Subcontractor Requirements Checklist

The following documents are required for working as a subcontractor, please email them to admin@ppdinc.net. 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

(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): 06/29/2026

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 AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, 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	CONTACT NAME: Insurance Company Name/Agent Name
Insurance Company: [Name of Insurance Company] Address: [Insurance Company Full Address]	PHONE (A/C, No, Ext): (954) 258-0579 FAX (A/C, No): E-MAIL ADDRESS: Info@insurance.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : General Liability Insurance Company — 12583
INSURED Subcontractor's Legal Company Name & Address	INSURER B : Auto Insurance Company — 25879
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

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 REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [X] CLAIMS-MADE [X] OCCUR Blanket AI - WOS [X] Primary and Non Contributory GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	X	X	W3R5F595786	02/20/2026	02/20/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY	X	X	2547896341	02/20/2026	02/20/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 300,000 $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	X	WC-58-52-848-6	MO/DAY/YR	MO/DAY/YR	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
							Client# 589475	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

General Liability:
Professional Plastering Designs, Inc. to be named as Additional Insured. Waiver of Subrogation applies in favor of Professional Plastering Designs, Inc. Coverage is Primary and Non-Contributory.

Workers' Compensation:
Waiver of Subrogation applies in favor of Professional Plastering Designs, Inc.

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

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

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.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ Other (see instructions)

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 . . . . . ☐

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)

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

6 City, state, and ZIP code

Requester's name and address (optional)

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

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.

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.

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**

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

PPD
Professional Plastering Designs

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 ☐ Partnership ☐ Sole ☐ Proprietor ☐ LLC ☐

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 ☐	No ☐	Other
Spalling	Yes ☐	No ☐	Other
Framing	Yes ☐	No ☐	Other
Dry wall	Yes ☐	No ☐	Other
Painting	Yes ☐	No ☐	Other
Spray Deck	Yes ☐	No ☐	Other
Carpenter	Yes ☐	No ☐	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

PPD Professional Plastering Designs

2026

Holiday (Rest) / Día Festivo (Descanso)
Payment Day / Día de Pago
Request day (invoice) / Día de Solicitud (Factura)

January

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

February

Su	Mo	Tu	We	Th	Fr	Sa
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

March

Su	Mo	Tu	We	Th	Fr	Sa
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

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
4	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

Su	Mo	Tu	We	Th	Fr	Sa
					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

Su	Mo	Tu	We	Th	Fr	Sa
	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

Su	Mo	Tu	We	Th	Fr	Sa
			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

Su	Mo	Tu	We	Th	Fr	Sa
						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

Su	Mo	Tu	We	Th	Fr	Sa
		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

Su	Mo	Tu	We	Th	Fr	Sa
				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

Su	Mo	Tu	We	Th	Fr	Sa
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

Su	Mo	Tu	We	Th	Fr	Sa
		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.