



SUBCONTRACTOR/VENDOR PROFILE

111015.081513r3

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 business as (dba), (if applicable)				
↑ Address (If different for contracts, pymnts, corresp, etc, list separately)	↑ City	↑ State	↑ Zip Code	↑ County
↑ Mailing Address (If different for contracts, pymnts, corresp, etc, list separately)	↑ City	↑ State	↑ Zip Code	↑ County
↑ 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				
↑ Other Names Your Firm Has Operated Under				

CONTACT INFORMATION (Valid e-mail addresses are preferable, especially for the estimating contact)		
↑ President Contact Name	↑ Cell Phone Number	↑ E-Mail Address
↑ 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)
↑ Accounting Contact Name/Title	↑ Cell Phone Number	↑ E-Mail Address
↑ Safety Contact Name/Title	↑ Cell Phone Number	↑ E-Mail Address

OPERATIONS (Attach copies of Dept. of Revenue Tax Certificates for all states foreign to your company)

Region of Operations: **Federal Work**

Tennessee Chattanooga area Kingsport area Knoxville area

TN Cert. of Registration No. – for 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 use tax (**attach copy**): _____

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

South Carolina

SC Cert. of Registration No. – for use tax (**attach copy**): _____

South Carolina Dept. of Revenue Use Tax Guide: <http://www.sctax.org/NR/rdonlyres/321BA22E-F158-472F-9B54-F5A4026BBA25/0/2013BusinessTaxGuide.pdf>

Other States (list separately) _____

(Provide Dept. of Revenue Certificate of Registration Nos. for all foreign states)

Give a Detailed Description of Work: *(Bid CSI Codes, can be attached)*

List Type of Work Your Firm Normally Subcontracts to Second Tier Subcontractors:

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

Minority Status: N/A _____ % of Minority Ownership

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"/>	HUBZone	Historically Underutilized Business Zone			
<input type="checkbox"/>	SB	Small Business	<input type="checkbox"/>	VOSB	Veteran Owned Small Business
<input type="checkbox"/>	SBA 8(a)	Small Business Administration 8(a)	<input type="checkbox"/>	WOSB	Women Owned Small Business
<input type="checkbox"/>	SDB	Small Disadvantaged Business	<input type="checkbox"/>	NAB	Native American Business
<input type="checkbox"/>	SDVOSB	Service Disabled Veteran Owned Small Business	<input type="checkbox"/>	ANC	Alaska Native Corporation
			<input type="checkbox"/>	NHO	Native Hawaiian Organization

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: _____

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.

Required Attachments: <i>(Utilize checklist to ensure a complete submission prior to returning)</i>	
Subcontractors Return:	Vendors Return:
<input type="checkbox"/> Completed Page 1 of the Profile form	<input type="checkbox"/> Completed Page 1 of the Profile form
<input type="checkbox"/> Completed Page 2 of the Profile form	<input type="checkbox"/> Completed Page 2 of the Profile form
<input type="checkbox"/> Completed Page 3 of the Profile form	<input type="checkbox"/> Completed Page 3 of the Profile form
<input type="checkbox"/> Completed Page 4 of the Profile form	<input type="checkbox"/> State Dept. of Revenue Certs, if applicable
<input type="checkbox"/> Completed Page 5 of the Profile form	<input type="checkbox"/> State, County, or 3 rd Party Minority Certificates, if applicable
<input type="checkbox"/> State Dept of Revenue Tax Certificates, if applicable	
<input type="checkbox"/> Drug-Free Workplace Letter <i>(see pg. 6 for instructions)</i>	
<input type="checkbox"/> State, County, or 3 rd Party Minority Certificates, if applicable	
<input type="checkbox"/> State Contractors Licenses, if required for trade	
<input type="checkbox"/> Current Commercial Project Experience Information	
<input type="checkbox"/> Prior 12 Month's Commercial Project Experience Information	
<input type="checkbox"/> Year End Financial Statements (both the balance sheet and income statement) and current month's financials if Y/E is more than 3 months old.	
<input type="checkbox"/> Insurance Carrier Workers Compensation EMR Letter	
<input type="checkbox"/> Safety Information for the Last Three Years	

Form **W-9**
(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.**

Print or type See Specific Instructions on page 2.	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; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)	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 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.

Social security number									

OR

Employer identification number									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

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 (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?* 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.

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

COMMERCIAL PROJECT EXPERIENCE

Attach the following information on both all active projects and those completed in the last 12 months:

1.) Project Name, 2.) Project Location, 3.) Contracting Agency Company Name (who wrote your contract), 4.) Contracting Agency Contact Name, 5.) Contracting Agency Contact Phone No., 6.) Total Contract Amount, 7.) Percentage Complete (for active projects only), 8.) Owner Company Name, 9.) Scope of Work Performed.

↑ Average Project Size	↑ Largest Project Size	↑ Year Largest Project Completed
↑ Today's Backlog	↑ Backlog from One (1) Year Ago	

- Has your firm failed to complete any work awarded during the past three (3) years? Yes (please explain) No
- Are there any pending or outstanding claims, arbitrations, or lawsuits against your firm? Yes (please explain) No
- Has your firm filed any lawsuits or requested arbitration/mediation in the past three (3) years? Yes (please explain) No

SUPPLIER REFERENCES (Provide 3 major supplier trade references)

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

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
		\$
↑ Last Bond Issued Date	↑ Last Bond Amount	

FINANCIAL STATEMENTS

Attach Year End Financial Statements (both the balance sheet and income statement) and if over 3 months old, also attach the most current Financial Statement.

INSURANCE

WELBRO has very specific insurance requirements. All submitted bids must include the cost of meeting these requirements (*see page 7*).

Leased Employees 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: _____

14. Attach the safety information for the last three (3) years using your OSHA No. 300 Log:
1.) 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. Does your firm have a written quality manual? Yes No
2. Will you provide a copy if requested? Yes No

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: _____

INSURANCE COVERAGE REQUIREMENTS

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

Insurance Requirements – in accordance with the insurance articles of the Agreement, procure and maintain the following insurance coverages 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.

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 (\$5MM for crane, hoist, and mast climber rental with operator)
- Products – Completed Operations Aggregate Limit..... \$2,000,000.00
- In order to confirm coverage is valid for all WELBRO 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 with the number, please provide us with copies of the endorsements at the same time.

3. Automobile Liability Insurance

- Any Auto Combined Single Limit:..... \$1,000,000.00
- Coverage must provide for Any Autos; or (All Owned, Hired, and Non-Owned Autos); or (Scheduled, Hired, and Non-Owned Autos).

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 Statutory
- E.L. Each Accident: \$500,000.00
- E.L. Disease – Ea. Employee: \$500,000.00
- E.L. Disease – Policy Limit: \$500,000.00
- Out of state agents or named insureds shall attach the declarations pages as evidence that coverage is valid in the state of the project.
- If using leased employees/PEO provide (1) an Alternate Employer's Endorsement, (2) evidence of a minimum premium policy, and (3) execution of a Leased Employee Affidavit by an officer of the corporation (request affidavit form from Contractor at above email address).
- Note whether there are any officer exclusions on certificate and if so, provide list of excluded people or attach the endorsement.
- FLORIDA projects: Provide copies of exemption certificates issued by the State for all excluded officers.
- TENNESSEE projects: We must be able to verify proper exemption filing on the State's website for all excluded officers.

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 for the above listed entities. Evidence shall be provided by attachment of 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 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:
 - Each Occurrence/Claim \$1,000,000.00
 - Aggregate..... \$1,000,000.00
- Trades with Pollution Liability exposure** must provide evidence of coverage.
 - Each Occurrence/Claim \$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.