



Listed are items that are required to be completed, signed and returned to Greiner Construction Inc. Please initial check off list.

- Intro Letter – Page 2 _____
- Discount – Page 5 _____
- Insurance Rider – Page 6 _____
- Insurance Certificate – Reference Page 7 & 8 _____
- W-9 Form – Page 9 _____
- MN State Unemployment Letter – Page 10 _____
- Vendor Information – Page 11 _____
- Work Ethics Policy – Page 12 _____

Dear Greiner Construction Vendor:

This packet of information has been prepared to familiarize you with Greiner Construction policies concerning the purchase of products and services.

Maintaining good relationships with our suppliers is key to our success. To ensure such relationships, ethical conduct is a must. Greiner Construction is committed to treating all contractors and suppliers fairly and honestly at all times. Likewise, we expect that all your dealings with us reflect the highest standards of personal and business conduct.

We are looking for excellence in the goods and services we purchase. Continuous improvement is one of the key performance elements we seek and we encourage those who do business with us to do the same. We are particularly interested in new approaches and technology that lead to lower costs. Please talk to us about your improvements or ideas in any of these areas.

We hope that by informing you of our procurement policies, we can establish a relationship that is mutually beneficial. Please take a few minutes to read our purchasing policies overview, and contact me if you have questions. **ADHERENCE TO THESE POLICIES IS A REQUIREMENT BETWEEN GREINER CONSTRUCTION AND ITS SUPPLIERS. YOUR SIGNATURE ON THIS LETTER CONSTITUTES YOUR BINDING AGREEMENT TO ALL ATTACHED POLICIES.**

Please sign and date this form acknowledging receipt and understanding of Greiner's policy.

Company Name

Signature of Officer

Date

Thank you for your cooperation. We look forward to doing business with you.

Hans Siefker
President/Principal

APPOINTMENTS

We are pleased to meet with suppliers that are interested in selling products or services to us. Appointments are required to ensure the best utilization of your time and ours.

BUSINESS ETHICS

Greiner Construction is committed to acting fairly and honestly in all business transactions. Purchasing decisions are made on the basis of objective criteria such as competitive price, quality service, and reputation. The ethical and environmental standards of suppliers are also considered.

QUALITY REQUIREMENTS

Our success depends on our ability to deliver quality products and services to our customers. This requires that our suppliers have satisfactory quality at a competitive price, maintain adequate quality control, and deliver products and services on schedule.

SUPPLIER EVALUATION

As a matter of good purchasing practice, we regularly evaluate all major suppliers on the basis of actual performance compared to promised delivery, ability to meet our rush requirements, number of rejects due to poor quality, and adherence to purchase order price. Subsequent buying decisions are strongly influenced by this evaluation.

INSURANCE

All suppliers/subcontractors are required to maintain insurance coverage. **Insurance certificates are required prior to the job start.** Please see attached insurance rider for required levels of insurance coverage. Please sign this rider and return with insurance certificate.

W-9

Legislation requires us to request a Federal Identification Number (not a Social Security Number) to be reported on form W-9. Please return the completed W-9 by mail or fax (612-338-1892) **within ten days of receipt.** *Failure to respond in a timely manner will require us to commence backup withholding on applicable payments which are made to you or your business.*

PURCHASE ORDERS

All sales to Greiner Construction require a purchase order number. Suppliers should not ship product or perform services without a purchase order and a job number.

CHANGE ORDERS

Any changes to the original purchase order need to be accompanied by a signed change order.

INVOICES/PAYMENT

Vendors normally receive payment when Greiner Construction receives payment, unless other arrangements have been made in writing. Each invoice received in our office **must** be accompanied by the following:

- Purchase Order Number
- Job Number
- Duplicate Copy
- Lien Waiver
- Sales Tax Information
- Greiner Construction Application for Payment

Invoices will be returned if these items are not included. Let this also serve as a reminder that all applications for payment must be in our office by the 25th of each month.

If applicable, prompt payment discounts are taken from the day of receipt of your invoice. Mail invoices to: **Accounts Payable Department, 625 Marquette Avenue, Suite 840, Minneapolis, MN 55402.** Attention to detail when preparing invoices, including breakdown of costs as indicated on the purchase order, will speed their flow through our Accounts Payable system. **Upon receipt of our payment, a full and final lien waiver is required to be delivered to Greiner Construction. On occasion, we may require your supplier lien waiver.**

JOINT CHECK AGREEMENTS

Greiner Construction will charge a \$100.00 fee for each joint check. This fee covers the cost of additional administrative tasks in preparation of the joint check. This Agreement does not constitute a guarantee of payment by Greiner Construction; rather it is an agreement on the method of payment to Subcontractor and Supplier. It is understood that this Agreement is made solely as a convenience to the Supplier and it does not create any contractual rights between Supplier and Greiner Construction.

SALES TAX INFORMATION

Greiner Construction is **not** exempt from Sales Tax for material purchases. You must list MN Sales Tax and any applicable local/city tax for material purchases on your invoices or indicate that the taxes are included in the amount due.

GIFTS AND ENTERTAINMENT

Inappropriate entertainment, hospitality, or gifts (other than promotional items of limited value) from companies doing or seeking to do business with us cannot be accepted. Business gifts, including meals and entertainment in any form that would likely result in a feeling or expectation of personal obligation should not be extended to Greiner Construction employees.

FAILURE TO FOLLOW THESE PURCHASING POLICIES

Compliance with this policy is a requirement for doing business with Greiner Construction. Failure to comply with this policy may result in cancellation of the agreement, adjustment in the payment due, or other penalty deemed by Greiner Construction to be appropriate to the violation.

PROMPT PAYMENT DISCOUNTS

See attached; Available to subs/suppliers who have successfully partnered with Greiner Construction for one year.

To: Subcontractors & Suppliers

From: Greiner Construction, Inc.

Re: Prompt Payment Discounts – Available to vendors/subs who have successfully partnered with Greiner for one year.

Normal payment terms to Subcontractors/Suppliers is conditional upon the receipt of Owner's payment to Greiner Construction, Inc. Upon Greiner Construction's receipt of payment from Owner, payment will then be disbursed to Subcontractors/Suppliers.

For those subcontractors/suppliers who offer discounts, Greiner Construction will pay within the discounted terms of 2% net 10. The 10 day period will begin on the date we receive your invoice. Discounted invoices must be received by the 25th of each month to qualify for the prompt pay discount.

If you decide to take advantage of the Discount Plan, your lien waiver and/or your supplier lien waiver must be attached to your invoice. Retention, if applicable is **not** part of the discount plan.

_____ Yes, I am interested in taking advantage of the Discount Plan.

Company Name: _____

Officer's Signature: _____

Contact Name: _____

Phone #: _____

Date: _____

INSURANCE RIDER

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Project: _____

Subcontractor shall obtain insurance with limits at least equal to those specified below (coverage is required on checked items.)

TYPE OF INSURANCE		LIMITS OF LIABILITY
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	ISO form CG 00 01 10 01 edition or its equivalent
	Occurrence Form	Bodily Injury/Property Damage (CSL)
	Premises/Operations	Each Occurrence \$1,000,000
	Products/Completed Operations	General Aggregate \$2,000,000
	Contractual Liability	Products Comp/OPS Aggregate \$2,000,000
	Independent Contractors	Personal & Advertising Injury \$1,000,000
	Personal Injury	
	Explosion/Collapse/Underground Coverage (XCU)	General Aggregate Applies Per Project
<input checked="" type="checkbox"/>	AUTOMOBILE	ISO form CA 00 01 10 01 edition or its equivalent
	Any Automobile	Bodily Injury/Property Damage (CSL) \$1,000,000
	Hired Automobiles	
	Non-Owned Automobiles	MCS 90 (if required) to full limits required by law.
<input checked="" type="checkbox"/>	UMBRELLA LIABILITY	
		Each Occurrence \$1,000,000
		Aggregate \$1,000,000
<input checked="" type="checkbox"/>	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY	
	(Must Extend To Every Employee, Including Owners)	Coverage "A" Statutory
		Coverage "B"
		- Each Accident \$100,000-
		- Disease - Policy Limit \$500,000
		- Disease - Each Employee \$100,000
<input checked="" type="checkbox"/>	POLLUTION LIABILITY	
	To include non-owned disposal site & 3 rd party transportation cover.	Each Occurrence \$1,000,000
	If Policy is Claims Made, Effective Date Must be Prior to Start of Work, and Kept in Place for at Least 2 years after Completion of Work.	
<input checked="" type="checkbox"/>	PROFESSIONAL LIABILITY	
	Effective Date Must be Prior to Start of Work, and Kept in Place for at Least 2 years after Completion of Work.	Each Claim Made \$1,000,000

The Commercial General Liability, Automobile Liability, Umbrella Liability and Pollution Liability (when required) coverage must include Contractor, the Owner and others as required in the Contract Documents, as ADDITIONAL INSURED ("Additional Insureds"). The insurance policy(ies) to which this Additional Insured endorsement is added, whether primary, excess or umbrella, shall apply on a primary basis for the Additional Insureds, and the Additional Insured's own CGL and Pollution Liability policies shall be noncontributory.

