



# SUBCONTRACTOR/VENDOR PROFILE

100809

Agreements awarded will be negotiated in accordance with Section 725.06, Florida Statutes.

**Fax the completed form to (866) 669-0889 or e-mail to [Purchasing@welbro.com](mailto:Purchasing@welbro.com)**

COMPANY INFORMATION (Type or Print Clearly-complete in the line above the requested information)				
↑ Legal Organization Name (this must match your corporate records, should an agreement be written)			↑ Federal ID Number	
↑ Fictitious name this company is doing business as (dba), (if applicable)				
↑ Address (If different for contracts, pymnts, corresp, etc, list separately)		↑ City	↑ State	↑ Zip Code
↑ Mailing Address (If different for contracts, pymnts, corresp, etc, list separately)		↑ City	↑ State	↑ Zip Code
↑ Phone Number	↑ Fax Number	↑ Website Address		
↑ Type of Firm (Corp, LLC, etc)	↑ State Founded/Inc.	↑ Yr Founded	↑ Total # of Employees = Office + Field	
↑ Other Affiliated Companies/Parent Company				

CONTACT INFORMATION (Valid Nextel ID #'s & e-mail addresses are preferable, especially for the estimating contact)		
↑ President Contact Name	↑ Cell Phone Number / Nextel ID#	↑ E-Mail Address
↑ Insurance Contact Name	↑ Cell Phone Number / Nextel ID#	↑ E-Mail Address
↑ Operations Contact Name/Title	↑ Cell Phone Number / Nextel ID#	↑ E-Mail Address
↑ Estimating Contact Name/Title	↑ Cell Phone Number / Nextel ID#	↑ E-Mail Address (bid invitations are sent via email)
↑ Accounting Contact Name/Title	↑ Cell Phone Number / Nextel ID #	↑ E-Mail Address
↑ Safety Contact Name/Title	↑ Cell Phone Number / Nextel ID#	↑ E-Mail Address

## OPERATIONS

Region of Operations:

Federal Work

Tennessee

Chattanooga area

Kingsport area

Knoxville area

TN Cert. of Registration No. – for sales and use tax (attach copy): \_\_\_\_\_

Tennessee Dept. of Revenue Guide: <http://www.tennessee.gov/revenue/taxguides/salesuse2008.pdf>

Florida

Central

East Coast

Panhandle

South

West Coast

FL Cert. of Registration No. – for sales and use tax (attach copy): \_\_\_\_\_

Florida Dept. of Revenue Guide: <http://dor.myflorida.com/dor/forms/2008/gt300015.pdf>

North Carolina

Raleigh

NC Cert. of Registration No. – for sales and use tax (attach copy): \_\_\_\_\_

North Carolina Dept. of Revenue Guide: <http://www.dornc.com/taxes/sales/who.html>

Other States

(list separately) \_\_\_\_\_

**NOTE:** To insure you receive e-mail notifications from our on-line bidding system please add the following sites to your spam filter to allow incoming messages from WELBRO: \*.welbro.com, \*autodesk.com, \*.constructware.com

2301 Maitland Center Parkway ♦ Suite 250 ♦ Maitland, Florida 32751 ♦ Phone (407)475-0800 ♦ Fax (866)669-0889

**Give a Detailed Description of Work:** *(can be attached)*

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**Relationship Type:**     Subcontractor *(includes jobsite labor)*     Vendor *(no labor provided)*

**Minority Status**

State, County, City, and Third-Party Program Certifications <i>(attach proof of all certifications)</i>					
<input type="checkbox"/>	DBE	Disadvantaged Business Enterprise	<input type="checkbox"/>	SBE	Small Business Enterprise
<input type="checkbox"/>	DVBE	Disabled Veterans Business Enterprise	<input type="checkbox"/>	WBE	Woman Business Enterprise
<input type="checkbox"/>	MBE	Minority Business Enterprise	<input type="checkbox"/>	Other	_____

