



ATTN: Subcontractors

Williams Company is known for its exceptional quality, service and safety. As part of our continued efforts to strive for excellence in these areas we will be requiring all vendors/subcontractors to submit checkout packages in order to be considered for any contract. The information to be provided in these packages will be as follows:

1. Company Financial Statements including W-9s
2. Current work on hand: to include duration, start/end dates, project value, etc.
3. References: both completed work and current work
4. Insurance Certificates
 - a. General Liability
 - b. Auto
 - c. Worker's Compensation

The information provided will allow Williams Company to perform its due diligence and ensure our success as well as our valued Trade Partners. Checkout Package Checklist – Please ensure that the following information is provided. Any missing or partial information may lead to delays in the contract process.

- 1. References
- 2. Financial Statements
- 3. Current work on hand
- 4. Insurance Certificates

This package must be completed and returned to Ruben Morhain at rmorhain@williamsco.com in order to be considered for any contract. Any missing or partial information may lead to delays in the contract process. If you have any questions or concerns, please let us know.

Sincerely,

WILLIAMS COMPANY

**291 SOUTHHALL LANE | MAITLAND, FL 32751
MAIN: 407.295.2530 | FAX: 407.297.0459**

CLIENT SERVICE IS THE FOUNDATION OF OUR BUSINESS | WWW.WILLIAMSCO.COM

Acknowledgement of Williams Company Checkout Package Policy

I understand that Williams Company must perform its due diligence with Trade Partners to ensure they have met all of their requirements and standards. As part of this process, Williams Company must review every Trade Partner's qualifications to establish a strong working relationship and ensure project success. In order to assist in the process I agree to the following:

I agree to:

- Provide current information
- Ensure the accuracy of that information
- Submit in a timely fashion

I understand that if I have any questions or concerns, I should discuss them with the Preconstruction Manager.

Trade Partner Printed Name: _____

Trade Partner Signature: _____

Date: _____

Financial Statement Request

We are in the process of performing our due diligence with subcontractors to ensure they have all met our requirements. One requirement is a review by our CEO of a subcontractor's yearly financial information. This is a mandatory process we require before executing subcontracts.

This information is privy only to our CEO, will remain confidential, and will never be shared with outside entities. Our records indicate that we have either never conducted a financial review of your company, or previous reviews are now out of date. Therefore, we request you provide the following information:

- Most current year's Financial Statements. If you have audited financial statements, please include all CPA notes. If you do not have audited financials, please send a review or internal financials.
- In addition to your financials, please provide a letter from your BONDING COMPANY, not your agent, that specifically details your bonding rate, limits and effective dates. Please make sure they include the total of work your company currently has bonded with them.
- A copy of your W-9 indicating your company's legal name verifiable by the State's Department of Corporation

Please keep your financial statements separate from this package & email only your financial statements directly to Shannon Horn @ shorn@williamsco.com

Contractor Checkout Package

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Title: _____

Email: _____

Phone: _____

Fax: _____

Mobile: _____

Email: _____

Work Scope (Please circle scope of work performed):

Division 2	Division 3	Division 4	Division 5	Division 6	Division 7
Division 8	Division 9	Division 10	Division 11	Division 12	Division 13
Division 14	Division 15	Division 16			

MBE Information:

Small Business(SBE) Minority Business Enterprise(MBE)

Women's Business (WBE) Disadvantaged Business(DBE)

African American Business(AABE) Hispanic Business(HBE)

Asian American Business(ABE) Native American Business(NABE)

Historically Underutilized Business(HUB)

Service-Disable Veteran Owned Small Business(SDVOSB)

Certified Business Enterprise(CBE) 8a Business Enterprise(8a)

If you have selected any of the above, please include a copy of your certificate.

Vendor References

Please provide three General Contractor references that you have recently or are currently working with. If you are unable to provide three please provide as many as possible. **IF COMPLETED IN THE LAST SIX MONTHS PLEASE DISREGARD.**

Contact Information

Company: _____
Contact name: _____
Title: _____
Phone: _____
Mobile: _____
Email: _____
Years known/worked with: _____

Project information

Projects worked on and value:

1. _____
2. _____
3. _____
4. _____

Currently working with this Vendor?

Yes / No

Last worked with this Vendor? (MM/YYYY)

Contact Information

Company: _____
Contact name: _____
Title: _____
Phone: _____
Mobile: _____
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Years known/worked with: _____

Project information

Projects worked on and value:

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Yes / No

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Currently working with this Vendor?

Yes / No

Last worked with this Vendor? (MM/YYYY)

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Contact Information

Company: _____

Contact name: _____

Title: _____

Phone: _____

Mobile: _____

Email: _____

Years known/worked with: _____

Project information

Projects worked on and value:

5. _____

6. _____

7. _____

8. _____

Currently working with this GC? **Yes / No**

Last worked with this GC? (MM/YYYY)

Project information

Projects worked on and value:

5. _____

6. _____

7. _____

8. _____

Currently working with this GC? **Yes / No**

Last worked with this GC? (MM/YYYY)

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5. _____

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7. _____

8. _____

Currently working with this GC? **Yes / No**

Last worked with this GC? (MM/YYYY)

TO: ALL SUBCONTRACTORS

FROM: INSURANCE COORDINATOR, Williams Company-Southeast

RE: CERTIFICATE OF INSURANCE REQUIREMENTS

Williams Company-Southeast has very specific insurance requirements that must be met by all subcontractors. These requirements are detailed below. Subcontractors must provide insurance certificates demonstrating all of Williams' requirements are met **before** beginning any on-site work and before receiving any payments. Please notify Williams' project manager immediately if your company cannot meet any of these requirements.

Your insurance certificate must be faxed to **407-297-0459**. Failure to fax insurance certificates to the number provided will delay subcontractors' authorization to work on site and will delay release of payments. Any questions you may have regarding Williams Company-Southeast insurance requirements can be addressed by our Insurance Coordinator by calling **407-295-2530**.

Specific Insurance Requirements are as follows:

1. The Insurance provided by each subcontractor under the terms of your contract shall be **PRIMARY and NON CONTRIBUTORY** to any coverage available to Williams or other additional insured under any other insurance held by Williams.
2. The Certificate Holder must be Williams Company-Southeast
3. Williams Company-Southeast requires different liability coverage amounts based upon the amount of your contract. They are as follows:
Tier 1 – Contract amounts below \$100,000 – Minimum of \$2M General Aggregate & \$1M Each Occurrence
Tier 2 – Contract amounts of \$100,000 to \$500,000 – Minimum of \$3M General Aggregate & \$2M Each Occurrence
Tier 3 – Contract amounts of \$500,000 and above – Minimum of \$6M General Aggregate & \$5M Each Occurrence
4. Workers Compensation coverage is required from all subcontractors with minimum coverage limits as follows: \$100,000 EL Each Accident; \$500,000 EL Disease – Policy Limit; \$100,000 EL Disease – Ea Employee
5. Auto Liability insurance is required from all subcontractors with minimum coverage limits as follows: \$1,000,000 Combined Single Limit.
6. Additional Insureds are required on General and Excess/Umbrella liability policies. All subcontractors are to name Williams Company-Southeast AND the Project's Owner as Additional Insureds on their insurance certificates. If the subcontractor's contract amount is \$100,000 or higher, then, in addition to the certificate, they must also provide the actual Additional Insured Endorsement indicating both as Additional Insureds on all liability policies.
7. Waiver of Subrogation in favor of Williams Company-Southeast and the project owner is required on all Liability and Workers Compensation policies. All subcontractors are to indicate on their insurance certificates a Waiver of Subrogation in favor of Williams Company-Southeast and the project owner. If the subcontractor's contract amount is \$100,000 or higher, then, in addition to the certificate, they must also provide the actual Waiver of Subrogation Endorsement indicating the Waiver of Subrogation has been provided on all liability and workers compensation policies.
8. The following statement is to be provided on all insurance certificates: Williams Company-Southeast and its affiliated & subsidiary companies, officers, directors, agents, and employees; and the project's Owner are named as Additional Insureds with respect to General Liability, completed operations & Umbrella policies. Waiver of Subrogation is included in favor of the project owner and Williams Company-Southeast its affiliated & subsidiary companies, officers, directors, agents, & employees with respects to the General Liability & Workers' Compensation & Excess Liability policies. Policies are primary & non-contributory for all claims arising from insured's work. Policy shall not contain an exclusion limiting or removing liability arising out of residential construction.

