



151 Jefferson Church Road
PO Box 389 King, NC, 27021
Phone: (336) 983-9400
Fax: (336) 983-9224

VENDOR SET-UP FORM

VENDOR NAME _____

ADDRESS _____

CITY _____ **STATE** ____ **ZIP** _____

WEBSITE _____

TELEPHONE _____

FAX _____

E-MAIL _____

****Our Invitations to Bid upcoming projects are transmitted via email**

PRIMARY CONTACT _____

TITLE _____ **PHONE** _____

ACCOUNTS RECEIVABLE CONTACT _____

TITLE _____ **PHONE** _____

BILLING CONTACT _____

TITLE _____ **PHONE** _____

CERTIFIED MINORITY OWNED: Yes No

- MINORITY TYPE:** MBE Minority Business Enterprise
- SBE Small Business Enterprise
- VBE Veteran's Business Enterprise
- DBE Disabled Business Enterprise
- WBE Woman Business Enterprise

TRADES _____

(All trades provided by the company)

OTHER LOCATIONS

Business Card Attached _____

References Attached _____

Company Brochure Attached _____

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. | <p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. _____</p> <p>2 Business name/disregarded entity name, if different from above _____</p> <p>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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> <p><input type="checkbox"/> C Corporation</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust/estate</p> | <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> |
| | <p>5 Address (number, street, and apt. or suite no.) See instructions. _____</p> <p>6 City, state, and ZIP code _____</p> <p>7 List account number(s) here (optional) _____</p> | <p>Requester's name and address (optional) _____</p> |

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 | | | | | | | | | | | | | | | | | | | |
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| or | | | | | | | | | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | | | | | | | | | |
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ _____ |
|------------------|----------------------------------|--------------|

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-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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 [REDACTED] | CONTACT NAME: [REDACTED] | |
| | PHONE (A/C, No, Ext): [REDACTED] | FAX (A/C, No): [REDACTED] |
| E-MAIL ADDRESS: [REDACTED] | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED [REDACTED] | INSURER A: [REDACTED] | |
| | INSURER B: [REDACTED] | |
| | INSURER C: [REDACTED] | |
| | INSURER D: [REDACTED] | |
| | INSURER E: [REDACTED] | |
| | INSURER F: [REDACTED] | |

Name / Address must match Form W-9

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

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

Triad Builders listed as additionally insured.

CERTIFICATE HOLDER**CANCELLATION**

*Triad Builders of King, Inc.
 151 Jefferson Church Road
 PO Box 389
 King, NC 27021*

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

[REDACTED]

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Attachment "A"-Insurance Requirements

To the fullest extent permitted by law, the Subcontractor shall defend, indemnify and hold harmless Triad Builders of King, Inc., the Owner and the Architect and their agents and employees from and against all claims, damages, losses and expenses including but, not limited to, attorney's fees, arising out of or resulting from the performance of the Work provided that any such claims, damage, loss or expense (1) is attributable to bodily injury, sickness, disease or death or injury to or destruction of tangible property (other than the Work itself) including the loss of use resulting therefrom, and(2) is caused in whole or in part by any negligent act or omission of the Subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in part by the party indemnified hereunder. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist to any party or person described in this paragraph.

The Subcontractor shall purchase and maintain insurance of the following types and limits of liability:

Commercial General Liability

- a) **Commercial General Liability** (CGL) with limits of insurance not less than \$1,000,000 each occurrence and \$2,000,000 annual aggregate.
- b) If the CGL coverage contains a General Aggregate Limit, such General Aggregate shall apply separately to each project and location.
- c) CGL coverage shall be written on ISO Occurrence form CGOO 01 10/93 or a substitute form providing equivalent coverage and shall cover liability arising from premise and operations, independent contractors, products-completed operations and personal and advertising injury and liability assumed under an insured contract (including the tort liability of another assumed in a business contract).
- d) **Triad Builders of King, Inc.**, Owner and all other parties required of Triad Builders of King, Inc. shall be included as additional insured on the CGL, using ISO Additional Insured Endorsement CG 20 10 11/85 or both CG 20 10 10 01 and CG 20 37 10/01 or an equivalent coverage to the additional insured. This insurance for the additional insured shall be as broad as the coverage provided for the named insured subcontractor. It shall apply as primary insurance on a non-contributing basis before any other insurance or self insurance, including any deductible, maintained by or provide to, the additional insured.
- e) There shall be no endorsement or modification of the subcontractors CGL policy arising from pollution, explosion, collapse, underground property damage or work performed by subcontractors.
- f) Subcontractor shall maintain CGL coverage for itself and all additional insured for the duration of the project and maintain completed operations coverage for itself and each additional insured for at least 2 years after completion of the Work.