The General Liability Additional Insured coverage shall be provided by endorsements specifically applicable to the project that is the subject of this Subcontract. The endorsement(s) must be ISO forms CG 2010 & CG 2037 (07-04 editions on both, or their equivalent). Products/Completed Operations coverage shall continue to be purchased for a time period commensurate with the applicable state statute of repose, or statute of limitation if the applicable state does not have a statute of repose, or as long as this coverage remains commercially available to the Subcontractor. Except to the extent project specific Additional Insured endorsements are required by this paragraph, in which case the Additional Insured coverage shall be as broad as permitted by law, such Additional Insured endorsements shall provide coverage to the Additional Insureds for acts or omissions to the extent caused by Subcontractor's negligence and for Contractor's vicarious liability or liability imposed by warranty arising out of the acts or omissions of the Subcontractor. In those states where there are legal restrictions upon Additional Insured coverage, such Additional Insured coverage shall be construed to be in conformity with applicable law and shall be interpreted as broadly as is legally permitted; any offending language shall hereby be considered stricken from the Additional Insured coverage provision. The Automobile Liability Additional Insured endorsement must be ISO form CA 2048 02 99 or its equivalent.

It is understood and agreed that the insurance coverages and limits, required above, shall not limit the extent of the Subcontractor's responsibilities and liabilities specified within the Contract Documents or by law. Limits of liability beyond those required above by Contractor, or any type of insurance not described above which any Subcontractor normally requires for its own protection, or which Subcontractor is required by law to carry, shall be Subcontractor's responsibility and at Subcontractor's own expense.

Subcontractor waives all rights against Contractor and the Owner and others as required in the Contract Documents for recovery of damages to the extent these damages are covered by the insurance policies obtained by the Subcontractor as required by this Insurance Rider. In addition, Subcontractor shall cause the insurer(s) issuing the required policies applicable to the work to be endorsed to waive the rights of recovery or subrogation.

The expense of and deductible amounts applicable within the Builders Risk Policy of insurance (when required in contract documents) covering this project shall be handled in accordance with the terms and conditions of the contract between Owner and Contractor. In the absence of specific conditions, deductible shall be borne by the contractor, subcontractor and supplier in direct proportion as their individual losses bear to the total loss in any occurrence. Deductible Amount \$_____.

The policies obtained and maintained to provide the specified insurance must be placed with carrier(s) maintaining an A-minus or better AM Best rating and provide that the required coverage and limits will not be altered, cancelled or allowed to expire without at least 30 days prior written notice (10 days for non-payment) to Contractor. If scope of work outlined in the Contract Documents includes any operations adjacent, over or below railroad tracks, Subcontractor's insurance coverage must include endorsements CG 24 17 on the General Liability and CA 20 70 on the Automobile Liability, or their equivalents.

Before beginning any work under this subcontract, SUBCONTRACTOR and SUB-SUBCONTRACTORS will provide to Contractor insurance certificates showing compliance with these insurance specifications.

By _____
 Its _____
 Date _____

(SUBCONTRACTOR)

By _____
 Its _____
 Date 11.19.13

(Contractor)

11/19/13

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/07/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE AGENCY INSURANCE AGENCY ADDRESS CITY/STATE/ZIP	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
INSURED SUBCONTRACTOR NAME SUBCONTRACTOR ADDRESS CITY/STATE/ZIP	INSURER(S) AFFORDING COVERAGE	
	INSURER A : INSURANCE COMPANY NAME	
	INSURER B : INSURANCE COMPANY NAME	
	INSURER C : INSURANCE COMPANY NAME	
	INSURER D :	
	INSURER E :	
INSURER F :		NAIC #

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC		POLICY NUMBER	EFF DATE	EXP DATE	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		POLICY NUMBER	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ INSERT		POLICY NUMBER	EFF DATE	EXP DATE	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input checked="" type="checkbox"/> N / A	POLICY NUMBER	EFF DATE	EXP DATE	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	PROFESSIONAL LIAB CLAIMS MADE		POLICY NUMBER	EFF DATE	EXP DATE	EACH CLAIM: \$1,000,000 ANNUAL AGG: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PROJECT DESCRIPTION

Additional Insured with respect to General Liability, including Products/Completed Operations, applies on a
(See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

GREINER CONSTRUCTION INC
625 MARQUETTE AVE S, STE 840
MINNEAPOLIS, MN 55402

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

primary basis and the insurance of the Additional Insured shall be Non-contributory :
Greiner Construction Inc and the Owner and Others as required in the Contract Documents
Waiver Of Subrogation with respect to Workers Compensation applies in favor of:
Greiner Construction Inc and the Owner and Others as required in the Contract Documents

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/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	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 the "Name" line 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										
				-				-		
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), 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 ▶
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General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

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.

Minnesota Statute
The purpose of this form is to comply with the
Minnesota State Unemployment law.

The following is from Minnesota Statutes 268.035 Definitions, Subdivision 9

Construction/Independent Contractor: A worker doing commercial or residential building construction or improvement, in the public or private sector, performing services in the course of the trade, business, profession, or occupation of the employer, shall be considered an employee and not an "independent contractor" unless the worker meets all the following conditions:

- (1) Maintains a separate business with the independent contractor's own office, equipment, materials, and other facilities;
- (2) Holds or has applied for a federal employer identification number or has filed business or self-employment income tax returns with the federal Internal Revenue Service based on that work or service in the previous year;
- (3) Operates under contracts to perform specific services or work for specific amounts of money under which the independent contractor controls the means of performing the services or work;
- (4) Incurs the main expenses related to the service or work that the independent contractor performs under contract;
- (5) Is responsible for the satisfactory completion of work or services that the independent contractor contracts to perform and is liable for a failure to complete the work or service;
- (6) Receives compensation for work or service performed under a contract on a commission or per job or competitive bid basis and not on any other basis;
- (7) May realize a profit or suffer a loss under contracts to perform work or service;
- (8) Has continuing or recurring business liabilities or obligations; and
- (9) The success or failure of the independent contractor's business depends on the relationship of business receipts to expenditures.

If all of the above nine items apply to you, please sign and date verifying that you are an independent contractor and not an employee of Greiner Construction.

Name

Company

Date



GREINER CONSTRUCTION, INC. VENDOR INFORMATION FORM
Please fill out as much of the following information as possible and return

1. Company Name: _____
2. Mailing Address: _____
City/State/Zip: _____
3. Primary Contact Person: _____ Phone#: _____
4. Billing Contact Person: _____ Phone #: _____
5. Fax #: _____ Email Address: _____

____ Subcontractor ____ Material Supplier ____ Other ____ Year Established

Union Contractor: Yes/No Signatory: _____ Phone #: _____

References:

Banker	_____	_____
		Telephone
Address	_____	_____
		Fax
Bonding Company	_____	_____
	Provide letter from your bonding company	Address of Bonding Company
Supplier	_____	_____
		Telephone
Address	_____	_____
		Fax
Supplier	_____	_____
		Telephone
Address	_____	_____
		Fax

Is your business certified by a federal, state or municipal governmental agency, or by any other certifying agency or organization as any of the following?

____ MBE – Minority Business Enterprise ____ SBE – Small Business Enterprise
 ____ VBE – Veterans Business Enterprise ____ DBE – Disadvantaged Business Enterprise
 ____ WBE – Women Owner Business Enterprise

Please describe below as accurately as possible, the service(s) or product(s) your company provides.

Work Ethics Policy

Greiner Construction will comply with all applicable laws and regulations and expects its directors, officers, volunteers and employees to conduct business in accordance with the letter and spirit of relevant laws and refrain from dishonest or unethical conduct.

Subcontractors & Suppliers, during both working and nonworking hours, act in a manner which will inspire public trust in their integrity, impartiality and devotion to the best interests of the company, its customers and citizens.

To ensure ethical and impartial business practices it is prohibited for Greiner Construction employees to engage in any activities, transactions, or relationships that are incompatible with the impartial, objective, and effective performance of their duties.

Any time labor, materials or services are provided to a Greiner employee for personal use **full disclose to Greiner Management is required, by the employee and by the service provider.** Failure to make required disclosure or resolve conflicts of interest satisfactorily can result in discipline up to and including termination of employment and termination of future business transactions with Greiner Construction.

I have received and read a copy of this Code of Ethics Policy Statement, understand all of its terms and agree to be bound by the provisions contained therein.

(Printed Name)

(Signature)

(Company Name)

(Date)