

(G) **Interpretation:** The Parties have participated in the drafting of this Agreement and thus it shall not be construed against any party upon the basis of the identity of its drafter.

(H) **Notices:** Notices of any intended or actual legal action by one party against the other shall be sent by certified mail, return receipt requested, postage prepaid, or via overnight priority federal express addressed as follows:

If to Subcontractor:



If to SunGlo
SunGlo Restoration Services, Inc
Attn: President
42860 W 9 Mile Road
Novi, Michigan 48375

Notice shall be effective on the earlier of the date of receipt by the intended recipient or upon the date the intended recipient refuses delivery.

(I) **Authorization to Work:** Subcontractor further understands and agrees that this Agreement is contingent upon Subcontractor's submission of satisfactory proof of its licensure (if needed), identity and its legal authorization to perform the Work in the United States. If Subcontractor fails to submit this proof, this Agreement shall be null and void and of no force or effect.

(J) **Counterparts:** This Agreement may be executed in two or more counterparts, each of which shall be deemed an original.

BY SIGNING THIS DOCUMENT, YOU REPRESENT THAT YOU HAVE FULLY READ THIS AGREEMENT; THAT YOU UNDERSTAND ALL OF ITS TERMS; THAT YOU HAVE BEEN GIVEN THE OPPORTUNITY TO HAVE IT REVIEWED BY A LAWYER OF YOUR CHOICE; AND THAT YOU FULLY INTEND TO BE BOUND BY ALL OF THE TERMS AND PROVISIONS OF THIS AGREEMENT.

AGREED:

Subcontractor:

SunGlo

By: _____

Its: _____



Disaster Restoration Specialists

42860 W. 9 Mile Rd.
Novi, MI 48375
Phone (800) 574-2000 Fax (810) 626-6823

Sub-Contractors Insurance Certificates

The Commercial General Liability policy issued in the name of SunGlo Restoration Services, Inc., requires each sub-contractor to provide SunGlo with a certificate of insurance, identifying SunGlo as a named insured on all of the Subcontractor's policy(ies), prior to performing any work under contract. The policy and certificate must reflect, as a minimum, the following limits (unless lesser limits are agreed upon in writing between the parties):

1. Commercial General Liability:

\$1,000,000 each occurrence
\$2,000,000 general aggregate

Certificate holder and named insured - SunGlo Restoration Services, Inc.
42860 W. 9 Mile Road
Novi, MI 48375

Important: In the "description of operations" section, the wording "Certificate holder is listed as a named insured with respect to the General Liability Policy" must be included. A 10-day written cancellation notice is also required.

2. Employer's Liability Insurance (Workers' Compensation Insurance):

SunGlo is a general contractor and can be legally responsible for paying workers' compensation benefits to any injured employees of an uninsured sub-contractor.

It is mandatory that you have workers' compensation insurance or provide SunGlo a certified copy of the "exclusion form" (BWC 337) that you have filed with the Bureau of Workers' Disability Compensations. This exclusion form may be used by certain types of entities in which officer(s), individual owners, or members are employees and they have chosen to legally exclude themselves from coverage under the workers' compensation statute. If you have any questions you might consult an attorney and/or insurance agent about the comparative benefits and responsibilities of either option. You can also get assistance by calling:

Compliance and Employers Records Division
Workers Compensation Agency
Michigan Department of Labor and Economic Growth
Post Office Box 30016
Lansing, MI 48909
Phone (517) 322-1195

You **must** have coverage and limits as stated below:

Bodily Injury by Accident, \$500,000 each accident
Bodily Injury by Disease, \$500,000 each employee
Bodily Injury by Disease, \$500,000 policy limit

Initials:

MICHIGAN WORKERS' COMPENSATION PLACEMENT FACILITY
INDEPENDENT CONTRACTOR WORKSHEET

TO BE COMPLETED BY THE INDEPENDENT CONTRACTOR

Policyholder Name form is being filled out for: _____

Subcontractor Name: _____

Doing Business As (DBA): _____

If DBA is filed, attach a copy.

1. I operate as a : Sole Proprietor Partnership Corporation Limited Liability Company

Note: If indicating Partnership, Corporation or Limited Liability Company, a **Certificate of Workers' Compensation Insurance or a properly filed Form BWC-337 must be submitted.**

2. The type of work I perform can be described as: _____

3. I hire employees or casual laborers to complete work for the named policyholder:

Yes _____ Number hired (Attach Certificate of Workers' Compensation Insurance)

No Form 1040 SCHEDULE C (Profit or Loss from Business) may be provided as verification.

4. I hire subcontractors to complete work for the named policyholder: Yes No

If yes, additional information may be required.

