

Subcontractor Pre-Qualification Form

**Certificate of Liability Insurance
Completed Pre-Qual Application
Completed/Signed IRS W-9 Form**

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SUBCONTRACTOR PREQUALIFICATION APPLICATION FORM

I. SUBCONTRACTOR CONTACT INFORMATION

Tax ID: _____ DUNS #: _____ CONTRACTOR License#: _____

Firm Name: _____

Business Address: _____

City, State, Zip: _____

Business Phone Number: _____ Business Fax Number: _____

Primary POC: _____ E-Mail Address: _____

Contact Number: _____

TYPE OF ORGANIZATION

___ Corporation Formed in the State of _____

___ LLC Year Formed _____

___ Other (Sole Proprietorship / Partnership) Years under present management _____

A. PRINCIPAL OFFICERS

POSITION (President, V-President, Secretary, Treasurer)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B. EMPLOYEES AND PERSONNEL

Business Size (circle one)= **Small**<10 employees; **Medium** 10-50 employees; **Large** >50 employees

TOTAL NUMBER OF EMPLOYEES _____ # PERMANENT FIELD EMPLOYEES _____

C. THREE REFERENCES

Project Name	Point of Contact Name/Number/Email	Amount \$	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Please give names and brief description of qualifications of your personnel (experience, certification, licenses) to perform the type of work you are interested in performing for Cypress Solutions, LLC

- A) _____
 - B) _____
 - C) _____
- (Attach a separate sheet if more space is needed.)

Cities/States you may perform work:	City	State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Scopes of Work/Areas of Service (check all that apply)

<input type="checkbox"/>	Mold Remediation Services	<input type="checkbox"/>	COVID-19 Contract Compliance
<input type="checkbox"/>	Water Damage Restoration	<input type="checkbox"/>	Disinfecting Protocols
<input type="checkbox"/>	Fire Damage Restoration	<input type="checkbox"/>	Insurance Recovery Consultation
<input type="checkbox"/>	Wind Damage Restoration	<input type="checkbox"/>	Code of Ethics Training
<input type="checkbox"/>	COVID-19 Disinfecting & Sanitizing	<input type="checkbox"/>	Insurance and Workman's Comp Portal
<input type="checkbox"/>	Hazardous Remediation	<input type="checkbox"/>	Safety Officer Staffing
<input type="checkbox"/>	Maintenance Training	<input type="checkbox"/>	Quality Control Manager Staffing
<input type="checkbox"/>	24 Hour Emergency Services	<input type="checkbox"/>	Online COVID-19 Portal Training Services
<input type="checkbox"/>	Pre-Disaster Planning Services	<input type="checkbox"/>	Wholesaler for PPE Products (See attached list)
<input type="checkbox"/>	Property Restoration	<input type="checkbox"/>	Wholesaler for Equipment (See attached list)
<input type="checkbox"/>	Environmental Restoration	<input type="checkbox"/>	Wholesaler for Disinfecting Products (See attached list)
<input type="checkbox"/>		<input type="checkbox"/>	:

II. CLASSIFICATION (check all that apply)

-
-
- MINORITY** A business that is at least 51% owned, controlled, and operated by a minority group.
- WOMEN** A business that is at least 51% owned, controlled, and operated by a woman or women.
- HANDICAPPED** A business that is at least 51% owned, controlled, and operated by a handicapped person(s).
- VETERANS** A business that is at least 51% owned, controlled, and operated by a veteran(s).

If you have been certified in one of the classifications above, please indicate the date and certifying agency in the spaces below.

Agency & Date of Certification: _____
(Minority, Women, Handicapped, Veteran Classification)

III. INSURANCE / BONDING

Insurance Company Name _____
Name of Insurance Broker's Company _____
Agent's Name _____ **Email** _____
Agent's Phone _____

Surety Company Name _____
Name of Surety Broker's Company _____
Agent's Name _____ **Email** _____
Agent's Phone _____

Bonding Capacity Per Job Amount \$ _____ **Aggregate Amount \$:** _____

Has a bond issued on your behalf to a customer been pulled in the past 3 years? ___ Yes ___ No

IV. Please provide the following documents/information:

- Copy of current business license.
- Copy of contractor/professional license.

WHERE TO SEND YOUR COMPLETED APPLICATION

It is preferred for you to scan and email this document to:

admin@cypress-solutions.com

Certificate of Insurance

For Certificate of Insurance Requirements

Email certificate to admin@cypress-solutions.com

See example (next page).

Note: Language may change based upon Owner requirements noted in the contract, if applicable.

PLEASE MAKE SURE YOUR INSURANCE AGENT HAS THE INFORMATION BELOW

In the Description section of the Certificate: the Job name & number must be noted;

AND, THE EXACT WORDING MUST BE ENTERED AS FOLLOWS:

Certificate Holders are NAMED as additional insured on primary and non-contributory basis on the general, automobile and umbrella/excess liability policies. Waiver of subrogation and the waiver of the right of recovery are also provided on these liability policies and workers compensation policy below. The general liability additional insured endorsement INCLUDES completed operations (Form CB20 37 10 01) or its equivalent.

Cancellation clause must be amended by:

Striking out the phases "endeavor to" AND "but failure to mail such notice or representatives."

PLEASE insert that "30 calendar days written notice will be provided in the event of cancellation."

Subcontractors must show coverages of general, auto, excess/umbrella and workers compensation liabilities.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 11/3/2009
PRODUCER (###)###-#### FAX: (###)###-#### INSURANCE AGENT 22233 STREET NAME P.O. Box ##### City ST 99999	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.	
INSURED SUBCONTRACTOR NAME 112233 STREET NAME CITY, ST 99999	INSURERS AFFORDING COVERAGE INSURER A: ABC Company INSURER B: The Insurer INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	CPO9137603	5/1/2009	5/1/2010	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY	BAP913760402	5/1/2009	5/1/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN - EA ACC \$ AUTO ONLY: AGG \$
A		EXCESS/UMBRELLA LIABILITY	AUC 913760603	5/1/2009	5/1/2010	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000				AGGREGATE \$ 1,000,000 \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC9137605	5/1/2009	5/1/2010	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B		OTHER CONTRACTORS EQP (LEASED/RENT EQP)				20MSND4338

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS Reference: **Project Number & Name**
EXACT WORDING REQUIRED: Certificate Holders are NAMED as additional insured on primary and non-contributory basis on the general, automobile and umbrella/excess liability policies. Waiver of subrogation and the waiver of the right of recovery are also provided on these liability policies and workers compensation policy below. The general liability additional insured endorsement INCLUDES completed operations (Form CB20 37 10 01) or its equivalent.

CERTIFICATE HOLDER Cypress Solutions LLC 38562 Cardinal Ct Prairieville, La 70769	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE The Agent's Signature
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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> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <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 <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</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>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 style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/> <hr/>

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					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">[] [] []</td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 33%; text-align: center;">[] [] []</td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 24%; text-align: center;">[] [] [] [] [] []</td> </tr> </table>	[] [] []	-	[] [] []	-	[] [] [] [] [] []
[] [] []	-	[] [] []	-	[] [] [] [] [] []	
or					
Employer identification number					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 11%; text-align: center;">[] []</td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 44%; text-align: center;">[] [] [] [] [] [] [] [] [] [] [] []</td> </tr> </table>	[] []	-	[] [] [] [] [] [] [] [] [] [] [] []		
[] []	-	[] [] [] [] [] [] [] [] [] [] [] []			

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*
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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.