

SUBCONTRACTOR MASTER AGREEMENT



7235 S.W. Bonita Road • Portland, OR 97224 • 620-2215

OREGON BUILDERS BOARD NO.

160672

WASHINGTON BUILDERS BOARD NO.

Subcontractor

Name: _____

Contact: _____

CCB/WA

Address: _____

Telephone: _____ Fax: _____

Thank you for your interest in working with Horizon Restoration, we value the relationship with our subcontractors. With respect to the high standard of quality Horizon represents, we require the following terms to be met, in addition to the insurance requirements. In order to qualify as an authorized Subcontractor for Horizon Restoration, please complete the enclosed forms and sign below agreeing to all terms.

1. We require Purchase Orders for all work ordered, bid, and accepted. When the work is ordered, if you are not given a Purchase Order, ask for one. **A Purchase Order number is required to show on your invoice to be accepted for payment.**
2. Invoices with no Purchase Order # will be returned to be re-invoiced, and invoice date will be adjusted to date corrected invoice is received.
3. For jobs exceeding \$5,000 we require a Subcontract to be signed by Subcontractor and Horizon Project Manager before work commences.
4. **Payment becomes payable 30 days of invoice date, upon satisfactory completion of the work,** during which time Horizon Restoration's job supervisor will review the work for satisfaction and for confirmation of completion date.
5. **Progress Billings must be pre-approved and stated in contract.**
6. Payments are processed and mailed on Fridays. We apologize for any inconvenience, but they cannot be available for pick up at our office.
7. **Original invoices must be mailed (facsimiles are not accepted) and received within 10 days of job completion.** If later than 10 days, the date the invoice is received by our office will be posted as the invoice date.
8. If invoice is received before job is completed and progress payment has not been contracted, the invoice will be returned to be re-invoiced.
9. Certificates of Worker's Compensation and Employer's Liability Insurance: and Contractor's Liability are required.
10. **Subcontractors must carry General Liability insurance with minimum limits of \$1 million per occurrence for bodily injury and \$1 million per occurrence for property damage** or at the minimum limits of the project specifications, whichever is greater. **Subcontractor shall cause Horizon Restoration to be named as an additional insured** and shall provide the contractor with current certificates of insurance before work commences.
11. **You are required to clean the jobsite following completion of your phase of the work,** including removal of your debris.
12. All jobsites are **non-smoking** as a courtesy to our customers. We require that our employees and subcontractors do not smoke on any property maintained by our customer.
13. Please be prompt and courteous, it is in everyone's best interest to maintain satisfied customers.

The terms above have been read and are understood. It is understood that work cannot begin without a signed Agreement, P/O# and Sub-Contract (for work exceeding \$5,000.)

X _____
Subcontractor or Authorized Representative signature Date

SUBCONTRACTOR APPLICATION

COMPANY NAME _____

CONTACT NAME _____

MAILING ADDRESS _____

PHONE # _____ **MOBILE #** _____

FAX # _____ **EMERGENCY #** _____

EMAIL AND/OR WEB ADDRESS _____

CONTRACTOR'S LICENSE / BUILDER'S BOARD # _____

FEDERAL TAX ID # _____

OR

SOCIAL SECURITY # _____

PRIMARY TRADE/SPECIALTY: _____

SECONDARY TRADE/SPECIALTY: _____

Please provide the following:

- W-9 Tax Form**
- Certificate of Insurance for General Liability**
- Certificate of Worker's Compensation Coverage or Evidence of Exemption**

ALL CERTIFICATES MUST NAME HORIZON RESTORATION AS AN ADDITIONAL INSURED WITH NOTICE OF CANCELLATION.

***We have enclosed an Insurance Request Form for your convenience. Please notice Special Instructions indicating our minimum Liability requirements.**

Fax to: Insurance Agent

Request for Certificate of Insurance

Date:

Insured:

Certificate Requested By: _____

Phone: _____

Fax: _____

Certificate Holder: Horizon Restoration

Attention: AP Processor

Address: 7235 S.W. Bonita Road; Portland, OR 97224

Fax: 503-624-0523 Please Fax

Job Name (if needed): _____

Additional Insured Requested:

Name: Horizon Restoration

SPECIAL INSTRUCTIONS:

The certificate of insurance shall include Additional Insured endorsement that provides Premises/ Operations coverage. The endorsement must be included on the certificate of insurance or as an attachment. General Liability Limits shall be equal or greater than **\$1,000,000** per occurrence.

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, if different from above | |
| Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ | |
| 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 Line 1 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 |
| OR |
| 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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,