



GENERAL CONTRACTORS & CONSTRUCTION MANAGERS

1243 North Washington Boulevard, Ogden, Utah 84404

Phone (801) 782-4748 FAX (801) 782-0765

www.ekbaileyconstruction.com

CHECKLIST

To: **SUBCONTRACTO**

The following items must be completed and submitted to **EK BAILEY CONSTRUCTION, INC 1243 NORTH WASHINGTON BLVD, OGDEN, UT 84404** as soon as possible. **DO NOT DROP THEM OFF AT THE JOBSITE!**

Contracts and all documentation: Plans and Specifications have been sent to you under separate cover. **IT IS YOUR RESPONSIBILITY TO TRANSMIT PLANS AND SPECS TO YOUR FIELD PERSONNEL.**

<u>Required</u>	<u>Description</u>
<u> X </u>	Please provide your electronic submittals and/or your shop drawings immediately.
<u> X </u>	Certificates of Insurance: See attached checklist for requirements.
<u> X </u>	Subcontractor Information Sheet.
<u> X </u>	Subcontractor/Supplier List.
<u> X </u>	Vendor Information Request
<u> X </u>	Material Safety Data Sheets which are applicable to your trade.
<u> X </u>	Written Safety Policy Statement.
<u> X </u>	Written Hazardous Communication Statement.
<u> X </u>	W-9
<u> X </u>	Both Signed Contracts (we will execute and return your copy)

These contracts must be signed by the Owner, President or Authorized Representative. If you are signing as an Authorized Representative, you must also attach written authorization from the Owner or President stating that you are authorized to obligate your employer on legal documents.



GENERAL CONTRACTORS & CONSTRUCTION MANAGERS

1243 North Washington Boulevard, Ogden, Utah 84404

Phone (801) 782-4748 FAX (801) 782-0765

www.ekbaileyconstruction.com

INSURANCE CERTIFICATE CHECKLIST

The below checklist is a guideline for convenience. Section 14 of your Subcontract details the actual requirements. The same requirements apply to any second or third-tier subcontractor.

- The name of the **Insured** must exactly match the name of the company that is identified on the Subcontractor Agreement. If the Subcontractor Agreement incorrectly lists the legal/registered entity name, you are directed to notify EK Bailey immediately so that a corrected Subcontractor Agreement can be issued.
- Add'l Insured Endorsement** must be attached and must be "Products and Completed Operations."
- If **Umbrella Policy** necessary to meet contract requirements then "X" must be in Add'l Insured and Subr Wvd Columns
- Policy Number** (TBD not allowed), policy Effective Date, and Policy Expiration Date must be shown and must be within the period of the work performed by the subcontractor. If the project overlaps two policy periods, then a new certificate needs to be at the expiration of the previous certificate.
- If project is not located in Subcontractor's home state, provide a Worker's Comp dec sheet to verify coverage exists in the state of the project.
- Certificate must be project specific. Language in the **Description of Operations / Locations / Vehicles** box must at least include: "**JOBSITE ADDRESS**"
- Certificate Holder must be **EK Bailey Construction, Inc.; Customer Name** and **EK Bailey Construction, Inc.** This cannot be EKB, etc.

Minimum Limit Requirements - Amounts shown below may be not be accurate, verify terms of the contract.

General Liability

- Each Occurrence \$1,000,000
- Damages to rented premises \$ 100,000
- Med Exp (Any one person) \$ 5,000
- Personal & Adv Injury \$1,000,000
- General Aggregate \$2,000,000
- Products – Comp/OP Agg \$2,000,000
- Add'l Insured "X"** must be in **Addl Insr** Column
- Waiver of Subrogation "X"** must be in **Subr Wvd** Column

Automotive Liability

- Combined Single Limit \$1,000,000
- Uninsured Motorist BI-single \$1,000,000
- Add'l Insured "X"** must be in **Addl Insr** Column
- "ANY AUTO" or all four of the other boxes must be checked.

Workers Compensation

- E.L. Each Accident \$1,000,000
- E.L. Disease – EA Employee \$1,000,000
- E.L. Disease – Policy Limit \$1,000,000
- Waiver of Subrogation "X"** must be in **Subr Wvd** Column
- Waiver of Subrogation in Favor of EK Bailey Construction, Inc and **Customer Name**
- WC Statutory Limits box must be checked



GENERAL CONTRACTORS & CONSTRUCTION MANAGERS

1243 North Washington Boulevard, Ogden, Utah 84404

Phone (801) 782-4748 FAX (801) 782-0765

www.ekbaileyconstruction.com

SUBCONTRACTOR INFORMATION SHEET

Project Name: _____ EK Bailey Project #: _____

Address: _____

Company Name: _____

Company Phone #: _____ Company Fax #: _____

Street Address: _____
City/State/Zip: _____
This address will be used to ship packages to you via FedEx.

