



Tip Top Construction, Inc.

Your company is a potential subcontractor for Tip Top Construction, Inc.

Tip Top Construction is committed to establishing a workplace that is safe, efficient, and beneficial to our subcontractors and vendors. To complete the subcontractor or vendor approval process with Tip Top Construction, you must provide the following information.

- Complete and email the Subcontractor Information Form (see attached).
- Download and email the W9 Form.
- Review the Insurance Requirements (see attached).
- Email a Certificate of Insurance naming Tip Top Construction, Inc. as the certificate holder for your Worker's Compensation and General Liability Insurance coverage. Also, have Tip Top Construction, Inc. listed as an "additional insured" for your General Liability Insurance policy.
- When awarded a project with Tip Top Construction, you will be provided with a Subcontractor Agreement which your company officer will need to review, sign, and return.
- Have a documented safety/health program and a documented drug/alcohol program available on request.

Please email all requested documents to Ernie at ernie@tiptopconstruction.net. Return the requested information as soon as possible and please contact us if you have any questions.

Thank you,

Jeff Diekman
President of Tip Top Construction, Inc



Tip Top Construction, Inc.

SUBCONTRACTOR INFORMATION FORM

Please complete this form in its entirety and submit to ernie@tiptopconstruction.net

COMPANY NAME: _____

OFFICE #: _____ CELL #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME AND TITLE: _____

EMAIL: _____

FEDERAL ID # _____ OR SOCIAL SECURITY # _____

TYPE OF COMPANY: ☐ CORPORATION ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ OTHER

DATE OF ESTABLISHMENT: _____

NUMBER OF EMPLOYEES: _____

MINORITY BUSINESS ENTERPRISE STATUS: ☐ MBE ☐ WBE ☐ DBE ☐ SBE
(ATTACH CERTIFICATION FORMS)

Has your company ever filed bankruptcy? ☐ Yes ☐ No

Are there any judgements against your company? ☐ Yes ☐ No

Are there any citations, claims or lawsuits against your company? ☐ Yes ☐ No

Has your company ever failed to complete a contract? ☐ Yes ☐ No

Has your company been cited for any safety violations in the past three years? ☐ Yes ☐ No

If you answered YES to any of the questions above, please explain on the following page.

Office: (850) 562-1269

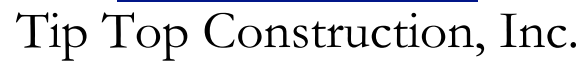
Cell: (850) 528-8932

jeff@tiptopconstruction.net

www.tiptopconstruction.net

PO Box 1167
Havana, FL 32333



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Tip Top Construction, Inc.

INSURANCE CARRIER: _____

CONTACT REPRESENTATIVE NAME: _____

PHONE: _____ **EMAIL:** _____

LIST OF REFERENCES (SUPPLIERS, BANK, OR CONTRACTOR REFERENCES)

1.) Name: _____ Company or Business: _____
Contact Information: Phone: _____ Email: _____

2.) Name: _____ Company or Business: _____
Contact Information: Phone: _____ Email: _____

3.) Name: _____ Company or Business: _____
Contact Information: Phone: _____ Email: _____

**I HEREBY SWEAR AND AFFIRM THE INFORMATION ON THE SUBCONTRACTOR
INFORMATION FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

COMPLETED BY _____
(print name)

TITLE: _____

SIGNATURE: _____

DATE: _____



Tip Top Construction, Inc.

INSURANCE REQUIREMENTS

A.) Workers' Compensation & Employers' Liability Insurance shall be purchased and maintained by Subcontractor, and be in force during the duration of performed work, in accordance with the Laws of the State of Florida, or the Laws of the State where the project is located and if applicable to the work involved, shall include Federal Longshoremen's and Harbor Workers' Compensation Act Coverage. **The amount of Employers' Liability Insurance shall not be less than:**

Workers' Compensation:	State Statutory Requirement
Employers' Liability:	\$1,000,000 Limit Each Accident
	\$1,000,000 Limit Disease Aggregate
	\$1,000,000 Limit Disease Each Employee

B.) Commercial General Liability shall be purchased and maintained by the Subcontractor during the period of construction. Coverage shall include but not be limited to Premises and Operation, Per Project Aggregate, Personal Injury, Contractual for Contracts, Independent Contractors Broad Form Property Damage, and Products & Completed Operations Coverage shall not exclude coverage for the "X" (Explosion), "C" (Collapse), and "U" (Underground) Property Damage Liability Exposures. Limits of coverage shall be at least:

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

C.) Business Automobile Liability Insurance shall be purchased and maintained by the Subcontractor as to ownership, maintenance, and use of all owned, non-owned, leased or hired vehicles with limits of not less than

**Bodily Injury & Property Damage Liability: \$1,000,000 Limit Each Person;
\$1,000,000 Limit Each Accident OR**

Bodily Injury & Property Damage Liability: \$1,000,000 Combined Single Limit Each Accident

D.) Excess Liability (Umbrella) shall be purchased and maintained by the Subcontractor with a minimum limit of \$1,000,000.

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