



Annual Subcontractor / Vendor Application

Company Name: _____ Date: _____

Type of Service: _____

Contractor #: _____ State: _____

Your Name & Title/Position: _____

Business Phone: _____ Cell Phone: _____

Fax: _____ E-Mail: _____

Authorized
Contract Signer: _____ E-Mail: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact for Estimates (if different from above): _____

Business Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Any Applicable License Numbers: _____

Description of Services:

- This vendor application will be valid for one year from the date above.

To be submitted:

- Subcontractor/Vendor Application (Page 1)
- Signed Sole Proprietor/Independent Contractor Vendor/Workers Compensation Indemnity Agreement (Page 2)
- W-9 Form (Page 3)
- Empire Insurance Requirements (Initial Page 7 & 8 and Page 9 sign, print name, title and date and return all pages)

Sole Proprietor/Independent Contractor Vendor Workers Compensation Indemnity Agreement

The parties to this Agreement, EBS CONSTRUCTION SERVICES, INC. DBA EMPIRE CONSTRUCTION and

(Herein after referred to as the "Vendor") whose principal office is located at:

Dated: _____ day of _____, 20 _____

I. RECITALS

- Vendor is an independent contractor performing work when requested by EBS CONSTRUCTION SERVICES, INC. DBA EMPIRE CONSTRUCTION.
 - Vendor is sole proprietor who has elected not to obtain workers' compensation insurance.
 - EBS CONSTRUCTION SERVICES, INC. DBA EMPIRE CONSTRUCTION requires all Vendors performing work maintain workers' compensation insurance and Vendor has requested a waiver of this requirement.
- II. The parties acknowledge and confirm is their explicit intention for an independent vendor relationship to be formed between the Vendor and EBS CONSTRUCTION SERVICES, INC. DBA EMPIRE CONSTRUCTION, endnote that of an employer-employee.
- III. EBS CONSTRUCTION SERVICES, INC. DBA EMPIRE CONSTRUCTION understands and the Vendor hereby affirms that it is regularly engaged in the independent business/profession of _____, and that the Vendor provides these services to other parties and is otherwise an independent vendor for all purposes relative to this agreement and not an employee of EBS CONSTRUCTION SERVICES, INC. DBA EMPIRE CONSTRUCTION.
- IV. The Vendor represents and warrants to EBS CONSTRUCTION SERVICES, INC. DBA EMPIRE CONSTRUCTION, that it has no employees itself and that if in the future it ever has employees, the Vendor will immediately obtain workers' compensation insurance and provide EBS CONSTRUCTION SERVICES, INC. DBA EMPIRE CONSTRUCTION proof of its workers' compensation coverage.
- V. The Vendor agrees to indemnify, hold harmless and defend EBS CONSTRUCTION SERVICES, INC. DBA EMPIRE CONSTRUCTION and its employees, officers and/or agents from and against all claims, demands, and suits for injuries suffered by the Vendor and/or Vendor's officers, agents, sub-vendors, or by any employee of a sub-vendor of the Vendor while working for EBS CONSTRUCTION SERVICES, INC. DBA EMPIRE CONSTRUCTION.
- VI. If, notwithstanding the foregoing, EBS CONSTRUCTION SERVICES, INC. DBA EMPIRE CONSTRUCTION is charged additional workers' compensation premiums by its insurer based upon the compensation paid by the Vendor, the contractor agrees to immediately pay EBS CONSTRUCTION SERVICES, INC. DBA EMPIRE CONSTRUCTION the amount of such additional premiums.

DISCLOSURE

Contractor is not entitled to workers' compensation benefits or unemployment insurance benefits unless such compensation coverage is provided by the contractor or some entity other than EBS CONSTRUCTION SERVICES, INC. DBA EMPIRE CONSTRUCTION and the contractor is obligated to pay federal and state income tax on any monies earned pursuant to this agreement.

Contractor Name / Title: _____

Contractor Signature: _____ 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.		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>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC		<input type="checkbox"/> C Corporation	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____		<input type="checkbox"/> S Corporation	
	<input type="checkbox"/> Other (see instructions) ▶ _____		<input type="checkbox"/> Partnership	
			<input type="checkbox"/> Trust/estate	
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.

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.