Mailing Address: _____
City/State/Zip: _____
This address will be used to mail packages to you.

Please provide name, home phone number, pager number, cell phone number, etc. for person(s) to contact in case of an emergency.

Emergency Contact Name: _____ Home, Cell or Pager #: _____

Owner/President: _____ Phone/Ext: 204 Email: _____

Project Manager: _____ Phone/Ext: 207 Email: _____

Competent Person1 (print name/title): _____

Accounting Contact: _____ Phone/Ext: _____ Email: _____

Closeout Documents: _____ Phone/Ext: _____ Email: _____

Please provide your FedEx/UPS account number if you would like all payments sent overnight to your office. If you do not provide your account number, your checks will be sent UPS Ground or regular mail, depending on lien waiver requirements. This information will be kept on file and we will use your account to send out all future payments and/or any other packages to your company.

US Mail UPS FedEx Account Number: _____

In accordance with Section 3406 of the Internal Revenue Code as amended by P.L. 98-67, we are requesting the following information including your Taxpayer Identification Number, so that we may file the appropriate information returns with the IRS. Should you fail to provide us with your Taxpayer Identification Number, we are required to withhold 20% from all of your payments to be forwarded to the IRS. Please complete the information requested below. Thank you for your cooperation in helping us comply with the rules and regulations of the IRS. Any delay in submitting this information will delay the processing of payments to you.

Federal Taxpayer ID#: _____ (Trade) Contractor License #: _____

Please check type of Business:

Corporation - State of Incorporation: Utah Date of Incorporation: _____

Sole Proprietor _____

Partnership - Names of Partners: _____

Other - Specify: _____

Submitted By: _____ Date: _____

Printed Name: _____

Internal Use: Vendor# 27656 SL G009-1-02100

1 The contractor is directed to http://www.osha.gov/SLTC/competentperson/index.html for information pertaining to standards, preambles to final rules, directives, and standard interpretations related to COMPETENT PERSONS.



GENERAL CONTRACTORS & CONSTRUCTION MANAGERS

1243 North Washington Boulevard, Ogden, Utah 84404

Phone (801) 782-4748 FAX (801) 782-0765

www.ekbaileyconstruction.com

VENDOR INFORMATION REQUEST

In an effort to maintain our database and comply with customer requirements we respectfully request your cooperation. Please update any incorrect information

Subcontract **ENTER NUMBER** for Project **ENTER JOB # AND ADDRESS**

Company Name:

E.K. BAILEY CONSTRUCTION, INC.

Mailing Address

Phone:

Fax:

Shipping Address

Email:

Website:

BUSINESS OWNERSHIP CLASSIFICATION REQUEST

(Please check at least one):

- Disabled Veteran
- Emerging Small Business
- Small Business
- Women
- HUBZone

- Disadvantaged
- Section 8(a) Qualified
- Veteran
- Minority Specify Type _____
- None

Include Certification if Applicable

UNION? Yes No

Internal Use
27656 VP _____
SB _____

It is ESI's policy to provide all businesses an equal opportunity to compete for contracts.

BID SOLICITATIONS

Do you wish to be notified of upcoming projects ESI will bid? Yes No

Which states do you want to be notified about? _____

Email address to receive notifications: _____

Which scopes of work do you perform? _____

Internal Use: Vendor# 27656



GENERAL CONTRACTORS & CONSTRUCTION MANAGERS

1243 North Washington Boulevard, Ogden, Utah 84404

Phone (801) 782-4748 FAX (801) 782-0765

www.ekbaileyconstruction.com

CHANGE ORDER REQUEST MEMORANDUM

DATE: March 21, 2016

TO: E.K. BAILEY CONSTRUCTION, INC.

FROM:

RE:

All "Change Order Requests" submitted for extra work on the above referenced project must be broken down in detail in order to be approved by the Architect and/or Engineer for the project. Listed below are the required breakdowns for each request:

1. Detailed description of work to be performed, including any Architect's CCD #'s or Proposal Request #'s.
2. Line item breakdown, including cost, if submitting more than one change on one request.
3. Plan page number and detail number where change occurred.
4. Materials amount by line item.
5. Labor amount by line item.
6. Total overhead and profit amount (\$10,000, 5% remaining over \$10,000) or as allowed by Subcontract Section 5.2.
7. Credit for work originally included, which new work replaces; please break-out credit and addition separately.
8. Grand total of "Change Order Request."

Your cooperation in complying with these requirements, the *first time around*, will expedite the approval process tremendously.

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return)		
	Business name / disregard entity name, if different from above		
	Check appropriate box for federal tax classification (required) <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Other (see instructions) ▶		<input type="checkbox"/> Exempt payee
	Address: (number, street, and apt. or suite no.)		Requester's name and address (Optional)
	City, state and ZIP code		
List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

____ - ____ - ____

Employer identification number

____ - ____ - ____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	-----------------------------------	---------------

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income