



Subcontractor Requirements Checklist

The following documents are required for working as a subcontractor, please email them to professionalplasteringdesigns@gmail.com. All of these must be present before being able to process any payments:

(1) Certificate of insurance of General Liability having Professional Plastering Designs Inc. listed as additionally insured and Waiver of Subrogation must apply in favor of PPD. Limits required are \$1,000,000.00 Each Occurrence and \$2,000,000.00 General Aggregate. Sample is attached.

Certificate holder:

Professional Plastering Designs Inc.
5409 Overseas Highway #199
Marathon, FL 33050

(2) Certificate of insurance of Workers' Compensation / Certificate of election to be exempt from Florida Worker's Compensation law.

(3) W-9 (Only the first page, sample is attached): <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

(4) Filled out subcontractor application, PDF attached.

(5) Color copy of the company officer's identification card.

(6) ACH Transfer Information: this can be a copy of a voided check or bank account information; it must include the account number and routing number.

Attached is the subcontractor payment schedule, please follow it to avoid any delay in your payments. If you have any questions, contact Daniella Arce at 305-791-9047 Ext. 703.



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 PROVIDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S) AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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 Amtrust Insurance Group, Inc. 8004 SW 81 Drive Miami FL 33143		CONTACT NAME: M... Cabanzon PHONE (A/C No. Ext): (305) 275-0810 E-MAIL ADDRESS: domingo@...ustinsurance.net		FAX (A/C, No): (305) 275-0890
INSURED Subcontracted Name and Address		INSURER A: Company Name		NAIC #
		INSURER B:		
		INSURER C:		
		INSURER D:		

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 ADJUSTED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBROG WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	Policy Number	Effective	Expiring	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA EXCESS LIAB <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER INCLUDED? <input type="checkbox"/> Mandatory in N/A If yes, describe OPERATIONS below						PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Plastering Designs, Inc are named as Additional Insured with respect General Liability Policy, a Waiver of Subrogation apply in favor of them. Policy is Primary and Non-Contributory

CERTIFICATE HOLDER Professional Plastering Designs Inc. 5409 Overseas Highway #199 Marathon, FL 33050	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 Agent Signature
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Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p> <p>Professional Plastering Designs Inc. 5409 Overseas Highway #199 Marathon, FL 33050</p>
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

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. Also see *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 ▶ _____
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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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Subcontractor Application

GENERAL COMPANY INFORMATION:

Legal Company Name:			
Street Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Main Office Phone:		Email:	
Contractor Registration No.		State Tax No. (UBI):	
Company Organization: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole <input type="checkbox"/> Proprietor <input type="checkbox"/> LLC <input type="checkbox"/>			
Date of Organization:			
Key Contact:		Phone:	Email:
Emergency Contact:		Phone:	
Officers / Partners / Principals			
Name:	Title:	Phone:	Email:
Contact Information for Contracts & Change Orders Approval			
Name:	Title:	Phone:	Email:
Former Names:		Phone:	Email:

TRADE INFORMATION:

Stucco	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other
Spalling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other
Framing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other
Dry wall	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other
Painting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other
Spray Deck	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other
Carpenter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other



Subcontractor Application

Please provide the contact information for your Insurance Agent/ Broker

Company Name:		Phone:
Contact Person	Title:	Email:

INSURANCE INFORMATION

Please send Certificates of Insurance, with PPD as the Certificate Holder

Please indicate your current policy limits for the following coverages:

Description	Amount	General Aggregate	Each Accident	Each occurrence
General Liability				
Workers Compensation				
Automobile Liability				
Umbrella				
Bond				

List Owner and/or General Contractor references including contact name whom we may call

OWNER / GENERAL CONTRACTOR REFERENCES			
Owner/ General Contractor	Contact Name	Phone	Email
SUPPLIER			
Major Supplier/Tier Sub	Contact Name	Phone	Email

List current, ongoing projects with approximate contract and anticipated completion date or attach separate list (Attach a separate sheet as needed)

WORK IN PROGRESS SCHEDULE			
Project	Contract Amount	Projected Completion	General Contractor

Signature

Name, Title

Date

Payment Calendar

2024



- Payment Day
- Invoice day
- Día de Pago
- Día de Cobro

January

Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

March

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April

Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May

Mo	Tu	We	Th	Fr	Sa	Su
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June

Mo	Tu	We	Th	Fr	Sa	Su
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July

Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

September

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

October

Mo	Tu	We	Th	Fr	Sa	Su
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

November

Mo	Tu	We	Th	Fr	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December

Mo	Tu	We	Th	Fr	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					



Subcontractor Payment Calendar

All **INVOICES** should be: emailed to professionalplasteringdesigns@gmail.com

It is your responsibility to confirm that we received your invoice.

Invoices must include: PO#, job address and description of service.

Invoices must be signed by project manager and subcontractor to be approved. Please note our revised

billing schedule which is bi-weekly

APPROVED invoices for work COMPLETED, will be paid as follows:

12. Non-Performance clause.

- a. The subcontractor shall be solely responsible for the completion of all tasks assigned to them under this agreement. Any work not performed by the subcontractor shall not be considered payable. Furthermore, the subcontractor is required to ensure that qualified labor is present on-site for each specific job in order to meet the requirements of this agreement
- b. The contractor may pursue any legal remedies available to them, including but not limited to seeking damages or hiring an alternative subcontractor to complete the work.
- c. The subcontractor shall be held liable for any additional costs incurred by the contractor due to their non-performance.

In the event that the subcontractor fails to perform their obligations or breaches any terms of this agreement, the nonperformance clause shall come into effect.