New Vendor Instructions

For product purchases and no site access required, here are the requirements

1. Provide a W9- Sample Attached
2. Provide a completed Business Size form and ensure to Check at least one of the boxes in the matrix. Example: If you are a small business and women owned, please check both. No limit on box checking- Form attached.

Additional requirements for vendors performing work or requiring site access.

3. Provide a certificate of insurance.
    a. Ensure ALL BOXES ARE CHECKED exactly like those shown on the attached sample COI
    b. Ensure the EXACT Waiver Language is shown exactly like that shown on the attached sample COI
    c. Umbrella amounts can supplement shortages in general liability and automobile liability
4. Insurance Requirements from our subcontract.

Insurance Requirements

Waiver language requirements

RE: Job Name, Job Address

"***NorthStar Contracting Group, Inc. is included as Additional Insured on a Primary and Non-Contributory basis as respects General Liability, Automobile Liability, and Umbrella Liability as required by written contract. Waiver of Subrogation is included and applies in favor of the Additional Insured as required by written contract."***

Unless otherwise stipulated in the Contract Documents or in this Subcontract/Purchase Order minimum insurance coverages and their limits shall be as follows:

Insurance. Prior to the commencement of any of the Subcontractor's work under this Subcontract/Purchase Order, the Subcontractor shall procure and maintain, at its own expense, insurance in accordance with the requirements set forth below. Coverage shall be maintained until completion and final acceptance of the Subcontractor's Work by the Owner, and for such longer periods of time as specified in this Subcontract/Purchase Order.

A. Workers Compensation & Employer's Liability Insurance
Subcontractor shall procure and maintain workers' compensation insurance (including occupational disease) in accordance with the state(s) in which the Work will be performed and where the project is located. Limits shall be provided in accordance with the required statutory amounts and provide coverage for all employees.

If Subcontractor's Work will involve work or operations on the navigable waters of the U.S. (as provided in the U.S. Longshore and Harbor Workers' Compensation Act), then Subcontractor shall obtain coverage pursuant to the U.S. Longshore and Harbor Workers' Compensation Act and the Jones Act.

If Subcontractor leases one or more employees through the use of a payroll, employee management, or other similar company, then Subcontractor must procure worker's compensation insurance written on an "if any" policy form, including an endorsement providing coverage for alternate employer/leased employee liability. Such insurance shall be in addition to the workers' compensation coverage provided to the leased employee by the payroll, employee management, or other similar company.

Subcontractor shall purchase and maintain employer's liability insurance coverage with limits of at least: **$1,000,000 for each bodily injury by accident, $1,000,000 bodily injury by disease, and $1,000,000 annual aggregate.**

B. General Liability Insurance

Subcontractor shall purchase and maintain commercial general liability insurance provided on the current ISO CG 00 01 occurrence form, including coverage for damages because of bodily injury, property damage, personal and advertising injury, medical payments, and for the products-completed operations hazard, with limits of at least **$2,000,000** each occurrence for bodily injury and property damage, and personal and advertising injury; **$2,000,000** general aggregate on a per project basis; and **$2,000,000** products-completed operations aggregate.

Without limiting the foregoing, coverage shall: (a) contain no professional liability exclusion broader than ISO form 22 80 04 13 or equivalent; (b) include no narrowing modification to, or deletion of, the ISO CG 00 01 standard definition of "insured contract"; (c) contain no exclusion applicable to Subcontractor's scope of Work for the project; (d) contain no limitation or exclusion based upon the existence or applicability of a wrap-up insurance program; (e) contain no cross-suits exclusion or insured vs. insured exclusion applicable to suits between the Subcontractor and the Additional Insured (defined below); (f) contain no limitation or exclusion for resulting or consequential property damage; (g) contain no limitation or exclusion for the Additional Insureds' vicarious liability, strict liability, or statutory liability; (h) no additional limitations or exclusions related to property damage (except those provided in the standard ISO CG 00 01 form); (i) contain no limitations or exclusions applicable to residential use of property, including, but not limited to, exclusions related to single or multi-family dwellings, apartments, condominiums and/or co-operative housing, if the project is residential in nature.

If the Work is being performed in a jurisdiction, or the Subcontractor's policy is governed by a jurisdiction, that does not consider faulty workmanship and/or a construction defect to be an "occurrence" within the meaning prescribed by an ISO standard CG 00 01 policy form, then Subcontractor must procure a modified definition of occurrence endorsement that defines occurrence to specifically state that damage resulting from faulty workmanship and/or a construction defect is accidental in nature and thus, an occurrence.

Coverage shall be maintained from the commencement of the Work until not less than ten (10) years after completion and acceptance of the project by Owner, or to the expiration of the applicable statute of repose in the jurisdiction where the project is located, whichever period is longer.

C. Automobile Liability Insurance

Subcontractor shall purchase and maintain automobile liability insurance provided on the current ISO CA 00 01 form or its equivalent with limits of at least **$2,000,000.** Coverage shall apply on an "any auto" basis (owned, non-owned, leased, hired and borrowed) and include uninsured and underinsured motorist coverage; loading and unloading; and medical payment protection. Coverage shall be provided for all autos utilized in connection with the Work.

