

**SHIEL SEXTON**



**Date:** \_\_\_\_\_  
**To:** Subcontractor or Supplier  
**From:** Shiel Sexton Company, Inc.  
**Subject:** Subcontractor & Supplier Information Form

Shiel Sexton has taken pride over the years to provide top quality buildings to its clients on schedule and within budget. In order to assure the quality and timeliness of our projects we continually review and evaluate our subcontractors and suppliers job performance and qualifications to insure they meet our standards and expectations. Constant evaluation of all subcontractors and suppliers involved on Shiel Sexton projects will remain a top priority in our company. Input of services your company can provide will assist our evaluations.

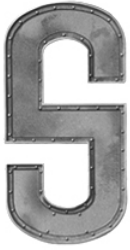
Please include the following items with your completed information form and return no later than fourteen (14) days of receipt to Stacie Kramer at [skramer@shielsexton.com](mailto:skramer@shielsexton.com).

- 1. Subcontractor/Supplier Information Form**
- 2. W-9**
- 3. SSC Minimum Insurance Requirements (reference only)**
- 4. Financials**

Shiel Sexton appreciates the efforts of all subcontractors and suppliers who have helped Shiel Sexton Company's fantastic growth in the construction industry. We assure you that our reputation of superior quality and timely schedules will not be compromised in our continued growth. Please feel free to call if you have any questions regarding this memo or the enclosed application.

All Shiel Sexton's contract information is contained in the Shiel Sexton Standard Terms. This information is available upon request.

We appreciate your cooperation.



SHIEL SEXTON

# CONTRACTOR INFORMATION

Contractor Bid/Award Information  
Contractor Legal & Financial Information

Company Name \_\_\_\_\_

Date \_\_\_\_\_

E-mail Address \_\_\_\_\_

Website \_\_\_\_\_

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Fax \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

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

Federal EIN Number \_\_\_\_\_

Type of Firm:  Sole Proprietorship  Partnership  Corporation  LLC

Year business formed \_\_\_\_\_

Owners \_\_\_\_\_

\*\*\*Note: Where above information has been previously provided in the contact form, provide only company name

Sales volume over the past (3) years:

20( ) \$ \_\_\_\_\_ 20( ) \$ \_\_\_\_\_ 20( ) \$ \_\_\_\_\_

Type of trade or service provided (include CSI Division/s): \_\_\_\_\_

Minimum contract amount your company can effectively manage: \$ \_\_\_\_\_

Maximum contract amount your company can effectively manage: \$ \_\_\_\_\_

What is the largest dollar volume on a single contract that you performed in the last two years? \$ \_\_\_\_\_

D/MBE Certified – Disadvantaged Minority Business Enterprise

D/WBE Certified – Disadvantaged Women Business Enterprise

MBE – Minority Business Enterprise  State Certified?  City Certified?

*If applicable, please attach a copy of your certification*

WBE – Women Business Enterprise  State Certified?  City Certified?

*If applicable, please attach a copy of your certification*

SDB – Small Disadvantaged Business

HubZone – Historically Underutilized Business Zone SBA Certified?  Yes  No  
*If applicable, please attach a copy of your certification*

VOSB – Veteran Owned Small Business

WOSB – Woman Owned Small Business

SDVOSB – Service Disabled Veteran Owned Small Business VA Certified?  Yes  No  
*If applicable, please attach a copy of your certification*

VBE – Veteran Business Enterprise

Is your company registered in the Government's Central Contractor Registration? (CCR)  Yes  No

Is your company Union?  Is your company Non-Union?

Will you bid prevailing wage projects?  Yes  No

CONTRACTOR INFORMATION

Identify persons or firms who provide the following services:

Department:	Contact Name:	Phone:	Fax:
Estimating	_____	_____	_____
Marketing	_____	_____	_____
H.R./Employment	_____	_____	_____
Accounting	_____	_____	_____
Legal Council/Attorney	_____	_____	_____
Field Operations	_____	_____	_____

Number of full time field workforce: \_\_\_\_\_

Geographic areas of operation (states) \_\_\_\_\_

Identify work travel distance/area(s) your company will travel: \_\_\_\_\_

Type of work subcontracted to others: \_\_\_\_\_

List the type of work to be subcontracted to others, as well as the percentage that work represents to your overall budget.

<u>Work to be Subcontracted</u> Your Work	<u>% to Total</u> 100%
_____	_____
_____	_____
Total	100%

Please provide your OSHA 300A form for the most recent year and the following safety information?

Lost Time Accident Rate (LTA): \_\_\_\_\_ Recordable Injury Rate (RIR): \_\_\_\_\_  
 Number of Fatalities: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_

List your firms experience modification rate (EMR) for the three most recent years:

20 ( ) \_\_\_\_\_ 20 ( ) \_\_\_\_\_ 20 ( ) \_\_\_\_\_

Do you have a written safety program  Yes  No

Do you have hazardous communications plan?  Yes  No

Do you have a light duty program?  Yes  No

Do you have a drug testing program?  Yes  No

Financial Contact: \_\_\_\_\_

Direct Phone: \_\_\_\_\_

Can you provide a form W-9?  Yes  No

Are you interested in our early pay program?  Yes  No

1. Bank References:

Bank Name:	Individual's Name:	Phone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Insurance in formation:

Attach Current Insurance Certificates, inclusive of General Liability, Automobile, etc.

3. Affiliations with other companies (identify if associated with other entities):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CONTRACTOR INFORMATION

4. Miscellaneous:

a. Company Net Worth \_\_\_\_\_

b. Annual Sales Volume (last 5 years)

20( ) \$ \_\_\_\_\_ 20( ) \$ \_\_\_\_\_ 20( ) \$ \_\_\_\_\_ 20( ) \$ \_\_\_\_\_ 20( ) \$ \_\_\_\_\_

c. Do you have your company books audited by a CPA at least once per year?  Yes  No

If yes, attach a copy of your audited financial statements for the past 3 years.

If the most recent year is not audited, attach internal year to date financials for the most recent year.

d. Do you furnish information to Dun and Bradstreet?  Yes  No

e. Bonding Capacity: \_\_\_\_\_ Bonding Rate: \_\_\_\_\_

Surety(s): \_\_\_\_\_

Attach a letter from your bonding company indicating that a bond will be provided on this job, if one is required.

f. Has your company or any of its affiliates ever filed for bankruptcy?  Yes  No

If yes, provide the court case and date of filing below.

\_\_\_\_\_  
\_\_\_\_\_

g. Is your company or any of its affiliates presently or at any time in the past ever entered into litigation or claim disputes with Shiel Sexton Company, Inc. or any of their affiliates?  Yes  No

If yes, provide a brief explanation below including offices involved, dates and principal individuals involved.

\_\_\_\_\_  
\_\_\_\_\_

h. List all pending litigation, arbitration, proceedings, or suits pending/outstanding against or initiated by your firm, or its officers or principals.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

i. Have you ever defaulted or been alleged to have defaulted on a construction contract?  Yes  No

If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

j. Have you ever been terminated on a construction contract?  Yes  No

If yes, please explain.

\_\_\_\_\_

**CONTRACTOR INFORMATION**

**Client References**

List names of persons, agencies and organizations you have done work for during the last three (3) years

Client: \_\_\_\_\_ Project: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_

Client: \_\_\_\_\_ Project: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_

Client: \_\_\_\_\_ Project: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_

**For Office Use Only**

<b>Accounting</b>	Initials	<b>Legal</b>	Initials	<b>Insurance</b>	Initials	<b>Operations</b>	Initials
<b>Comments</b>		<b>Comments</b>		<b>Comments</b>		<b>Comments</b>	



**Subcontractor  
Insurance Requirements**

We require a Certificate of Insurance (either the ACORD 25-S or the AIA G705) providing the coverage, limits of liability and endorsements listed below. (see attached sample) We also request an addendum to the Certificate of Insurance be attached to the certificate to confirm compliance with our requirements.

**Commercial General Liability**

Bodily Injury & Property Damage	Each Occurrence	\$1,000,000
Combined Single Limit *	General Aggregate	\$1,000,000
	Products-Completed	\$2,000,000
	Operations Aggregate	

- CGL policy is to include coverage for property damage for the X (explosion), C (collapse) and U (underground ) hazards.

**Automobile Liability (Incl. Owned, hired & non-owned)**

Bodily Injury & Property Damage	Each Accident	\$1,000,000
Combined Single Limit		

**Workers Compensation  
Employers Liability**

Statutory	
Each Accident	\$ 100,000
Disease Each Employee	\$ 100,000
Policy Limit	\$ 500,000

**Umbrella/Excess Liability**

Each Occurrence	\$5,000,000
Retention	\$ 10,000
Annual Aggregate	\$5,000,000

**ADDITIONAL INSURED ENDORSEMENT:**

**Add Shiel Sexton Co., Inc. and Owner (where required) as Additional Insured:  
Insurance Services Office (ISO) Forms or its equivalent G 2010 10 and CG 2037 to be used on the:**

- Commercial General Liability policy providing AI status for Completed Operations
- Commercial General Liability (GL)
- Automobile Liability

**ADDITIONAL REQUIREMENTS:**

**General Aggregate applies separately to each project: (GL)** CG 2503  
Insurance Services Office (ISO) Forms or its equivalent

**Waiver of Subrogation in favor of Shiel Sexton Co., Inc., and Owner (where required):**  
Commercial General Liability, Automobile Liability and Workers Compensation

**Primary and Non Contributory for work on Shiel Sexton projects:**  
Commercial General Liability

**Notice of Cancellation Clause;**30 days written notice of cancellation  
Commercial General Liability, Automobile Liability and Workers Compensation

**For insurance inquiries, please contact Kathy Jones, Shiel Sexton Company at 317-423-6000.**



## Specific Instructions

**Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Exempt from backup withholding.** If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**Note:** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

### Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office. Get Form W-7,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

### Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

