



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:

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.
- W-9 Form.
- 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. **2020-2021**
- 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 for each Paul J. Sierra Construction, Inc. and Sierra Construction & Restoration, Inc. The Certificate holder must be for each Paul J. Sierra Construction, Inc. and Sierra Construction & Restoration, Inc. *Please see samples attached.***

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,

Accounting Department

**PAUL J. SIERRA CONSTRUCTION, INC. AND SIERRA CONSTRUCTION & RESTORATION, INC.
SUBCONTRACTOR/VENDOR INFORMATION AND REQUIREMENTS**

**Please return this information to: _____ **

Date: _____		Type of service(s) performed: _____	
Name of Subcontractor: _____			
DBA name: _____			
*Contractor license #: _____		Occupational license #: _____	
*****COPY OF LICENSES MUST BE ATTACHED*****			
Name of owner: _____		Contact name: _____	
Mailing address: _____			
Street address: _____			
Telephone #: () _____	Fax # () _____		
E-mail address: _____		Website: _____	
Incorporated: Yes <input type="checkbox"/> No <input type="checkbox"/>	Corporation: S <input type="checkbox"/> C <input type="checkbox"/> LC <input type="checkbox"/> LCC <input type="checkbox"/>		
W-9 form attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	Federal ID #: _____		

REQUIRED INSURANCE INFORMATION:

CERTIFICATE OF INSURANCE MUST BE MAILED, EMAILED, OR FAXED DIRECTLY FROM YOUR INSURANCE COMPANY TO OUR OFFICE SHOWING THE FOLLOWING TYPES OF COVERAGES AND SPECIAL PROVISIONS, BEFORE ANY PAYMENTS WILL BE PROCESSED:

*Mandatory 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.
- *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
- HAZARD WASTE/ CONTRACTORS POLLUTION:** Minimum 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 10th, 20th and 30th/31st 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 10th, 20th and 30th/31st. 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 3pm and 5pm 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

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, sub-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: _____

Request for Taxpayer Identification Number and Certification

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

▶ Go to 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 one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: 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 not 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.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 85%; border: 1px solid black; height: 20px;"></td> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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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.

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.

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.

-SAMPLE-

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE
PRODUCER YOUR INSURANCE AGENT'S INFORMATION (NAME, ADDRESS, PHONE & FAX NUMBERS)	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 BY THE POLICIES BELOW.	
INSURED YOUR COMPANY'S INFORMATION (NAME, ADDRESS, PHONE & FAX NUMBERS)	INSURERS AFFORDING COVERAGE INSURER A: YOUR INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

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.

NSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS (MINIMUM)		
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG	ALL POLICY NUMBERS, DATES OF COVERAGE AND COVERAGE AMOUNTS MUST BE LISTED.			EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 1,000,000.00 PRODUCTS - COMPIOP AGG \$ 1,000,000.00		
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		ALL POLICY NUMBERS, DATES OF COVERAGE AND COVERAGE AMOUNTS MUST BE LISTED.			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO			ALL POLICY NUMBERS, DATES OF COVERAGE AND COVERAGE AMOUNTS MUST BE LISTED.			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				ALL POLICY NUMBERS, DATES OF COVERAGE AND COVERAGE AMOUNTS MUST BE LISTED.		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	ALL POLICY NUMBERS, DATES OF COVERAGE AND COVERAGE AMOUNTS MUST BE LISTED.					
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 CERTIFICATE #1 PAUL J. SIERRA CONSTRUCTION, INC. IS NAMED AS ADDITIONAL INSURED WITH REGARD TO GENERAL LIABILITY.
 CERTIFICATE #2 SIERRA CONSTRUCTION & RESTORATION, INC. IS NAMED AS ADDITIONAL INSURED WITH REGARD TO GENERAL LIABILITY.

CERTIFICATE HOLDER CERTIFICATE #1 PAUL J. SIERRA CONSTRUCTION, INC. 912 WEST DR. MARTIN LUTHER KING JR. BOULEVARD TAMPA, FL 33603 CERTIFICATE #2 SIERRA CONSTRUCTION & RESTORATION, INC. 912 WEST DR. MARTIN LUTHER KING JR. BOULEVARD TAMPA, FL 33603	CANCELLATION 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 YOUR INSURANCE AGENT'S SIGNATURE
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