



# NEW INDEPENDENT SUBCONTRACTOR PACKAGE

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SUBCONTRACTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

## Subcontractor Policy

We welcome your association with our company. This agreement lists our subcontractor policies. Please read carefully and witness that you fully understand the policies by signing and dating by an authorized and responsible person. Return an original to KRI and make copies for your own use.

- \_\_\_\_\_ 1. As a subcontractor of KRI you have become part of **OUR** team. We look to you to ensure our jobs run very smoothly. If you anticipate a problem not addressed in our plans, or find any code violation or technical problem, please notify us promptly. Acceptance of all bids should be based on a job site visit. Any problem caused by conflicting conditions becomes your problem and your responsibility.
- \_\_\_\_\_ 2. All your personnel on **OUR** job should support our company and speak well of it. You are an integral part of our marketing program, both of our businesses stand to lose or gain by your job behavior.
- \_\_\_\_\_ 3. **REFERRALS:** If any of **OUR** clients request work directly from you, such as extras, change orders, future work, or ANY job, you will need written permission to do the work. According to our original contract with the client, if ANY passerby, neighbor, or potential customer that asks you if you can do a job, you must represent KRI, Inc. and refer them to our office. This is a mandatory situation for you. Any subcontractor that takes such a job or any work from our customer base or referral base shall be directly violating our agreement and will be choosing to forgo any future projects from KRI.
- \_\_\_\_\_ 4. **CHANGES:** All changes must be approved by our superintendent or our office. If time is a problem you may proceed with our verbal approval, but you must follow up with a written change order. **NEVER** give any prices directly to the client. The client is **OUR** client. **NOT** your client.
- \_\_\_\_\_ 5. **INSURANCE:** Our company carries a blanket insurance policy. If a copy of your general liability or workers compensation coverage is not in our hands prior to any and all payouts, we shall deduct 17% from the amount due to you for the general liability, and 17% from the amount for the worker compensation.
- \_\_\_\_\_ 6. **JOB SCHEDULE:** If for any reason you go to a job and additional work is needed before you can proceed, it is imperative that you immediately inform the office. We can often solve the immediate problem and avoid such a work stoppage in the future.
- \_\_\_\_\_ 7. **CLIENT RELATIONS:** NEVER NEVER talk to our clients except to be cordial. Problems and additional matters are always for the contractor and only the contractor.
- \_\_\_\_\_ 8. No advertising in the form of T shirts, or Vehicle Magnetics shall ever be taken to **OUR** Job Sites. This is understood by all owners and employees of your entity.
- \_\_\_\_\_ 9. In the case that I do not have a qualified vendor or on staff tradesmen for a specific portion of the job I will not be able to bid on that specific part i.e. finishes, drywall etc... This will be performed by KRI,Inc.
- \_\_\_\_\_ 10. **ASK THE SEAL CARDS:** Each individual's card will be charged to the subcontractor at a cost of \$34.50 for new and \$29.50 for renewal.
- \_\_\_\_\_ 11. **RETAINAGE:** 10% of every invoice/project will be retained until the project is complete or the superintendent has approved for it to be released. You will need to bill for retainage each payout.

**\*\*READ AND INITIAL EACH LINE\*\***

Contractor: \_\_\_\_\_ Subcontractor: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_



1031 Miller Drive, Altamonte Springs, Florida 32701

Office: (407) 834-0114 • Fax: (407) 209-1477 • [www.kreativeresources.com](http://www.kreativeresources.com)

## Required New Subcontractor Documents

KRI **MUST** have the following documentation on file in order to do business with you:

- Certificate of Insurance for General Liability from **YOUR** insurance company with KRI, Inc. listed as certificated holder and as additionally insured. Limits to be at least 1million/2million.

**To be mailed or faxed to:**

KRI, Inc.  
1031 Miller Drive  
Altamonte Springs, FL.  
32701

- Certificate of Insurance for Worker's Compensation
- Certificate of Insurance for Auto
- Business Tax Receipt (occupational license)
- Completed W-9
- Completed Subcontractors Agreement
- Front page of your Articles of Incorporation or LLC
- Ask The Seal-Form and Photo. For residential work performed, all subcontractors and subcontractor's employees **MUST** submit and be approved before on any jobsite. The form will be provided at time of interview.

Send insurance certificates **DIRECTLY** from your insurance carrier to:

**Attn: Tina Mowder**

**Email: [tmowder@sandwkitchens.com](mailto:tmowder@sandwkitchens.com)**

**and/or**

**Fax: (407) 209 - 1477**



**DISCLOSURE AND AUTHORIZATION –Fax 727-474-0197**  
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

S & W Kitchens Inc ("the Company") may obtain information about you from a consumer reporting agency, Ask The Seal LLC, 3001 N Rocky Point Dr E #200 Tampa, Fl 33607, 800-410-7325, for employment purposes as defined under the Fair Credit Reporting Act, and in connection with the Asktheseal.com Seal of Approval. Thus, you may be the subject of "consumer report(s)". These reports may contain information regarding your criminal history, social security trace, motor vehicle records ("driving records") or other background checks. The consumer report obtained about you will only be shared with the Company. However, information as to whether your employer has received the Asktheseal.com Seal of Approval and consequently, the fact that as an employee, you have met the criteria related to such seal, may be shared to potential customers through Asktheseal.com. Potential customers will only be informed of your name, photo, and the fact that you have been approved. No other personal information will be shared about you to potential customers. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law.

**New York and Maine applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report and the ability to request a copy. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. I further understand that, such consumer reports may be shared with the Company, and information as to whether the Company has received the Asktheseal.com Seal of Approval (based in part on my background check) and the fact that all employees including myself have passed the Seal of Approval criteria may be shared with customers or potential customers at the companies discretion. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Ask The Seal LLC, 3001 N Rocky Point Dr E #200 Tampa, Fl 33607, 800-410-7325, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. I hereby release Asktheseal.com and the Company for any liability associated with any consumer reports being requested or processed.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the company.