Social security number											
				-			-				
or											
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 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.

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*, later, for further information.

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.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. 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 line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, 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 SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use 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 apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and 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: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. 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 item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 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 made in settlement of payment card and third party network transactions, 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), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

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) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. 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
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ 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.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the 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.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

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.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

List of Expectations

Thank you for your interest in becoming a Subcontractor/Vendor for EMPIRE CONSTRUCTION. We look forward to working with you and building a lasting relationship that fosters growth for both our Company and yours. Below is a list of expectations we hold for all of our Vendors. This list is designed to help us stay more efficient and keep business running smoothly.

- All estimates must be submitted in a professional and understandable format and on your letterhead (a document that shows your name and information).
- We may request that you submit a proposal. Once it has been requested we kindly requested that you return it within 4 days of being requested or a maximum of 14 days.
- If your estimate is approved, we will send you a subcontract and return it to our project administrator before any work can commence. This is your agreement to perform the work at the estimated price and our confirmation that we are hiring you according to the contract's specifications.
- Once all paperwork is in order, you will be contacted by our Project Manager for job scheduling. The Project Manager is your only point of contact for job scheduling and follow-up.
- We require completed pictures for all projects. These must be turned in to the Project Administrator within 48 hours of job completion.
- We may ask you to wear an EMPIRE CONSTRUCTION-issued t-shirt or other identification while performing work for us.
- Draws need to be included in your initial proposal and requests for draws will be reviewed on a case-by case basis by EMPIRE CONSTRUCTION management.

When performing work for EMPIRE CONSTRUCTION, we expect you to present yourself in a professional and courteous manner and your work quality must always be 100%. Your attitude and work reflects our Company and we will cease to utilize your services if you compromise our reputation in any way.

My signature below indicates that I have read and understand these terms. As an EMPIRE CONSTRUCTION Subcontractor/Vendor, I agree to adhere to all of the conditions listed above should I be awarded any projects. Any failure to do so may result in my Subcontractor/Vendor status being put on hold indefinitely.

By: _____

Print Name & Title: _____

Date: _____

INSURANCE REQUIREMENTS PER PROJECT

EXACT PROJECT AND ADDITIONAL INSURED INFORMATION WILL BE PROVIDED TO YOUR COMPANY ONCE YOU ARE AWARDED A CONTRACT WITH OUR FIRM.

CERTIFICATE HOLDER:

EBS CONSTRUCTION SERVICES, INC.
DBA Empire Construction
P.O. BOX 533
TUSTIN, CA 92781

Subcontractor shall, at its expense, procure and maintain insurance on all of its operations, with carriers licensed to do business in the State of California, with a minimum Best's rating of A- VII in amounts specified below, including the following coverages:

I. Casualty Insurance

- A. Workers' Compensation and Employer's Liability** insurance. Employers liability limits shall not be less than \$1,000,000 each accident for bodily injury by accident or \$1,000,000 each employee for bodily injury by disease and 1,000,000.00 per policy limit.

Waiver of Subrogation in favor of EBS Construction Services, Inc., is required.

- B. Commercial General Liability** insurance (ISO Form CG 00 01) with a limit of not less than \$1,000,000 each occurrence, \$ 1,000,000 Personal/Advertising Injury, \$2,000,000 General Aggregate and \$2,000,000 Products/Completed Operations Aggregate.

There shall be no endorsement or modification of the CGL limiting the scope of coverage for liability arising from pollution, explosion, collapse, underground or property damage.

The "Occur" must be checked and under Gen'l Aggregate Limit Applies "Per Project" box must be checked.

Subcontractor shall name EBS Construction Services, Inc., DBA Empire Construction, GC, Owner, Developer and any and all respective parent organisations, partners, directors, officers, members, managers, employees, subsidiaries, and affiliates together with any mortgage or other entities or individuals as the owner may direct as their interest may appear General Liability Policy using ISO Form CG 20 10 11 85 or its equivalent as approved in writing by Contractor.

Waiver of Subrogation in favor of EBS Construction Services, Inc., DBA Empire Construction is required.