Federal Program Certifications <i>(must be registered in the CCR/Pro-Net system, www.ccr.gov)</i>							
<input type="checkbox"/>	HBCU/MI	Historically Black Colleges Universities/Minority Institutions			<input type="checkbox"/>	VOSB	Veteran Owned Small Business
<input type="checkbox"/>	HUBZone	Historically Underutilized Business Zone			<input type="checkbox"/>	WOSB	Women Owned Small Business
<input type="checkbox"/>	SB	Small Business			<input type="checkbox"/>	NAB	Native American Business
<input type="checkbox"/>	SBA 8(a)	Small Business Administration 8(a)			<input type="checkbox"/>	ANC	Alaska Native Corporation
<input type="checkbox"/>	SDB	Small Disadvantaged Business			<input type="checkbox"/>	NHO	Native Hawaiian Organization
<input type="checkbox"/>	SDVOSB	Service Disabled Veteran Owned Small Business					

I hereby represent that the information furnished in this Subcontractor/Vendor Profile is true and complete to the best of my knowledge. I understand that any incorrect, incomplete, or false statements or information furnished by me may void this application.

Date Profile Completed: \_\_\_\_\_

Signature of person completing profile: \_\_\_\_\_

Printed Name / Title of person completing profile: \_\_\_\_\_

Email Address of person completing profile: \_\_\_\_\_

**WELBRO's Comments:** *(for office use only)*

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CSI Codes: \_\_\_\_\_

\$ \_\_\_\_\_  
*(not to exceed)*

## Request for Taxpayer Identification Number and Certification

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 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).

**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 on page 4.

**Sign Here**

Signature of  
U.S. person ▶

Date ▶

## General Instructions

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

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

**Note.** If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

**SUBCONTRACTOR ONLY PAGE** *(Provide information requested on this page only if you are a subcontractor)*

State Contractor's Licenses (**attach proof for all licenses**)

State: _____	License No.: _____	Expiration: _____
State: _____	License No.: _____	Expiration: _____
State: _____	License No.: _____	Expiration: _____

Labor Agreements  Yes *(list separately)*  No

Leased Employees  Yes  No

Workers Compensation Modifier: \_\_\_\_\_ **NOTE:** WELBRO has very specific insurance requirements. All submitted bids must include the cost of meeting these requirements (**see page 6**)

Drug-Free Workplace Policy Letter **NOTE:** WELBRO is a drug free workplace and therefore requires evidence of an established drug free workplace policy that conforms to the requirements listed in state and federal statutes and regulations including proper written notice to employees and applicants from all subcontractors prior to contract execution. Please include the LETTER OF CERTIFICATION OF DRUG FREE WORKPLACE when returning this completed profile.  
**See pages 5 for instructions**

**REFERENCES** *(Provide 3 major supplier trade references)*

↓ Company Name	↓ Contact Name	↓ Phone	↓ Fax	↓ Email

**PROJECT EXPERIENCE** *(Provide info. on all active/incomplete projects and also those completed in the last 12 months, can attach separately)*

↓ Current Projects Name/Location	↓ Contractor	↓ Contractor Contact	↓ Value	↓ %Complete	↓ Owner
↓ Past Projects Name/Location	↓ Contractor	↓ Contractor Contact	↓ Value	↓ Date Complete	↓ Owner

**WORK CAPACITY**

\$ _____	\$ _____	\$ _____
↑ Annual Volume - Prior Year	↑ Annual Volume - 2 Years Prior	↑ Annual Volume - 3 Years Prior
\$ _____	\$ _____	\$ _____
↑ Bonding Capacity - Total	↑ Bonding Capacity – Per Project	↑ Bonding Capacity - Available
↑ Surety Company Name/Phone/Fax		↑ Bonding Agent Name/Phone/Fax/Email

**DRUG-FREE WORKPLACE POLICY INSTRUCTIONS**

As part of our sincere interest in providing a safe workplace, WELBRO Building Corporation is committed to a Drug Free Workplace and requires all subcontractors to have a formal written Drug Free Workplace Policy that conforms to the statutes and regulations of every state in which you perform work with us and the federal regulations for any federal work you perform with us.

Please provide a letter **on your company letterhead** stating the following (*use the language in the sample below*). The letter must be signed by a corporate officer and properly notarized.



**LETTER OF CERTIFICATION OF DRUG FREE WORKPLACE**

Our company has a written Drug Free Workplace Policy that conforms to the requirements listed in the statutes and regulations of every state in which we perform work with WELBRO and the federal regulations for any federal work we perform with WELBRO including proper written notice to employees and applicants.

By signing below, INSERT COMPANY NAME states that our policy contains provisions for pre-employment testing, testing for cause, and testing after an accident involving an injury and that our company shall provide supporting documentation of the policy if requested.

\_\_\_\_\_  
Corporate Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title

State of \_\_\_\_\_

County of \_\_\_\_\_

Before me the undersigned, a Notary Public in and for the State of \_\_\_\_\_, personally appeared \_\_\_\_\_, and acknowledged his/her execution of the foregoing this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**SEAL:**

Personally Known  OR Produced Identification

Type of Identification Produced: \_\_\_\_\_

**SUBCONTRACT AGREEMENT INSURANCE COVERAGE REQUIREMENTS**

**WELBRO Building Corporation**

041207.082206

*\*For informational purposes only; keep for your records. All bids submitted must include the cost of these coverages.\**

**DESCRIPTION OF REQUIREMENTS**

In accordance with the Agreement, provide Certificates of Insurance, prior to starting the work, for the following types of insurance and limits meeting requirements 1 through 7:

1. Contractor and Owner shall be declared as additional insured.
2. Insurance Coverages shall be maintained through the expiration of the warranty period.
3. A waiver of subrogation naming Contractor and Owner must be allowed by endorsement or otherwise.
4. Insurance Carrier’s rating shall be rated A minus (A-) or higher (*Best’s Rating*) and VI (6) or higher (*Financial Performance Rating*) by A.M. Best.
5. The Certificate of Insurance must state that the carrier is responsible for notifying Contractor and Owner, in writing, a minimum of thirty (30) days in advance of any lapse in or termination of coverage.
6. The Certificate of Insurance must include both of the following statements in the Description section:  
“Policies shall not contain an exclusion limiting or removing liability arising out of residential construction.”  
“Policies are primary and non-contributory for all claims arising from Insured’s Work.”

**REQUIREMENT FOR EIFS (SYNTHETIC STUCCO) SUBCONTRACTORS ONLY**

7. The Certificate of Insurance must include the following statement in the Description section:  
“Policies shall not contain an exclusion limiting or removing liability arising out of damages caused by synthetic stucco or EIFS.”

**REQUIREMENT FOR SITE AND DEMOLITION SUBCONTRACTORS ONLY**

8. The General Liability policy must include explosion, collapse, and underground property damage liability (XCU) coverage.

**LIMIT REQUIREMENTS AND EXAMPLE INSURANCE CERTIFICATE**

TYPE OF INSURANCE	LIMITS
General Liability (occurrence basis)	General Aggregate \$2,000,000.00
<input checked="" type="checkbox"/> XCU – (see #8 above)	Products Completed Operations \$2,000,000.00
	Personal and Advertising Injury \$1,000,000.00
	Each Occurrence \$1,000,000.00
	Fire Damage \$50,000.00
Automobile Liability (including hired and non-owned autos)	Combined Single Limit \$1,000,000.00
Excess Liability (umbrella)	Each Occurrence \$1,000,000.00
	Aggregate \$1,000,000.00
Workers' Compensation	Statutory
Employers' Liability	Each Accident \$500,000.00
	Disease - Policy Limit \$500,000.00
	Disease - Each Employee \$500,000.00

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

Re: [Job Number] Job Name  
**WELBRO Building Corporation, Owner Name, and others required by Contract** are declared as Additional Insured with respect to the General Liability, Completed Operations, and Umbrella policies.  
 Waiver of Subrogation is included in favor of **WELBRO Building Corporation, Owner Name, and others required by Contract** with respect to the General Liability, Workers Compensation, and Excess Liability policies.  
 Policies shall not contain an exclusion limiting or removing liability arising out of residential construction.  
 Policies are primary and non-contributory for all claims arising from Insured’s Work.  
 Policies shall not contain an exclusion limiting or removing liability arising out of damages caused by Synthetic Stucco or EIFS.

CERTIFICATE HOLDER	CANCELLATION
WELBRO Building Corporation 2301 Maitland Ctr Pkwy Suite 250 Maitland, FL 32751	Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will <del>endeavor to</del> mail 30 days written notice to the certificate holder named to the left. <del>But failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.</del>