Business Auto Liability

- g) Business auto liability with limits not less then \$1,000,000 each accident.
- h) Business auto coverage must include coverage for the liability arising out of the use of all owned, leased, hired and non-owned automobile.

Continued on Back

Commercial Umbrella/Excess Liability

- i) Commercial Umbrella/Excess-Umbrella/excess liability limits of no less than \$1,000,000.

Workers Compensation and Employers Liability

- j) Workers Compensation and Employers Liability-Employers Liability insurance limits of at least \$500,000 each accident for bodily injury by accident and \$500,000 for employee for injury by disease.
- k) **Waiver of Subrogation** – Subcontractor shall obtain from each of its insurers a waiver of subrogation on Commercial General Liability in favor of Triad Builders of King, Inc. and Owner with respect to losses arising out of or in connection with the work.
- l) **Notice of Material Change or Cancellation** – No policy will permit cancellation or modification without thirty (30) days prior written notice of cancellation or modification to Triad Builders of King, Inc.
- m) **Certificate of Insurance** – A Certificate of Insurance shall be provided to Triad Builders of King, Inc. before commencing work. Attached to each certificate of insurance shall be a copy of the Additional Insured Endorsement that is part of the Subcontractors Commercial General Liability (CGL) policy. (See attachment "B") for sample Certificate.

SUBCONTRACTOR:

Name: _____

Address: _____

Signature/Title: _____

Date: _____

ACCOUNTS PAYABLE POLICY

FOR TRIAD BUILDERS OF KING, INC.

Triad Builders mails payments of invoices from Subcontractors and Suppliers on the 15th and 30th of every month. In order to process your invoice in a timely manner, the following conditions **must** be met:

- We Do Not pay invoices without a Purchase Order or a Subcontract.
- All Purchase Orders and Subcontracts must be signed and returned in their entirety to the Project Manager before an invoice can be submitted to our office. The original will be returned.
- Your invoice must be in our office by the 5th for a 15th of the month payment or by the 20th for a 30th of the month payment. All payments will be mailed.
- Only original invoices will be accepted. We do not accept faxed copies of invoices.
- All invoices must include a Purchase Order Number or a Subcontract Number.
- All Subcontractors are required to carry General Liability and Worker's Compensation Insurance. Insurance certificates must list Triad Builders of King, Inc. as additional insured and have a minimum of \$1,000,000 coverage on G/L and \$500,000 for W/C.
- Certificate of Insurance and Form W-9 must be on file before Triad Builders will process your invoice for payment.
- All vendors that do not carry the correct insurance will have the corresponding cost plus the current Triad Builders modification rate withheld from your payment. This deduction will be done one time only. If insurance is not then acquired, the Subcontractor will not be eligible for future work.
- All draws against subcontracts must be submitted in accordance with AGC, AIA or Triad Builder's Subcontractor's Application for Payment, must be notarized and must contain a detailed Schedule of Values.
- All changes or extras to a subcontract must be approved by a Change Order and applied against the original contract amount.
- Retainage amounts must be submitted using an Application for Payment when the job is complete.
- Triad Builders reserves the right to process payments in the form of Joint Checks or to require an Unconditional Waiver and Release of Lien before payment can be made.
- If a Joint Check payment is required, the Subcontractor must supply our Accounts Payable Department with a list of vendors including contact name, phone numbers and materials purchased in agreement with the Schedule of Values.

If you have any questions concerning the above policy, please do not hesitate to call our Accounts Payable Department at (336)983-9400.