Subcontractor Initials: _____

- C. Automobile Liability** insurance with a Combined Single Limit of not less than \$1,000,000 each accident, including coverage for “Any Auto”, “Hired Autos” and “Non- Owned Autos”. Business auto coverage shall be written on ISO form CA 00 01, or a substitute form providing equivalent liability coverage. If necessary, the policy shall be endorsed to provide contractual liability coverage equivalent to that provided in the 1990 and later editions of CA 00 01.

Waiver of Subrogation in favor of EBS Construction Services, Inc., DBA Empire Construction is required.

- D. Excess Liability/Umbrella Policy.** Limit of not less than \$2,000,000 Each Occurrence and should apply to General Liability, Automobile Liability and Workers Compensation and Employers Liability. Follow form language must be noted on certificate of insurance.
- E. Primary Insurance.** Insurance shall apply as primary and non-contributory insurance with respect to any other insurance or self-insurance programs afforded to Contractor.
- F. Waiver of Subrogation.** Each insurance policy shall contain a Waiver of Subrogation waiving all rights against Contractor and its agents, officers, directors and employees for recovery of damages to the extent these damages are covered by the Commercial General Liability, commercial Auto or Commercial Umbrella liability insurance.

Certificates of Insurance

Subcontractor shall provide certificates of insurance to the Contractor executed by a duly authorized representative of each insurer, showing compliance with the insurance requirements prior to commencement of the work. The certificates of insurance shall provide that there will be no cancellation or material change of coverage without 30 days prior written notice to the Contractor. The certificate shall reflect all limiting or exclusionary endorsements amending the required ISO Form CG 00 01. The use of such limiting or exclusionary endorsements will be subject to the approval of Contractor.

The words “endeavor to” and “but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives” shall be deleted from the certificate form’s cancellation provision.

Failure of Contractor to demand such certificate or other evidence of full compliance with these insurance requirements or failure of Contractor to identify a deficiency from evidence that is provided shall not be construed as a waiver of Subcontractor’s obligation to maintain such insurance.

Contractor shall have the right, but not the obligation, of prohibiting Subcontractor or any Subcontractor from entering the project site until such certificates or other evidence that insurance has been placed in complete compliance with these requirements is received and approved by Contractor.

Subcontractor Initials: _____

Failure to maintain the required insurance may result in termination of this contract at Contractor's option.

With respect to insurance maintained after final payment in compliance with a requirement above, an additional certificate(s) evidencing such coverage shall be promptly provided to Contractor whenever requested.

Receipt by Contractor of any certificate of insurance or additional insured endorsement which does not comply with any provisions of this Section shall not act as a waiver to enforce any of these provisions at a later date in the performance of this Agreement.

Subcontractor shall provide certified copies of all insurance policies required above within 10 days of Contractor's written request for said policies.

By requiring insurance herein, Contractor does not represent that coverage and limits will necessarily be adequate to protect Subcontractor and such coverage and limits shall not be deemed as a limitation on Subcontractor's liability under the indemnities granted to Contractor in this contract.

A. Waiver of Subrogation. Contractor and Subcontractor waive all rights against each other and against all other subcontractors and Owner for loss or damage to the extent reimbursed by any property or equipment insurance applicable to the work, except such rights as they may have to the proceeds of such insurance. If any applicable policies of insurance referred to in this Section require an endorsement or consent of the insurance company to provide for continued coverage where there is a waiver of subrogation, the owners of such policies will cause them to be so endorsed or obtain such consent.

Subcontractor please initial page 7 & 8 and on Page 9 sign, print name and title and date. Return pages 7, 8 & 9 as acknowledgement that your company will provide the required certificate of insurance and endorsements outlined above should your company be awarded any project(s) with EBS Construction Services, Inc. DBA Empire Construction:

By: _____

Print Name & Title: _____

Date: _____

SAMPLE

CERTIFICATE OF LIABILITY INSURANCE						
PRODUCER		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.				
		COMPANIES AFFORDING COVERAGE				
		COMPANY ALL TO BE CALIFORNIA ADMITTED INSURANCE COMPANY LETTER A WITH BEST RATING OF A-OR BETTER.				
INSURED		COMPANY LETTER B COMPANY LETTER C COMPANY LETTER D				
COVERAGES						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY	XXXXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE	\$ 1,000,000.00
	CLAIMS MADE				DAMAGE TO RENTED PREMISES (Each Occurrence)	\$ 50,000.00
	X OCCUR				MEDICAL EXPENSE (Any One Person)	\$ 5,000.00
	OWNERS & CONTRACTOR PROTECTION				PERSONNEL & ADV INJURY	\$ 1,000,000.00
	X PER PROJECT				PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$ 2,000,000.00
	X WAIVER OF SUBROGATION-ENDORSEMENT REQ'D				GENERAL AGGREGATE	\$ 2,000,000.00
	X ADDITIONAL INSURED-ENDORSEMENT REQUIRED					
B	AUTOMOTIVE LIABILITY				COMBINED SINGLE LIMIT (Each Accident)	\$ 2,000,000.00
	X ANY AUTO	XXXXXX	XX/XX/XX	XX/XX/XX	BODILY INJURY (Per Person)	\$ 2,000,000.00
	ALL OWNED AUTOS				BODILY INJURY (Per Accident)	\$ 1,000,000.00
	X HIRED AUTOS				PROPERTY DAMAGE (Per Accident)	\$ 1,000,000.00
	SCHEDULED AUTOS				UNINSURED MOTORIST COMBINED	
	X NON-OWNED AUTOS					
	X WAIVER OF SUBROGATION-ENDORSEMENT REQ'D					
	X ADDITIONAL INSURED-ENDORSEMENT REQUIRED					
A	UMBRELLA / EXCESS LIABILITY				EACH OCCURRENCE	\$ 2,000,000.00
	X UMBRELLA LIABILITY	XXXXXX	XX/XX/XX	XX/XX/XX	GENERAL AGGREGATE	\$ 1,000,000.00
	EXCESS LIABILITY					
C	WORKERS COMPENSATION & EMPLOYERS' LIABILITY				X W/C STATUTORY LIMITS	\$ 1,000,000.00
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? IF YES, DESCRIBE UNDER DESCRIPTION OF OPERATIONS BELOW.	XXXXXX	XX/XX/XX	XX/XX/XX	E.L. EACH ACCIDENT	\$ 1,000,000.00
	X WAIVER OF SUBROGATION-ENDORSEMENT REQ'D				E.L. EACH DISEASE-EA EMPLOYEE	\$ 1,000,000.00
A	TOOLS/EQUIPMENT INSURANCE FOR ALL SUBCONTRACTOR OWNED, BORROWED OR RENTED TOOLS, AND EQUIPMENT					
		XXXXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE	\$ 1,000,000.00
					AGGREGATE	\$ 1,000,000.00
D	OTHER				10 DAYS NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM REQUIRED.	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACCORD 101, Additional Remarks Schedule, if more space is required)						
PROJECT NAME AND ADDRESS MUST BE LISTED HERE.						
CERTIFICATE MUST NAME EBS CONSTRUCTION SERVICES, INC, DBA EMPIRE CONSTRUCTION & OWNER (AND ANY ADDITIONAL INSURANCE REQUIRED PER JOB)AND ALL RESPECTIVE PARENT ORGANIZATION, PARTNERS, DIRECTORS, OFFICERS, MEMBERS, MANAGERS, EMPLOYEES, SUBSIDIARIES, AND AFFILIATES TOGETHER WITH ANY MORTGAGE OR OTHER ENTITIES OR INDIVIDUALS AS THE OWNER MAY DIRECT AS THEIR INTEREST MAY APPEAR.						
CERTIFICATE HOLDER				CANCELLATION		
EBS CONSTRUCTION SERVICES, INC. DBA EMPIRE CONSTRUCTION PO. BOX 533 TUSTIN, CA 92781				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		

Billing Process

1. Billing will be provided to you by the end of each month, please return to invoices@gcempire.com signed along with your conditional waiver and any sub-tier waivers through the end of the month.
2. 10% retention is to be held from **ALL** invoices including change orders.
3. All change orders must have properly signed contract documentation to be processed for payment. In addition, all change orders must be billed on the Empire AIA document along with the original contracted work. 10% retention must be held from each and every invoice.
4. Affidavit of Subcontractors and Suppliers will be sent to your company with the subcontract. This must be returned to our office with the signed subcontract prior to the start of the project indicating any and all subcontractors and suppliers you have retained to perform any portion of the work for any component of the entire contract term. You will be required to submit monthly Conditional or Unconditional Lien Releases from your subcontractors and suppliers with your invoice. Failure to do so will delay your payment.

By: _____

Print Name & Title: _____

Date: _____



9821 Business Park Drive, Sacramento, California 95827
Mailing Address: P.O. Box 26000, Sacramento, CA 95826
800-321-CSLB (2752)
www.cslb.ca.gov • CheckTheLicenseFirst.com

Exemption from Workers' Compensation

Before the Contractors State License Board (CSLB) can issue a new license or reinstate, reactivate, or renew an existing license, the applicant or licensee must have on file a Certificate of Workers' Compensation Insurance or a Certificate of Self-Insurance issued by the Director of Industrial Relations, or must obtain an exemption by completing and submitting this form.

To be exempt from workers' compensation, an applicant or licensee must submit this form to CSLB, certifying under penalty of perjury that he or she does not employ anyone in a manner that is subject to the workers' compensation laws of California. (See *Business and Professions Code Section 7125*.)

DO NOT SUBMIT THIS FORM IF:

- You have an inactive license.
- The license qualifier is a Responsible Managing Employee (RME).
- You hold a C-39 Roofing classification – **all** contractors with a C-39 Roofing classification are required by Section 7125 to have a Certificate of Workers' Compensation Insurance or a Certificate of Self-Insurance on file with the Board. **Contractors with a C-39 Roofing classification are not eligible for exemption from workers' compensation.**
- You have employees.

For exemption from workers' compensation, complete all of the requested information in Section 1, check only one of the boxes in Section 2, and date and sign the form in Section 3.

Please type or print neatly and legibly in black or dark blue ink.

SECTION 1 – REQUIRED BUSINESS NAME AND ADDRESS

Business Name (as it currently appears on CSLB records)		License or Application Fee Number	
Business Mailing Address (number/street or P.O. box)		City	State Zip Code
Business Street Address (number/street only – NO P.O. boxes)		City	State Zip Code
Business Phone Number () -	Business Fax Number () -	Business E-mail Address	

Check this box if the address shown above is new. CSLB will update your license / application business address of record.

SECTION 2 – REQUIRED CHECK BOX

YOU MUST CHECK ONLY ONE OF THE BOXES BELOW.

- I do not employ anyone in the manner subject to the workers' compensation laws of California. **OR**
- I am an out-of-state contractor, and I do not hire employees who reside in California. (You must provide a certificate of insurance from your workers' compensation insurance carrier in your home state.)

SECTION 3 – REQUIRED SIGNATURE

I certify under penalty of perjury under the laws of the State of California that the information provided on this exemption statement is true and accurate. I understand that, upon employing anyone in a manner that is subject to the workers' compensation laws of the State of California, the claim of exemption executed under this form will no longer be valid. I also understand that, as soon as I employ anyone subject to the California's workers' compensation laws, I must obtain a Certificate of Workers' Compensation Insurance, submit that certificate to CSLB within 90 days of its effective date, and continuously maintain the coverage provided by the certificate in accordance with the law. I further understand that failure to comply with this requirement is grounds for disciplinary action. (*The definition of "perjury" is telling a lie while under oath.*)

FALSIFICATION OF ANY DOCUMENT IS GROUNDS FOR DISCIPLINARY ACTION.

Date	Signature of Contractor (Owner, Partner, or Officer)	Printed Name of Contractor (Owner, Partner, or Officer)
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NOTICE ON COLLECTION OF PERSONAL INFORMATION

CSLB collects the personal information requested on this form as authorized by Business and Professions Code Section 30. CSLB uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation. Submission of the requested information is mandatory. CSLB cannot consider this Exemption from Workers Compensation form unless you provide all of the requested information. You may review the records maintained by CSLB that contain your personal information, as permitted by the Information Practices Act. CSLB makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act; to another government agency as required by state or federal law; or in response to a court or administrative order, a subpoena, or a search warrant. This application contains an applicant authorization for the Franchise Tax Board to disclose to CSLB any outstanding final liabilities for the purpose of administering Business and Professions Code Section 7145.5. For more information on the Information Practices Act, visit the Office of Privacy Protection's website at www.privacy.ca.gov.

FOR CSLB USE ONLY

