



SUBCONTRACTOR CHECKLIST & COMPLIANCE (COMPLETE 1 PER COMPANY)

COMPANY INFORMATION

COMPANY NAME		FEIN #		FDOT #	
ADDRESS	STREET				
	CITY		STATE	ZIP CODE	
CONTACT PERSON	LAST NAME		FIRST NAME		
CONTACT METHOD	PHONE ()	FAX ()	E-MAIL		

TRUCKS NUMBERS CURRENTLY LISTED (OFFICE USE ONLY)

- ☐ Certificate of Corporation (print from www.Sunbiz.org as proof that entity is ACTIVE)
- ☐ MCS Company Snapshot (print from www.safer.fmcsa.dot.gov)
- ☐ W9
- ☐ Workers Compensation Insurance or worker Compensation Exemption for Exempt-Driver (see Subcontractor Truck and Driver Data for more details)
- ☐ Acord certificate of Liability Insurance. PLEASE SEE SAMPLE ATTACHED CERTIFICATE.
 - o Auto insurance of \$1,000,000 limit required, General Liability and Workers Compensation limits as shown on Sample attached
 - o Policy endorsed to add TransPremier, LLC as additional insured on general liability
 - o Policy endorsed to add Waiver of Subrogation for both general liability and workers compensation coverage on behalf of TransPremier, LLC
 - o All certificates must identify all covered vehicles including the VIN Numbers, Make and Model
 - o The Certificate of Insurance must have the following address as shown:
TransPremier, LLC
7616 Narcoosee Rd. Orlando, FL 32822
 - o Cancellation: The issuing company must notify certificate holder of a minimum of 30 days advance written notice of cancellation of any policy (10 days for non-payment)
 - o Minimum insurance liability coverage and additional insured requirements are subject to change. TransPremier LLC will notify each company/owner of such change prior to contracting.
- ☐ Subcontractor Truck & Exempt-Driver Data
- ☐ Subcontract Hauling Agreement- Signed and Executed
- ☐ Subcontractor Safety and Environmental Responsibilities – Reviewed and Acknowledgement Signed
- ☐ Other: _____
- ☐ Other: _____

TRUCK #

OFFICE USE ONLY



SUBCONTRACTOR TRUCK & EXEMPT-DRIVER DATA (COMPLETE 1 PER TRUCK)

COMPANY NAME

VEHICLE INFORMATION

YEAR		MAKE		MODEL	
COLOR	CAB			BODY	
V.I.N. #					
REGISTRATION	TAG #				DECAL EXPIRATION DATE

EXEMPT-DRIVER INFORMATION

OWNER - OPERATOR	LAST NAME	FIRST NAME		
COMMERCIAL DRIVER LICENSE	NUMBER	STATE	EXPIRATION DATE	
CONTACT METHOD	CELL	E-MAIL		

- ☐ Vehicle Registration Card
- ☐ Driver's License
- ☐ Medical Examiner's Certificate
- ☐ Workers Compensation Insurance **or** Worker Compensation Exemption Certificate for Exempt-Driver (Certificates can be printed from <http://www.myfloridacfo.com/Division/WC/>)
- o Worker's Compensation Insurance is required for **NON-EXEMPT EMPLOYEES**. As provided in Section 440.05 Florida Statutes.
 - o Workers Compensation exemption is **only applicable** to an officer of a Corporation or a Member of a Limited Liability Company (LLC)
 - The corporation or LLC must be registered and listed as active with the Florida Department of State, Division of Corporations. (as found on www.Sunbiz.org)
 - The exempt driver must be listed as an officer of the corporation in the records of the Florida Department of State. (as found on www.Sunbiz.org)
 - To be ELEGIBLE for a construction industry exemption or a non-construction Limited Liability company exemption, an applicant must have the required ownership of the corporation or Limited Liability Company.
 - CONSTRUCTION INDUSTRY
Officer of a Corporation - Must evidence a minimum 10 percent ownership of the corporation.
Member of a Limited Liability Company (LLC) - Must evidence a minimum 10 percent ownership of the LLC.
 - NON-CONSTRUCTION INDUSTRY APPLICANT
Officer of a Corporation - The non-construction industry corporation does not require 10 percent ownership. Member of a Limited Liability Company (LLC) - Must evidence a minimum 10 percent ownership of the LLC.

FRAUD NOTICE

Any person who, knowingly and with intent to injure, defraud, or deceive the department or any employer or employee, insurance company or any other person, files a Notice of Election to be Exempt containing any false or misleading information is guilty of a felony of the third degree. - As provided in Section 440.05 Florida Statutes

PLEASE NOTE, IT IS THE SUBCONTRACTOR'S DUTY AND FULL RESPONSIBILITY TO ENSURE THAT, ANY AND ALL, NON-EXEMPT EMPLOYEES ARE COVERED BY A VALID WORKER'S COMPENSATION LIABILITY INSURANCE. ANY EXEMPT-DRIVER MUST COMPLY WITH THE PROVISION AS STATED ON CHAPTER 440 OF FLORIDA STATUTES.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/23/2017

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

COVERAGES

CERTIFICATE NUMBER: CL1612803778

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
B	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED					
	RETENTION \$					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

TransPremier LLC is named as additional insured with respects to General Liability and Auto Liability. Waiver of Subrogation in favor of TransPremier LLC as respects General Liability, Auto Liability and Workers Compensation.

CERTIFICATE HOLDER

CANCELLATION

TransPremier, LLC.
7616 Narcoossee Rd.
Orlando, FL 32822

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

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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.	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; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	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>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional) TRANSPREMIER, LLC 9388 SIDNEY HAYES RD. ORLANDO, FL 32824
	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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
<div><div></div><div></div><div></div></div> - <div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
or	
Employer identification number	
<div><div></div><div></div></div> - <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	

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 on page 3.

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

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- 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?* on page 2 for further information.