If the Work requires the removal and transportation of hazardous materials, coverage must be amended to include pollution liability coverage applicable to bodily injury and property damage arising from all hazardous waste hauling, and include at least the CA 9948 and MCS90 endorsements. Subcontractors hauling hazardous materials must provide limits of at least **$5,000,000** combined single limit.- **if applicable**

D. Professional Liability Insurance- **if applicable**

If the Work being performed involves services which would be excluded "professional services" under Subcontractor's Commercial General Liability insurance, Subcontractor shall provide professional liability insurance coverage with limits of at least **$5,000,000** per claim and **$5,000,000** in the aggregate. Coverage shall be maintained from the commencement of the Work until not less than ten (10) years after substantial completion and acceptance of the project by Owner, or to the expiration of the applicable statute of repose in the jurisdiction where the project is located, whichever period is longer.

E. Pollution Liability Insurance- **If applicable**

If the Work being performed involves abatement, removal, replacement, repair, enclosure, encapsulation, and/or disposal of any hazardous material or substance and/or pollutants, Subcontractor shall provide pollution liability insurance coverage for bodily injury and property damage with limits of at least **$5,000,000** per claim. If not provided by Subcontractor's automobile liability policy, coverage shall be provided for transportation, including, loading and unloading, of hazardous material and/or pollutants. This insurance must include coverage for at least each of the following if excluded from coverage by Subcontractor's Commercial General Liability insurance: mold; silica; asbestos; lead; arsenic; chromate; sulfates; vapor, smoke, soot, dust, and fumes. Coverage shall be maintained from the commencement of the Work until not less than ten (10) years after substantial completion and acceptance of the project by Owner, or to the expiration of the applicable statute of repose in the jurisdiction where the project is located, whichever period is longer.

F. Crane & Riggers Liability Insurance- **if applicable**

If Subcontractor (or its sub-subcontractors of any tier) utilizes a crane in connection with the Work, Subcontractor shall provide crane and riggers liability insurance, insuring against physical loss of, or damage to, the property and/or equipment in the care, custody, or control of the rigger, with limits sufficient for replacement of such property and/or equipment, and/or with limits that comply with any applicable federal, state, or local law or regulation.

All subcontractors to NorthStar shall complete this form prior to any Subcontractors/ Vendors/Suppliers input into financial system.

Company Name: _____ DUNS No. _____

Address: _____ Federal Tax ID: _____

Check the business category that applies to you.

_____ Corporation _____ Partnership

_____ Individual or Sole Proprietor _____ Other (*Specify)*

Please check your size status* (All that Apply) in the appropriate work discipline in the appropriate box below and return to us please with your W9

Supplies/Services	LB	SB	VOSB	SDVOSB	HUB Zone	SDB	WOSB	Alaskan Native LB	Alaskan Native SDB
Transportation of Hazardous Waste									
Transportation of Non- Hazardous Waste									
Carpentry									
Laboratory Analytical Support									
Industrial Hygiene Support									
Miscellaneous Services									
Construction Services									
Government									
Demolition									
Fuel Services									
Consumable Materials and Supplies									
"Other" Please describe									

*LB = Large Business; VOSB= Veteran Owned Small Business; SDVOSB=Service-Disabled Veteran Owned Small Business; SBD= Small Disadvantaged Business; WOSB= Women Owned Small Business

Your Primary NAICS Code(s): **_____ Number of Employees: _____

* Requires Certification by being listed on the government's web site located at: https://www.sba.gov/document/support-table-size-standards

** NAICS codes may be located on the government's web site located at: http://www.sba.gov.size.sizetable2002.html

If you are unsure if you are a small or large business, please review the information at the Small Business Administration's website: https://www.sba.gov/federal-contracting/contracting-guide/size-standards

If you are unsure if you are a Small Disadvantaged, Women-Owned, HUBZone, Veteran-Owned or Service-Disabled Veteran-Owned Small Business, please consult the following web site for definitions: https://www.acquisition.gov/far/part-19

Refer to title 13 U.S. CFR 121.410 and 121.411 for guidance on size standards and procedures regarding the Subcontracting Program. If you are still uncertain about your status after reviewing these resources, please call 1-800-U-ASK-SBA or refer to the Small Business Administration's web site: http://www.sba.gov.

Signature: _____

Printed Name: _____

Title: _____ Date: _____

Contact Danny Lavergne, NorthStar Contract Manager for any assistance at (303) 596-6305 or dlavergne@northstar.com

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

COVERAGES **CERTIFICATE NUMBER:** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE / OCCUR						MED EXP (Any one person)	$
		X	X				PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	POLICY / PRO-JECT / LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS	X	X				BODILY INJURY (Per accident)	$
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE	X	X				AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N / A	X				E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

NorthStar Contracting Group, Inc. is included as Additional Insured on a Primary and Non-Contributory basis as respects General Liability, Automobile Liability, and Umbrella Liability as required by written contract. Waiver of Subrogation is included and applies in favor of the Additional Insured as required by written contract.

CERTIFICATE HOLDER

NorthStar Contracting group, Inc.
9135 Avenue C
Orlando, FL 32824
Project site: 601 S Royal St, Mobile AL 36603

CANCELLATION

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

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

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.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

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 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. See also *What Name and Number To Give the Requester* 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); and
4. 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**

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they