

SUBCONTRACTOR & SUPPLIER INFORMATION

BUSINESS NAME	Phone Number
_____	_____
Full Legal Name	
dba NAME (if different from above)	Fax Number
_____	_____
PHYSICAL ADDRESS	
_____	_____
Street	City State Zip
MAILING ADDRESS	
_____	_____
Street	City State Zip
STATE LICENSE	

State Issued / Number (attach a copy)	
DIVERSITY CERTIFICATION	

(attach documentation)	
EIN	

MAIN CONTACT	Name	Title
	_____	_____
	Email	Cell or Direct Number
	_____	_____
CONTRACT SIGNER (Authority to sign & bind)	Name	Title
	_____	_____
	Email	Cell or Direct Number
	_____	_____
ESTIMATOR / BIDDING CONTACT	Name	Title
	_____	_____
	Email	Cell or Direct Number
	_____	_____
OFFICE CONTACT (invoices, COI, W9)	Name	Title
	_____	_____
	Email	Cell or Direct Number
	_____	_____
OFFICE CONTACT (contract, waivers)	Name	Title
	_____	_____
	Email	Cell or Direct Number
	_____	_____
ADDITIONAL CONTACT	Name	Title
	_____	_____
	Email	Cell or Direct Number
	_____	_____

Insurance

A certificate of Workers' Compensation Insurance, General Liability and Automobile coverage must be delivered to the contractor prior to the beginning of work.

- Additional insured, including their directors, officers, employees, subsidiaries and affiliates with respect to General Liability, Workers Compensation and Automobile.
 1. John C Lee Enterprises
 2. Project owner as listed in the contract documents

- Primary & Non-Contributory Insurance- As respects the General Liability Policy, the Additional Insured Coverage afforded shall be Primary & Non-Contributory for all Additional Insureds, and any other insurance maintained by such Additional Insureds shall be excess only and shall not be called upon to contribute with this insurance.

- Waiver of Subrogation- in favor of all Additional Insured with respect to General Liability and Workers Compensation and Automobile.

- All Certificates must meet or exceed the limits provided in terms of the contract documents.

- Copy of All Endorsements must be submitted with the Certificate of Insurance

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.		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) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.		Requester's name and address (optional)	
	6	City, state, and ZIP code			
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.

Social security number									
or									
Employer identification number									

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.

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.

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/12/2024

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).

INSURED Company Name (Name Must Match Contract Exactly) Address City, State, Zip	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A:	
INSURER B:		
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
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y	POLICY #	EFF DATE	EXP DATE	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 \$ 1,000,000 OTHER: \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	POLICY #	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	Y	POLICY #	EFF DATE	EXP DATE <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

John C. Lee Enterprises Limited, LLC, its directors, officers, employees, subsidiaries, and affiliates are listed as additional insured with respects to the Auto Liability and General Liability policies. Each liability coverage shall respond on a Primary & Non-Contributory Basis. A waiver of subrogation is provided in favor of John C. Lee Enterprises Limited, LLC, its directors, officers, employees, subsidiaries, and affiliates with respects to the Auto Liability, General Liability, and Worker's Compensation policies. 30-Day Notice of Cancellation Applies.

PLEASE LIST ALL EXCLUDED OFFICERS/MEMBERS IN REGARDS TO THE WORKERS COMPENSATION COVERAGE COPIES OF ALL ENDORSEMENTS REQUIRED
PLEASE INCLUDE YEAR, MAKE, MODEL, VIN OF ALL UNITS COVERED UNDER THE AUTO LIABILITY POLICY

CERTIFICATE HOLDER**CANCELLATION**

John C. Lee Enterprises Limited, LLC 311 Acorn Lane Picayune, MS 39466	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

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**CONDITIONAL WAIVER AND RELEASE
OF PROGRESS PAYMENT**

(Job Name / Number)

(Job Address / Location)

(Work Thru Date)

On receipt by the undersigned of a check in the amount of \$ _____ payable to _____ and when the check has been paid by the bank on which it is drawn, this document becomes effective to waive any right to mechanic's lien, any state or federal statutory bond right, any private bond right, any claim for payment and any rights under any similar ordinance, rule or statute related to claim or payment rights for the undersigned for the project referenced herein, and releases and discharges property owner, developer, engineer, prime contractor and _____ (contractor) and their affiliates, successors and assigns, and their directors, officers, partners, agents, employees and representatives from any and all liability, claims, demands, and causes of action of whatsoever nature, whether known or unknown, which have arisen or may hereafter arise, out of the Contract or Agreement, any subcontract agreement, Change Order, and/or purchase order agreement, or other agreement thereto entered into by the undersigned with respect to the project.