**California applicants only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report (as defined by CA law) or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Background Information Group**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Other Names/Alias \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State of Driver's License \_\_\_\_\_ Present  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria

## Independent Subcontractor Application

1). Florida Corporation Legal Name: \_\_\_\_\_

2). Company Fictitious Name: \_\_\_\_\_

3). Description of Primary Business Activities: \_\_\_\_\_

4). Entity Type: \_\_\_\_\_

5). Federal Employment Identification Number: \_\_\_\_\_

6). Street Address: \_\_\_\_\_

7). City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

8). Contact Person: \_\_\_\_\_

9). Phone Number: \_\_\_\_\_

10). Email Address: \_\_\_\_\_

11). Secondary Contact: \_\_\_\_\_

12). Phone Number: \_\_\_\_\_

13). Company Web Site: \_\_\_\_\_

### License Information:

1). Type of License: \_\_\_\_\_ License Number: \_\_\_\_\_

2). Issue and Expiration date: \_\_\_\_\_



## Insurance Information:

1). Do you have workers compensation insurance coverage?

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2). Are you Exempt from workers compensation coverage holding a personal card from State of Florida? Are you an officer of the corporation?

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3). Does your corporation have General Liability Insurance coverage?

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4). What are your coverage amounts?

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5). What is the expiration date of the policy?

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6). Name of the Insurance Company.

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7). Agents Name and Phone Number.

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## Important Information:

1). Are you legally eligible to work in the United States of America? (Verification Required)

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2). Do you agree to obtain any/all licenses that may be required to do business as an independent contractor or self-employed person?

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3). Do you understand that as an independent contractor you will not be eligible for unemployment benefits at the end of any contract?

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4). Do you understand that as an independent contractor, you will be responsible for payment of any and all state and/or federal income, Social Security, Self-employment taxes, unemployment taxes, and payroll taxes and that you will receive a 1099 for services provided by you to KRI?

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5). Are you personally or your company or corporation involved in any litigation related to project or property performance, preservation, and or protection services?

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6). If Yes Explain.

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7). Do you understand that KRI Inc. does NOT provide workers compensation coverage for you, nor anyone you may employ and that any required workers compensation coverage is solely your responsibility?

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8). Do you work directly for any of our competitors? (Construction related business that operates similarly and provides similar services and products)

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9). If yes provide information.

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10). Do you have a price sheet for your common services?

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11). Have you or any of you employees been convicted of any crime?

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12). Will you pass the Ask the Seal Background check as well as all employees?

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13). Does KRI, Inc. have permission to cause a background check to be performed by Ask the Seal?

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14). If No, please explain.

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## Experience:

1). Please provide photos of projects before and after with descriptions.

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2). Please provide 3 reference names and phone numbers from recent projects and customers be it other contractors or private individuals.

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## Preferences:

1). Please list areas you have worked and areas you are willing to work. List areas of Florida

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2). Are you willing to work outside the areas you listed?

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3). How many hours are you able to work?

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4). How many days per week are you able to work?

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5). What is the earliest date you are available to begin work?

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## Technology Information:

1). Do you own a computer?

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2). Do you own a laptop?

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3). Do you have Internet access?

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4). Do you have a digital camera?

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5). Do you use a mobile PC Device?

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6). Please make sure all items possible are filled out completely and accurately.

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**KRI, INC. SUBCONTRACTOR PAYMENT SCHEDULE 2016**

Office # 407-834-0114

**Checks for pickup Between 4PM & 5PM**

Invoices MUST be in KRI's office no later than 3 PM on or before the date's listed below	KRI PAYMENTS BY CHECK:
January 5, 2016	January 15, 2016
January 19, 2016	January 29, 2016
February 2, 2016	February 12, 2016
February 16, 2016	February 26, 2016
March 1, 2016	March 11, 2016
March 15, 2016	March 25, 2016
March 29, 2016	April 8, 2016
April 12, 2016	April 22, 2016
April 26, 2016	May 6, 2016
May 10, 2016	May 20, 2016
May 24, 2016	June 3, 2016
June 7, 2016	June 17, 2016
June 21, 2016	July 1, 2016
July 5, 2016	July 15, 2016
July 19, 2016	July 29, 2016
August 2, 2016	August 12, 2016
August 16, 2016	August 26, 2016
August 30, 2016	September 9, 2016
September 13, 2016	September 23, 2016
September 27, 2016	October 7, 2016
October 11, 2016	October 21, 2016
October 25, 2016	November 4, 2016
November 8, 2016	November 18, 2016
November 22, 2016	December 2, 2016
December 6, 2016	December 16, 2016
December 20, 2016	December 30, 2016

Send invoices to  
 tmowder@sandwkitchens.com or FAX:  
 407-209-1477

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	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 the "Name" line 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.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## 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.

# Subcontractor Agreement

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

SS # \_\_\_\_\_

I, \_\_\_\_\_ do hereby  
verify the following facts:

I am not an employee of KRI Inc.

I am a self-employed sole proprietor.

I do not have any employees.

I will not file a claim against KRI Inc., for any injuries or property  
damage that might occur to me on their job sites.

I understand that since I opted myself out of the Worker's Compensation Program  
that I am not entitled to any of the benefits of the program.

X \_\_\_\_\_  
Subcontractor Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2015  
by \_\_\_\_\_, who is personally known to me or produced  
\_\_\_\_\_ as identification, and did take an oath.

\_\_\_\_\_  
Notary Public

My Commission Expires:

