



SUBCONTRACTOR/VENDOR PROFILE

032416.111015

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

E-mail the completed form in one .pdf file to purchasing@welbro.com (do not send multiple files or other document types)

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 bus	iness as (dba), (if applicable)								
↑ Address (If different for contracts, pymnts	, corresp, etc, list separately)	↑ City		↑ State	↑ Zi _l	p Code		↑ County	
↑ Mailing Address (If different for contracts, pyr	nnts, corresp, etc, list separately)	↑ City		↑ State	↑ Zi	p Code		↑ County	
↑ Phone Number	↑ Fax Number ↑ Website Address								
↑ Type of Firm (Corp, LLC, etc) ↑ State Founded/Inc.			↑ Yr Fo	=					· Field
↑ Other Affiliated Companies/Parent Compa	ny								
<u>`</u>									
↑ Other Names Your Firm Has Operated Un	der								
CONTACT INFORMATION (Valid 6	e-mail addresses are prefer	able, esp	ecially 1	or the es	timat	ing con	itact)		
↑ President Contact Name	↑ Cell Phone Number ↑ E-Mail Address			S					
↑ Insurance Contact Name (at your company) ↑ Cell Phone Number ↑ E-Mail Address									
↑ Operations Contact Name/Title ↑ Cell Phone Number ↑ E-Mail Address									
↑ Estimating Contact Name/Title ↑ Cell Phone Number ↑ E-Mail Address (bid invitations are sent via email					mail)				
↑ Accounting Contact Name/Title ↑ Cell Phone Number ↑ E-Mail Address									
↑ Safety Contact Name/Title ↑ Cell Phone Number ↑ E-Mail Address									
OPERATIONS (Attach copies of De		ates for a	11			ur com	nanv)		
Region of Operations: Federal Wo			<u></u>			<u></u>	<i></i>		
Tennessee Chattanooga TN Cert. of Registration No. – for use tax (at Tennessee Dept. of Revenue Guide: http://www.ntmarker.com/ntmarker	tach copy):	uides/salesu	Knoxville						
Florida Central Central FL Cert. of Registration No. – for use tax (at Florida Dept. of Revenue Guide: http://dor.rr		_	Sou	th	w	Vest Coa	st		
South Carolina									
SC Cert. of Registration No. – for use tax (at South Carolina Dept. of Revenue Use Tax G		21BA22E-F158-	472F-9B54-	F5A4026BBA2	5/0/2013	3BusinessTa	axGuide.p	odf	

			_			
	ve a Detailed Description of Work: (Bid CSI)	Codes, cai	n be a	tached)		
Tra	ades self-performed:					
	st Type of Work Your Firm Normally Subcon	tracts to S	Secon	d Tier Su	ıbcontractors:	
Tra	ades subcontracted:					
Rela	ationship Type: Subcontractor (includes	iobsite lal	hor)	Ven	dor (<i>no labor provided</i>)	
	Cabcontactor (moracco	jobolio lai	301)		der (ne laber previded)	
Min	ority Status: \square N/A %	of Minority	Owne	rship		
				·		
Sta	ate, County, City, and Third-Party Program Cert	fications (
	DBE Disadvantaged Business Enterprise		SB		Small Business Enterprise	
	DVBE Disabled Veterans Business Enterprise		WE		Woman Business Enterprise	
	MBE Minority Business Enterprise		Oth	er .		
Εn	deral Program Certifications (must be registered	l in the CC	D/Dro	Not syst	tom www.cor.gov)	
ге	HBCU/MI Historically Black Colleges Universities/M			-Nel Sysi	em, www.ccr.gov)	
	HUBZone Historically Underutilized Business Zone	monty msuc	1110115	VOSB	Veteran Owned Small Business	
	SB Small Business			WOSB	Women Owned Small Business	
	SBA 8(a) Small Business Administration 8(a)			NAB	Native American Business	
	SDB Small Disadvantaged Business			ANC	Alaska Native Corporation	
	SDVOSB Service Disabled Veteran Owned Small B	Business		NHO	Native Hawaiian Organization	
				- "		
	reby represent that the information furnished in this S					y knowledge.
unc	derstand that any incorrect, incomplete, or false state	nents or in	iormati	n iumsn	ed by me may void this application.	
Dat	te Profile Completed:					
Du	te i rome completed.	_				
Sig	nature of person completing profile:					
0.9	indicate of percent completing preme.					
Pri	nted Name / Title of person completing profile:					
	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					
Em	nail Address of person completing profile:					
	2					
NOT	E: To insure you receive e-mail notifications from ou	r on-line ap	plication	ns please	e add the following sites to the white	list of your
	n filter to allow incoming messages from WELBRO:					
Re	equired Attachments: (Utilize checklist to ensu	re a comp	<u>lete su</u>	bmission	prior to returning)	
	Subcontractors Return:				Vendors Return:	
	Completed Page 1 of the Profile form		(Completed	Page 1 of the Profile form	
	Completed Page 2 of the Profile form		(Completed	Page 2 of the Profile form	
	Completed Page 3 of the Profile form				Page 3 of the Profile form	
	Completed Page 4 of the Profile form				of Revenue Certs, if applicable	
	Completed Page 5 of the Profile form				nty, or 3 rd Party Minority Certificates, if ap	olicable
				naie, cour	ity, or 3 if arty willionty Certificates, if ap	pilicable
	State Dept of Revenue Tax Certificates, if applicable					
	Drug-Free Workplace Letter (see pg. 6 for instructions)					
	State, County, or 3rd Party Minority Certificates, if applicate	ie				
	State Contractors Licenses, if required for trade		\vdash			
	Current Commercial Project Experience Information					
	Prior 12 Month's Commercial Project Experience Informat					
	Year End Financial Statements (both the balance sheet a	nd				
	income statement) and current month's financials if Y/E is more than 3 months old.					
	Insurance Carrier Workers Compensation EMR Letter					
	Cafety Information for the Least Three Vegra		\vdash			

Form (Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

1	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.						
ณ	2 Business name/disregarded entity name, if different from above						
e ns on page	Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or Corporation S Corporation Partnership single-member LLC	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
真	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners	Exempt payee code (if any)					
Print or type Instruction	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.	exemption from FATCA reporting code (if any)					
돌들	☐ Other (see instructions) ►		(Applies to accounts maintained outside the U.S.)				
See Specific Instructions on	Address (number, street, and apt. or suite no.)	Requester's name	and address (optional)				
See S	City, state, and ZIP code						
7	List account number(s) here (optional)						
Part	Taxpayer Identification Number (TIN)						
backup resident	ur TIN in the appropriate box. The TIN provided must match the name given on line 1 to avwithholding. For individuals, this is generally your social security number (SSN). However, fallien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	ta	curity number				
•		or Employer	ridentification number				
	the account is in more than one name, see the instructions for line 1 and the chart on page so on whose number to enter.	4 for Employer	-				
Part	Certification						
Under p	enalties 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 is	ssued to me); and				
Serv	not subject to backup withholding because: (a) I am exempt from backup withholding, or (b ce (IRS) that I am subject to backup withholding as a result of a failure to report all interest nger subject to backup withholding; and						
3. I am	a U.S. citizen or other U.S. person (defined below); and						
4. The F	ATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	g is correct.					
because interest generall instructi	ation instructions. You must cross out item 2 above if you have been notified by the IRS to you have failed to report all interest and dividends on your tax return. For real estate transpald, acquisition or abandonment of secured property, cancellation of debt, contributions to you payments other than interest and dividends, you are not required to sign the certification, only only on page 3.	actions, item 2 do o an individual ret	es not apply. For mortgage irement arrangement (IRA), and				
Sign Here	Signature of U.S. person ► Da	rte ►					

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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 (TIN), 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? on page 2.

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? on page 2 for further information.

Cat. No. 10231X Form **W-9** (Rev. 12-2014)

Page 4 Subcontractors Only

SUBCONTRACTOR ONLY PAGE	(Provide information red	quested on this page onl	y if you are a subcontractor)	
State Contractor's Licenses (attach proof				
State: License No	:		Expiration:	
State: License No			Expiration:	
State: License No	:		Expiration:	
Labor Agreements Yes (list sepa				
Attach the following information on both a		se completed in the last 1	2 months:	
Project Name, 2.) Project Location, 3 Ontracting Agency Contact Phone Not Name, 9.) Scope of Work Performed.	.) Contracting Agency Co o., 6.) Total Contract Amo	ompany Name (who wrote ount, 7.) Percentage Com	e your contract), 4.) Contracti plete (for active projects only	ing Agency Contact Name,), 8.) Owner Company
↑ Average Project Size	↑ Largest Project Si	ze	↑ Year Largest Project Cor	npleted
↑ Today's Backlog		↑ Backlog from One (1) Voor Ago	
1 Today's Backlog		Backlog Irolli Offe () real Ago	
 Are there any pending or outstanding Has your firm filed any lawsuits or respectively. 	equested arbitration/mo	ediation in the past thr		plain) □ No □ use explain) □ No □
SUPPLIER REFERENCES (Providence of the supplemental of the supple			↓ Fax	↓ Email
V Company Name V Contact Nam	T HOTE		ψ T dλ	V Email
				-
WORK CAPACITY				
			Φ	
\$ S	- Data	\$ ↑ Annual Volume - 3 Years Prior		
	nnual Volume - Prior Year ↑ Annual Volume - 2 Years Prior			s Prior
		D : .	\$ Available	
↑ Bonding Capacity - Total	Bonding Capacity – Per	Project	↑ Bonding Capacity - Avai	lable
* • • • • • • • • • • • • • • • • • • •	1	↑ D	(D) (E (E)	
↑ Surety Company Name/Phone/Fax	↑ Bonding Agent Name	Phone/Fax/Email		
↑ Last Bond Issued Date ↑ Last Bond Amount				
- 200 Dona locada Bato		. Last Bond / infodit		
FINANCIAL STATEMENTS				
Attach Year End Financial Statements (bo end Financial Statement.	oth the balance sheet and	l income statement) and	if over 3 months old, also atta	ich the most current month-

Page 5 Subcontractors Only

Subcontractors only
INSURANCE
WELBRO has very specific insurance requirements. All submitted bids must include the cost of meeting these requirements (see page 7).
<u>Leased Employees</u> Yes No
Workers Compensation Experience Modification Rate: (Attach letter from your insurance carrier for verification.)
SAFETY
Drug-Free Workplace Policy Letter (See pages 6 for instructions) 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, on your letterhead, using the language provided on the next page, executed by a corporate officer, and notarized when returning this completed profile.
1. Does your firm have a written safety program? Yes □ No □
2. Does your firm have new employee orientation? Yes □ No □
3. Does your firm hold site safety meetings for Field Supervisors? Yes □ No □
4. Does your firm hold site safety meetings for Field Employees? Yes □ No □
5. Does your firm hold site safety meetings for New Hires? Yes □ No □
6. Does your firm hold site safety meetings for Subcontractors? Yes □ No □
7. Does your firm conduct project site safety inspections? Yes □ No □
8. Name of the person who conducts the inspections:
9. Do you have a full-time safety representative? Yes □ No □
10. If yes to 9, list the full-time safety representative full name and cell phone no.:
11. Do you have a program recognizing your employees for safety excellence? Yes □ No □
12. How many OSHA citations have you received in the past three (3) years?
13. Describe any OSHA citations received:
 Attach the safety information for the last three (3) years using your OSHA No. 300 Log: Calendar year, 2.) Number of Fatalities, 3.) Number of Lost Work Date Cases, 4.) Number of Restricted Workday Cases, 5.) Number of Medical Attention Cases, 6.) Number of Employee Hours Worked (Excluding Overtime).
QUALITY 1 December 1 September 1 Septembe
1. Does your firm have a written quality manual? Yes □ No □
2 Will you provide a copy if requested 2 Vec D No D

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 <u>on your company letterhead</u> 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 Publ	lic 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:	on 🗖

INSURANCE COVERAGE REQUIREMENTS

* All bids submitted must include the cost of these coverages.

Page 7 Subcontractors Only

Insurance Requirements – in accordance with the insurance articles of the Agreement, procure and maintain the following insurance covages and limits as described below. Provide insurance certificates and endorsements, prior to starting the Work, and meeting all requirements. Certificates without the requisite endorsements are not acceptable to satisfy the requirements. YOU CANNOT COMMENCE OR BE PAID FOR ANY WORK UNTIL YOUR INSURANCE DOCUMENTATION HAS BEEN APPROVED BY CONTRACTOR. Documentation approval does not alter your insurance obligations under this Agreement. It is our desire to require only one certificate per policy period that will provide evidence showing coverage for all operations and meeting all requirements shown below. If all requirements cannot be met we will need to change to a project-specific certificate for every project. In that case, please request a project-specific insurance requirements document from email address shown below.

1.	General Insurance Requirements Location of covered operations provided in the DESCRIPTION OF OPERATIONS: All operations of the insured. Certificate Holder: WELBRO Building Corporation 2301 Maitland Center Pkwy. Suite 250 Maitland, FL 32751 E-mail certificates, endorsements, notices, and correspondence to insurance@welbro.com. The certificate must be dated with the current date and signed by an authorized representative. Show complete carrier name as listed in AM Best P&C Guide and supply the NAIC #. Carriers must have an AM Best rating of A- VI or better. Insurance coverages shall be maintained through the last applicable statute of repose. Endorsements must show the policy number and expiration unless the endorsement no. is referenced on the certificate. The policies must be endorsed to state that the carrier is responsible for notifying us, in writing, a minimum of thirty (30) days in advance of any reduction, lapse in, or termination of insurance coverage. All coverages must cover the Work of Agreements with us. Carriers for all policies must be a licensed insurer in the state of the project.
2.	General Liability Insurance Commercial General Liability (supply copy of policy if other than form CG 00 01) Occurrence Based Each Occurrence Limit: \$1,000,000.00 Fire Damage/Damage to Rented Premises Limit: \$50,000.00 Personal/Advertising Injury Limit: \$1,000,000.00 General Aggregate Limit: \$2,000,000.00 Froducts - Completed Operations Aggregate Limit. \$2,000,000.00 Carrier must be a licensed insurer in the state of the project. In order to confirm coverage is valid for all our projects we must receive a copy of the Forms Page of your policy. If your carrier's Forms Page does not list the names of the endorsements along with the number, please provide us with copies of the endorsements at the same time.
3.	Automobile Liability Insurance Any Auto Combined Single Limit:
4.	Excess / Umbrella Liability Insurance Each Occurrence Limit: \$1,000,000.00 Aggregate Limit: \$1,000,000.00
5.	Workers Compensation and Employer's Liability Insurance □ Workers Compensation
6.	Additional Insured Entities: = All persons or organizations as required by written contract with the Named Insured Provide additional insured coverage for all claims on a primary and noncontributory basis, at no additional cost to Contractor, for the above listed entities. Evidence shall be provided by attachment of policy language or endorsements as listed below. Other endorsements accepted if there is no exclusionary language or limitation beyond the industry standard endorsements shown as required below. Attach endorsement for General Liability - Ongoing Operations. ISO CG 20 10 11 85 or a more current version. Attach endorsement for General Liability - Completed Operations. ISO CG 20 10 11 85 or any version of the ISO CG 20 37. Attach endorsement for Excess Liability Policy (see below for follow-form option). Attach endorsement for Primary and Non-Contributory coverage to the Additional Insureds for all claims arising from Insured's work (both ongoing and completed operations). The CG 00 01 is not noncontributory and this coverage must be added by endorsement. ISO CG 20 01. If the excess liability/umbrella policy is a follow-form policy, evidence of additional insureds can be provided with the following statement added to the DESCRIPTION OF OPERATIONS section of the certificate, "The excess liability policy follows the additional insured and waiver of subrogation endorsements of the underlying general liability policy." Otherwise, attach the endorsements.
7.	Waiver of Subrogation Entities: = All persons or organizations as required by written contract with the Named Insured Provide waiver of subrogation coverage at no additional cost to Contractor as shown above. Evidence shall be provided by attachment of the endorsements. Other endorsements accepted if there is no exclusion or limitation beyond the endorsements shown as required below. ☐ Attach endorsement for General Liability Policy. ISO CG 24 04. ☐ Attach endorsement for Workers Compensation Policy. WC 00 0313. ☐ Attach endorsement for Excess Liability Policy (see above for follow-form option).
8.	Trade Specific Requirements (based upon scope of work) Sitework and Demolition work must show XCU as a covered hazard under the General Liability policy. EIFS/ Stucco work must attach the Declarations & Forms Pages of the general liability policy as evidence of coverage. Surveying, Testing, and Design Services must provide evidence of Professional Liability Insurance coverage with the following limits: Aggregate \$1,000,000.00 Trades with Pollution Liability exposure must provide evidence of coverage. Each Occurrence/Claim \$1,000,000.00 Aggregate \$1,000,000.00 Aggregate \$1,000,000.00 Aggregate \$2,000,000.00 Attach additional insured endorsement. Attach waiver of subrogation endorsement. Attach Declarations and Forms Pages as evidence of coverage.