The undersigned warrants that he/she has already paid in full all of the laborers, subcontractors, materialmen, suppliers and vendors for all labor, services, equipment or materials provided for or to the project. The undersigned further warrants that he/she has paid any / all appropriate tax including federal, state and local. The undersigned warrant that he/she has the authority to sign for the named.

(Releasing Company)

(Printed Name)

(Title)

(Signature)

(Date)

NOTICE: WHEN YOU EXECUTE AND SUBMIT THIS DOCUMENT, YOU SHALL BE CONCLUSIVELY DEEMED TO HAVE BEEN PAID IN FULL , EVEN IF YOU HAVE NOT ACTUALLY RECEIVED PAYMENT, SIXTY (60) DAYS AFTER THE DATE STATED ABOVE UNLESS YOU FILE EITHER AN AFFIDAVIT OF NONPAYMENT OR A CLAIM OF LIEN BEFORE THE EXPIRATION OF THE SIXTY-DAY PERIOD. THE FAILURE TO INCLUDE THIS NOTICE LANGUAGE ON THE FACE OF THIS FORM SHALL RENDER THE FORM UNENFORCEABLE AND INVALID AS A WAIVER AND RELEASE UNDER SECTION 85-7-419, MISSISSIPPI CODE OF 1972.

THE STATE OF MISSISSIPPI

COUNTY OF _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this _____ day of _____ in the year 20____, with my jurisdiction, the within named _____, who acknowledges that he/she executed the above and foregoing instrument.

(Notary)

(Commission Expires)

**FINAL WAIVER AND RELEASE
OF FINAL PAYMENT / RETIANCE**

(Job Name / Number)

(Job Address / Location)

(Work Thru Date)

On receipt by the undersigned of a check in the amount of \$ _____ payable to _____ and when the check has been paid by the bank on which it is drawn, this document becomes effective to waive any right to mechanic's lien, any state or federal statutory bond right, any private bond right, any claim for payment and any rights under any similar ordinance, rule or statute related to claim or payment rights for the undersigned for the project referenced herein, and releases and discharges property owner, developer, engineer, prime contractor and _____ (contractor) and their affiliates, successors and assigns, and their directors, officers, partners, agents, employees and representatives from any and all liability, claims, demands, and causes of action of whatsoever nature, whether known or unknown, which have arisen or may hereafter arise, out of the Contract or Agreement, any subcontract agreement, Change Order, and/or purchase order agreement, or other agreement thereto entered into by the undersigned with respect to the project.

The undersigned warrants that he/she has already paid in full all of the laborers, subcontractors, materialmen, suppliers and vendors for all labor, services, equipment or materials provided for or to the project. The undersigned further warrants that he/she has paid any / all appropriate tax including federal, state and local. The undersigned warrant that he/she has the authority to sign for the named.

(Releasing Company)

(Printed Name)

(Title)

(Signature)

(Date)

NOTICE: WHEN YOU EXECUTE AND SUBMIT THIS DOCUMENT, YOU SHALL BE CONCLUSIVELY DEEMED TO HAVE BEEN PAID IN FULL , EVEN IF YOU HAVE NOT ACTUALLY RECEIVED PAYMENT, SIXTY (60) DAYS AFTER THE DATE STATED ABOVE UNLESS YOU FILE EITHER AN AFFIDAVIT OF NONPAYMENT OR A CLAIM OF LIEN BEFORE THE EXPIRATION OF THE SIXTY-DAY PERIOD. THE FAILURE TO INCLUDE THIS NOTICE LANGUAGE ON THE FACE OF THIS FORM SHALL RENDER THE FORM UNENFORCEABLE AND INVALID AS A WAIVER AND RELEASE UNDER SECTION 85-7-419, MISSISSIPPI CODE OF 1972.

THE STATE OF MISSISSIPPI

COUNTY OF _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this _____ day of _____ in the year 20____, with my jurisdiction, the within named _____, who acknowledges that he/she executed the above and foregoing instrument.

(Notary)

(Commission Expires)