



Tip Top Construction, Inc.

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

We are committed to establishing a workplace that is safe and efficient in all aspects for our subcontractors and vendors. To complete the subcontractor or vendor approval process with Tip Top Construction, Inc., you must provide the following information to Tip Top Construction, Inc. at your earliest convenience.

- If applicable, review and have company officer sign “Subcontractor Agreement” document.
- Send certificate of insurance naming Tip Top Construction, Inc. as the certificate holder for Worker’s Compensation & General Liability Insurance coverage (see attached for coverage requirements).
- List Tip Top Construction, Inc. as an “additional insured” for general liability on a certificate of insurance for your general liability insurance policy.
- Complete and return subcontractor information sheet (see attached).
- Complete and return W9 form to our office.
- Have a documented safety/health program and a documented drug/alcohol program available on request.

Please email all requested documents to Brandy Davidson at brandy@tiptopconstruction.net

Please return the requested information as soon as possible and contact us if you have any questions regarding these requirements.

Thank you,

Jeff Diekman

President of Tip Top Construction, Inc.

Office: (850) 562-1269
Cell: (850) 528-8932

jeff@tiptopconstruction.net & brandy@tiptopconstruction.net 

www.tiptopconstruction.net 

PO Box 1167
Havana, FL 32333





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: \$500,000 Limit Each Accident
\$500,000 Limit Disease Aggregate
\$500,000 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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SUBCONTRACTOR INFORMATION SHEET

Please complete & return this form in its entirety and submit either by email or mail.

COMPANY NAME: _____

OFFICE #: _____ CELL #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT NAME/ TITLE/ EMAIL: _____

FEDERAL ID # _____ OR SOCIAL SECURITY # _____

TYPE OF COMPANY: CORPORATION SOLE PROPRIETORSHIP PARTNERSHIP
 OTHER

DATE OF ESTABLISHMENT: _____ # OF EMPLOYEES: _____

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

Has your firm ever filed bankruptcy? Yes No Are there any judgements against your firm? Yes No
Are there any claims against your firm? Yes No Has your firm ever failed to complete a contract? Yes No
Has your firm 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: _____

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INSURANCE CARRIER: _____

CONTACT NAME: _____

PHONE: _____

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

1.) Name: _____ Contact: _____
Phone: _____

2.) Name: _____ Contact: _____
Phone: _____

3.) Name: _____ Contact: _____
Phone: _____

THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

COMPLETED BY (print) _____ DATE: _____

SIGNATURE _____

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