

TO: **All Sub-Contractors & Suppliers**

FROM: **Sitetec Construction Co.**

SUBJECT: **Sub-Contractor Approval**

All new Sub-Contractors & Suppliers are required to complete and return the attached forms and the required documentation before the approval process can commence (Suppliers need only complete the W-9):

1. *Sub-Contractor Information Form*
2. *W-9 Request for Taxpayer Identification Number*
3. *Liability Insurance Certificate from your Insurance Agent naming **Sitetec Construction Co.** as an Additional Insured with a minimum of \$1,000,000.00 in liability coverage.*
4. *Current Workers Compensation Certificate*

Thank you for your attention to this request for information, if you have any questions regarding this matter, please feel free to contact me at your convenience.

Deborah Putnam
Contract Administrator
Phone: 704 394-6969
Fax: (877) 354-4950
Email: deborahp@sitetec.net

As always the following information contained in this correspondence is privileged and confidential information intended only for the company or individual named above, the reader is here notified that any dissemination or distribution or coming of this communication is strictly prohibited.

SITETEC CONSTRUCTION CO.
6132 Brookshire Blvd. Suite; C
Charlotte, NC 28216
Phone: 704-394-6969
Fax: 704-394-0462
NEW VENDOR INFORMATION

Company Name: _____

DBA: _____

Principal Office: _____ Dun & Bradstreet No. _____

City, State, Zip: _____ Federal ID or SS # _____

Phone: _____ D&B #: _____

Fax: _____ Website: _____

Primary Contact: _____ Mobile #: _____

Title: _____ E-mail: _____

Secondary Contact: _____ Mobile #: _____

Title: _____ Email: _____

Vendor Type: Supplier:

Subcontractor:

Division of Work:

- | | |
|---|--|
| <input type="checkbox"/> 1-General | <input type="checkbox"/> 12-Roofing |
| <input type="checkbox"/> 2-Sitework | <input type="checkbox"/> 13-Insulation & Gutter |
| <input type="checkbox"/> 3-Concrete | <input type="checkbox"/> 14-Door & Window |
| <input type="checkbox"/> 4-Masonry | <input type="checkbox"/> 15-Drywall |
| <input type="checkbox"/> 5-Brick/Block | <input type="checkbox"/> 16-Paint |
| <input type="checkbox"/> 6-Aggregate | <input type="checkbox"/> 17-Specialty |
| <input type="checkbox"/> 7-Asphalt | <input type="checkbox"/> 18-Equipment Rental |
| <input type="checkbox"/> 8-Steel | <input type="checkbox"/> 19-HVAC Subcontractor |
| <input type="checkbox"/> 9-Wood & Framing | <input type="checkbox"/> 20-Plumbing Subcontractor |
| <input type="checkbox"/> 10-Cabinet | <input type="checkbox"/> 21-Electrical Subcontractor |
| <input type="checkbox"/> 11-Flooring | |

Give a general description of the type of work performed: _____

What states are you willing to travel? _____

Indicate the size projects your company can perform (check only one):

<\$50K <\$100K <\$100-\$500K <\$500K-1MM <\$1MM

Is your company bondable? Yes No

Is your company a minority or woman business owned and operated? Yes No

Send a current certification of insurance: (Sitotec Construction to be named Additional Insured)

Attach your W-9:

Attach Reference list:



Construction Site Rules

The most important thing to remember is the fact that our worksite is the residence of others. We must respect that fact at all times.

- **Each sub-contractor is responsible for keeping their area clean. This should be an ongoing process, clean as you go. Keep passageways and walkways clear at all times. Clean at lunch and clean better at the end of the day.**
- **Magnets should be rolled of work site areas on a regular basis to remove all nails.**
- **No music – no radios.**
- **Each employee should be wearing a Sitetec T-shirt. Absolutely no working without shirts.**
- **No horseplay, arguing, and fighting.**
- **Smoke in designated outdoor areas only.**
- **Do not park vehicles close to buildings. Leave the spaces close in spaces for tenants.**
- **Bathrooms are provided for a reason. Any violation will mean immediate dismissal from the worksite.**
- **No whistling or cat calling. Absolutely no flirting with the tenants or property personnel.**
- **Abide by the safety rules within Sitetec’s Safety Checklist and all OSHA requirements.**
- **All work on site must abide by the designated work times of _____AM to _____PM.**

Subcontractor: _____

Date: _____