5. I have General Liability coverage: Yes No

If yes, a Certificate of General Liability Insurance is required.

6. To validate my standing as an independent contractor, I state that I do not exclusively depend upon the payments of the named policyholder and have worked for the following general contractors or clients during the past twelve months.

	NAME	CITY	TELEPHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I acknowledge that as a sole proprietor, I am by law not covered by or subject to the Workers' Disability Compensation Act.

I certify the above represents a true and complete statement of my status as an Independent Contractor. I understand a company representative may verify this statement at any time. If requested, I agree to provide documentation to verify my status as a sole proprietor.

Signed: _____ Date: _____
(Independent Contractor)

Phone Number: _____ Email Address : _____
(Required)

This form is utilized as a test of the above individual's independent status. By completing this form, it does not automatically remove the above individual's exposure from the audit of the policy period in question. **Additional information may be required.** If independent status is proven, the exposure will not be charged.

SunGlo Restoration Services' Invoicing Portal/Payment Platform



SunGlo Restoration Services' partnership with Tipalti provides a quick and seamless payment experience. You must complete your registration on our platform to receive payment for any invoice you are submitting to SunGlo.

What do I need to do next?

- You will receive an email invitation to register for an account with Tipalti from accountspayable@sungloservices.com.
- The 3-step registration process will require you to enter your contact information, select a payment method, and complete a digital tax form.
- Refer to the [“FAQs”](#) on the registration process and tax forms.

What benefits will I receive with SunGlo’s payment platform?

- A quick onboarding experience:
 - Account set-up in minutes
 - Guidance to select appropriate tax forms (W-9/W-8)
- A “one-stop shop” for your payments:
 - Ease of invoice submission
 - Instant access to your payment status and history
 - Ability to make changes to your payment method

How do I submit an invoice?

- Once the registration process is completed, invoices must be uploaded directly to the Tipalti Supplier Hub, or they can be emailed to invoices@sungloservices.com.
- Invoices need to be uploaded or emailed in one of the supported formats: PDF, JPG, JPEG, PNG, BMP, TIF, TIFF.
- At a minimum, invoices should contain the following information: a brief description of services provided, SunGlo job number, customer name and address, invoice date, invoice number, and the name of the SunGlo employee you are working with on the job.

If you have any questions, please contact accountspayable@sungloservices.com.





Disaster Restoration Specialists

42860 W. 9 Mile Rd.
Novi, MI 48375
Phone (800) 574-2000 Fax (810) 626-6823

Please fill out the business name used on your Federal Tax Documents below.

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

THIS IS A REQUEST FOR YOUR TAXPAYER IDENTIFICATION NUMBER. THE INTERNAL REVENUE SERVICE REQUIRES US TO OBTAIN THIS NUMBER OR THE SOCIAL SECURITY NUMBER OF ANYONE TO WHOM WE HAVE MADE PAYMENT(S). IF YOU HAVE ANY QUESTIONS, PLEASE CALL (800) 574-2000. **IF YOU ARE FILING TAXES FOR THIS ENTITY UNDER A PERSONAL SOCIAL SECURITY NUMBER, YOU MUST PROVIDE US WITH THE NAME OF THE INDIVIDUAL THAT CORRESPONDS TO THAT SOCIAL SECURITY NUMBER.**

_____ OR _____
Federal I.D. No. Social Security No.

The Internal Revenue Service requires us to file Form 1099 for payment of services performed by all non-corporate entities. Further, the Code requires a 28% backup withholding on all reportable 1099 payments unless your taxpayer identification number is provided. To avoid this 28% withholding on future payments to you, please check item 1 or 2 below. **Sign this form and return it to us immediately.**

- ____ 1. Form 1099 SHOULD be filed for our organization since we are not incorporated.
- ____ 2. Form 1099 SHOULD NOT be filed for our organization since we are incorporated.

Signature

Date

Name of Signer above (please print)

Phone

Title

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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	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 _____ <input type="checkbox"/>		
	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.

Social security number									
				-					
or									
Employer identification number									

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.

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
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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

**COMPANY
INFORMATION**



Disaster Restoration Specialists

42860 W. 9 Mile Rd.
Novi, MI 48375
Phone (800) 574-2000 Fax (248) 380-0988

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Office Fax: _____

Other Phone(s): _____

Main Contact Name: _____

Main Contact Phone: _____

Accounts Receivable Contact Name: _____

Accounts Receivable Phone: _____

Email Address: _____

Website: _____

Type of Services Performed: _____

Counties Served: _____

Would you like to receive work orders and other correspondence via email?

____ Yes, send over work orders via email.

Initials: