enterv	your TIN in the appropriate box. The TIN provided must match the name	ne given on line 1 to avoid	·	urity numb	er				
backu	p withholding. For individuals, this is generally your social security nur	nber (SSN). However, for	$\sqcap$ $_{\square}$						
reside entitie:	nt alien, sole proprietor, or disregarded entity, see the instructions for I s, it is your employer identification number (EIN). If you do not have a r	ranti, later. For other number, see <i>How to get a</i>	a	┛┇					
TIN, la		,	or						
Note:	If the account is in more than one name, see the instructions for line 1.	. Also see What Name an	d Employer	identification	on number				
Number To Give the Requester for guidelines on whose number to enter.			_						
Part									
	penalties of perjury, I certify that:								
2. I am Sen	number shown on this form is my correct taxpayer identification number not subject to backup withholding because: (a) I am exempt from backing (IRS) that I am subject to backup withholding as a result of a failuring result to backup withholding; and	ckup withholding, or (b) [	have not been n	otified by t	he Interna	Reve	enue at I am		
	a U.S. citizen or other U.S. person (defined below); and								
	FATCA code(s) entered on this form (if any) indicating that I am exemp	ot from FATCA reporting	is correct.						
Certific you ha	cation instructions. You must cross out item 2 above if you have been no ve failed to report all interest and dividends on your tax return. For real est ition or abandonment of secured property, cancellation of debt, contribute han interest and dividends, you are not required to sign the certification, b	otified by the IRS that you a tate transactions, item 2 de ons to an individual retirem	are currently subj oes not apply. Fo nent arrangement	r mortgage : (IRA), and	interest pa generally.	aid, payme	ents		
Sign Here	Signature of U.S. person ▶	Date▶							
Ger	neral Instructions	• Form 1099-DIV (dividends)	lends, including	those from	stocks o	mutu	al		
Section references are to the Internal Revenue Code unless otherwise noted.		<ul> <li>Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> </ul>							
<b>Future developments.</b> 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.		<ul> <li>Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li> </ul>							
		Form 1099-S (proceeds from real estate transactions)							
Purpose of Form		Form 1099-K (merchant card and third party network transactions)							
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		<ul> <li>Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li> </ul>							
		• 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.							
retums	s include, but are not limited to, the following. n 1099-INT (interest earned or paid)	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.

• Form 1099-INT (interest earned or paid)

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- . An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
  - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

#### **Backup Withholding**

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester,
- You do not certify your TIN when required (see the instructions for Part II for details),
  - 3. The IRS tells the requester that you furnished an incorrect TIN,
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

#### What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code, later, and the Instructions for the Requester of Form W-9 for more information.

#### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

#### **Penalties**

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 pen

### -SAMPLE-

ACORD CERTIFICATE OF LIABILITY INSURANCE						DATE	
YOUR INSURANCE AGENT'S INFORMATION			THIS CERTIFICATE 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 BT THE POLICIES BELOW.				
(NAME, ADDRESS, PHONE & FAX NUMBERS)				INSURERS AFFORDING COVERAGE			
INSURED			INSURER A: YC	UR INSURA	NCE COMPANY		
			INSURER B:				
	OUR COMPANY'S INFOR		INSURER C				
] (	NAME, ADDRESS, PHONE & F	AX NUMBERS)	INSURER D:				
			INSURER E:	INSURER E:			
COVER							
ANY RI	DLICIES OF INSURANCE LISTED BELOW HAY EQUIREMENT, TERM OR CONDITION OF AN ERTAIN, THE INSURANCE AFFORDED BY TH ES. AGGREGATE LIMITS SHOWN MAY HAVE	Y CONTRACT OR OTHER DOCUMENT WITH IE POLICIES DESCRIBED HEREIN IS SUBJE I BEEN REDUCED BY PAID CLAIMS.	TRESPECT TO WHICH CT TO ALL THE TERM	HTHIS CERTIFICATE I AS, EXCLUSIONS AND	CONDITIONS OF SUCH		
HSR ADD		POLICY NUMBER	POLICY EFFECTIVE DATE (MWDD/YY)	POLICY EXPIRATION DATE (MM/OD/YY)	CAU		
T REST	GENERAL LIABILITY				EACH OCCURRENCE	\$ 1,000,000.00	
	COMMERCIAL GENERAL LIABILITY				PREMISES (Ea occurence)	\$	
	CLAIMS MADE OCCUR	ALL POLICY NUMBERS,	DATES OF C	OVERAGE	MED EXP (Any one person)	\$	
		AND COVERAGE AMOU			PERSONAL & ADV INJURY	\$ 1,000,000.00	
}		1		!	GENERAL AGGREGATE	<b>\$</b> 1,000,000.00	
	GENL AGGREGATE LIMIT APPLIES PER:	j			PRODUCTS - COMP/OP AGG	<i>\$ 1,000,000.00</i>	
	POLICY PRO- LOC AUTOMOBILE LIABILITY				COMBINEO SINGLE LIMIT	\$ 1,000,000.00	
	ANY AUTO ALL OWNED AUTOS				BODILY INJURY (Per person)	\$	
	SCHEDULED AUTOS HIRED AUTOS	ALL POLICY NUMBERS, AND COVERAGE AMOU			BODILY INJURY (Per eccident)	ş	
	NON-OWNED AUTOS				PROPERTY DAMAGE (Per socident)	\$	
					AUTO ONLY - EA ACCIDENT	3	
	GARAGE LIABILITY	ALL POLICY NUMBERS,			EA 400	\$	
	MANY AUTO	AND COVERAGE AMOU	NTS MUST B	E LISTED.	AUTO ONLY: AGG	\$	
	EXCESSIUMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE	414 004 1014 1114 1110	DATEC OF C	-01/ED 4.0E	AGGREGATE	3	
	TOCON TOCHNOLOGIC	ALL POLICY NUMBERS,				\$	
	DEDUCTIBLE	AND COVERAGE AMOU	NIS MUST B	E LISTED.		\$	
	<b>├</b> ── <b>│</b>	1				\$	
11101	KERS COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER		
EMP	LOYERS' LIABILITY	ALL POLICY NUMBERS,	DATES OF C	OVERAGE	E.L. EACH ACCIDENT	· 100,000.00	
ANY OFFI	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	AND COVERAGE AMOU			E.L. DISEASE - EA EMPLOYEE		
	describe under HAL PROVISIONS below	/ 110 00/2/0102/11/00/	1		EL DISEASE - POLICY LIMIT	\$ 500,000.00	
ОТН							
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			ļ				
	ON OF OPERATIONS / LOCATIONS / VEHICL						
CE	RTIFICATE #1 PAUL J. SI	IERRA CONSTRUCTION,	. INC. IS NA	MED AS AD	DITIONAL INSUR	ED WITH	
REGARD TO GENERAL LIABILITY.							
CERTIFICATE #2 SIERRA CONSTRUCTION & RESTORATION, INC. IS NAMED AS ADDITIONAL							
INSURED WITH REGARD TO GENERAL LIABILITY.							
CERTIFICATE HOLDER			CANCELLATION				
					EO POLICIES BE CANCELLED I		
CERTIFICATE #1 PAUL J. SIERRA CONSTRUCTION, INC. 912 WEST DR. MARTIN LUTHER KING JR. BOULEVARD TAMPA EL 23603			DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRUTTEN				
			NOTICE TO THE C	ilure to do so shall			
TAMPA, FL 33603			impose no obligation or liability of any kind upon the insurer, its agents or				
CERTIFICATE #2 SIERRA CONSTRUCTION & RESTORATION, INC.			REPRESENTATIVES.				
912 WEST DR. MARTIN LUTHER KING JR. BOULEVARD			AUTHORIZED REPRESENTATIVE				
TAMPA, FL 33603			YOUR INSURANCE AGENT'S SIGNATURE				