CERTIFICATE OF LIABILITY INSURANCE

Tier 3 Sample

DATE: (MM/DD/YY)

PRODUCER <p style="text-align: center;">Agent's Name & Mailing Address</p>	THIS CERTIFICATE IS USED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW:
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INSURED SUBCONTRACTOR Subcontractor Address	<p style="text-align: center;">COMPANIES AFFORDING COVERAGE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center;">COMPANY A</td> <td style="text-align: center;">Name of Insurance</td> </tr> <tr> <td style="text-align: center;">COMPANY B</td> <td rowspan="2">Insurance companies providing coverage must be rated at least A-VIII or B+ 10 by A.M. Best Only Exception: State WC Funds</td> </tr> <tr> <td style="text-align: center;">COMPANY C</td> </tr> </table>	COMPANY A	Name of Insurance	COMPANY B	Insurance companies providing coverage must be rated at least A-VIII or B+ 10 by A.M. Best Only Exception: State WC Funds	COMPANY C
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COMPANY C						

COVERAGES: 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																																
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR A OWNER'S & CONTRACTOR'S PROT X CONTRACTURAL LIABILITY <input checked="" type="checkbox"/> AGGREGATE LIMITS PER PROJECT	POLICY NUMBER			<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS—COMP/OPAGG</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any one fire)</td><td style="text-align: right;">\$ 50,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>COMBINED SINGLE LIMIT</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per Person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per Accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE</td><td style="text-align: right;">\$</td></tr> <tr><td>AUTO ONLY—EA ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>OTHER THAN AUTO ONLY:</td><td style="text-align: right;">\$</td></tr> <tr><td>EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 4,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$ 4,000,000</td></tr> </table>	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS—COMP/OPAGG	\$ 1,000,000	PERSONAL & ADV INJURY	\$ 1,000,000	EACH OCCURRENCE	\$ 1,000,000	FIRE DAMAGE (Any one fire)	\$ 50,000	MED EXP (Any one person)	\$ 5,000	COMBINED SINGLE LIMIT	\$ 1,000,000	BODILY INJURY (Per Person)	\$	BODILY INJURY (Per Accident)	\$	PROPERTY DAMAGE	\$	AUTO ONLY—EA ACCIDENT	\$	OTHER THAN AUTO ONLY:	\$	EACH ACCIDENT	\$	AGGREGATE	\$	EACH OCCURRENCE	\$ 4,000,000	AGGREGATE	\$ 4,000,000
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DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/SPECIAL ITEMS
ALL PROJECTS: Williams Company-Southeast, its affiliates & subsidiary companies, officers, directors, agents, employees and the Project Owner are named as Additional Insured with respect to General Liability, Completed Operations & Umbrella policies. Waiver of Subrogation is included in favor of Williams Company-Southeast, its affiliated & subsidiary companies, officers, directors, agents & employees and the project owner with respects to the General Liability & Worker's Compensation & Excess Liability policies. Policies are primary & non-contributory for all claims arising from Insured's work. Policy shall not contain an exclusion limiting or removing liability arising out of residential construction.

CERTIFICATE HOLDER <p style="text-align: center;">Williams Company-Southeast 291 Southhall Lane Maitland, FL 32751</p> Fax certificate to: 407-297-0459	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. AUTHORIZED REPRESENTATIVE
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NO COPYRIGHT INFRINGEMENT INTENDED

Note:

Contracts of \$100,000 or more must also provide ACTUAL ENDORSEMENTS for Additional Insureds & Waiver of Subrogation