

SUBCONTRACTOR/SUPPLIER QUALIFICATION/INFORMATION FORM

Legal Firm Name:	Trade
Mailing Address:	
Billing Address:	
Telephone: Fax:	Mobile:
Contact & Title: Em	ail:
Bid Invitations Contact: Em	
Federal Employer Identification Number (FEIN):	
Contractor's MN State License/Registration Number:(REQUIRED if working in MN -Register online at no cost:	

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Annual sales and wor	rk in place volume for last three (3) y	ears:		
<u>Year</u>	•	ork in Place		<u>Sales</u>
	\$			\$
				\$
	\$			\$
Explain any limits on	your firm's license:			
Worker's Compensati	ion Experience Modification Rate (E	MR) for the past	three (3) year	s:
	/Year/EMR red above is greater than 1.00, explain			
·	r State) Serious, Willful, and/or Repe		•	•
•	1:			rec years. — res — ne
	dent Rate & Days Away From Work			
	mployees on Payroll (total):			
	ployees Field			Field Craftsmen
greater of those specified A. General Liability – IS damage, bodily injury indemnification obligation 1. Minimum li a. Per b. Gen c. Proo d. Pers e. Dan f. Meo g. Per 2. Additiona a. Prin	as may be required by General Contract d below or those specified in General Cor io FORM CG 0001 (12-04 Version) or Equal personal and advertising injury, cons pursuant to the Subcontract and other interest of the Subcontract and other interest of the Subcontract and other interest in each Word Occurrence Limit: Interest Aggregate: Inducts Completed Operations Aggregate: Injury: Inage to Rented Premises (Each Occurrence dical Expense (Any One Person) Project Aggregate Limit Insured Endorsement including Inary and Non-Contributory Coverage	ntract: uivalent providing ontractual liabilit er Contract Docum ork Order: \$ \$ \$ \$ see) \$	coverage including, vinents). 1,000,000 2,000,000 1,000,000 100,000 5,000 Included	ding, without limitation, for property without limitation, Subcontractor's
Doc c. Cov and 3. Waiver of a. In fa dire B. Business Auto 1. Minimum 2. Additiona	n Combined Single Limit for each Project i	idiaries, agents, afi Products/Complete s) their wholly owne	filiates, owner, o ed Operations (Is ed subsidiaries, a	fficers, directors and employees SO forms CG2010 – 10/1/01 version
b. Cov Doc 3. Waiver of a. In fa dire C. Workers Com 1. Employers a. Bod	rerage for the Contractor, Owner, and oth cuments, and for their wholly owned subs Subrogation avor of the Contractor and Owner and for ectors and employees apensation – Statutory Coverage s Liability Limits lily Injury by Accident	idiaries, agents, aff their wholly owne \$	filiates, owner, oed subsidiaries, a	fficers, directors and employees
	lily Injury by Disease (Each Employee) lily Injury by Disease (Policy Limit)	\$ \$	500,000 500,000	

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- 2. Waiver of Subrogation
 - a. In favor of the Contractor and Owner and for their wholly owned subsidiaries, agents, affiliates, owner, officers, directors and employees
- D. Excess/Umbrella
 - 1. Minimum Limits per Project and Work Order Per Occurrence and Aggregate Minimum

\$5,000,000

- 2. Coverage shall be form following.
- E. Professional Liability where Subcontractor's services include the provision of professional services including, without limitation, architecture, engineering, surveying, or any other such services. To be provided during the course of the Project and for a period not less than the period of time Contractor faces exposure to liability based on Subcontractor's professional errors and omissions. \$1,000,000
- F. Cyber Liability where required by the Contract Documents.
- G. Pollution Liability to be provided during the course of the Project and for a period not less than the period of time Contractor faces exposure to liability based on Subcontractor's errors and omissions. \$1,000,000
- H. Minimum of 30 Days Notice of Cancellation or Change
- I. Insurance Company Rating "A" by AM Best's Insurance
- J. Surety Bond in an amount equal to Subcontract price required: Yes X No
- K. Builder's Risk for Subcontractor's work in progress, and materials stored on site awaiting installation, and to cover materials in transit or stored off site. Subcontractor shall be responsible for all property insurance for its equipment, scaffolding, and tools.
- L. Third Tier Contractors The Subcontractor is responsible to ensure that a third-tier contractor abides by all terms of this Subcontract Agreement, including the above listed insurance requirements.

PLEASE REMEMBER TO CONTACT YOUR INSURANCE AGENT AND HAVE THEM ISSUE A **CERTIFICATE OF INSURANCE** TO: **WIESER BROTHERS GENERAL CONTRACTOR, INC.** VIA FAX: 507-895-8438 OR E-MAIL: AUBREYB@WIESERBROTHERS.COM

Wieser Brothers General Contractor, Inc. via fax: 507-895-8438 or e-mail: aubreyb@wieserbrothers.com		
Describe recent project experience (past 3 years) including Project Name/Location:	g contacts, addresses, and telephone numbers:	
Description of Work:		
Your Contract Amount: \$		
General Contractor:		
Contact:	Telephone:	
Address:		
Project Name/Location:		
Description of Work:		
Your Contract Amount: \$		
General Contractor:		
	Telephone:	
Address:		
Project Name/Location:		
Description of Work:		
Your Contract Amount: \$		
General Contractor:		
Contact:	Telephone:	
Address:		

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By signing this statement, I,	, duly authorized as		
	(Name)	(Title)	
of(Comp	pany)	, affirm and certify that the information	
contained herein is accurate, and als names contained in this questionnaire		rs General Contractor, Inc. to contact references and	
Date	Signature		

*NOTE: Issuance and completion of this qualification form does not award any project being bid.



Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	I Name (as snown 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		
e. ns on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes. ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC	eck only one of the Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)
Ž Š	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner	rship) ►	
Individual/sole proprietor or single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) 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 not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is 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. Other (see instructions) Address (number, street, and apt. or suite no.) See instructions. Requester's name and address (optional)			
eci.	☐ Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)
ဇ္တ	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)
Se	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		
Par	Taxpayer Identification Number (TIN)		
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	0.0	curity number
reside entitie	up withholding. For individuals, this is generally your social security number (SSN). However, f ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>		
TIN, la		or	
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 quidelines on whose number to enter.		identification number	
INUITIL	ver to give the nequester for guidelines on whose number to enter.		-
Par	t II Certification		
Unde	r penalties of perjury, I certify that:		
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest of longer subject to backup withholding; and	I have not been n	otified by the Internal Revenue
3. I ar	n a U.S. citizen or other U.S. person (defined below); and		
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportir	g 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 ▶	
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.			
acquisition	or abandonment of secured property, cancellation of debt, contributions to an individual re-	tirement arrangement (IRA), and generally, payments	

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.