WELCOME!

Intro to Stolco Designs

Stolco Designs is a full-service general contractor that specialties in investor remodels. We complete projects ranging from $5,000 all the way up to $350k. We're always looking for reliable Subcontractors to work with. As a supplement to any conversations you've already had, here is an overview of how we work with Subs.

What WE expect:
-Honest and timely communication
-Quality craftsmanship
-Fair pricing
-Positive attitudes

What YOU can expect:
-Open communication
-On-time payments
-Positive attitudes
-Fair business practices

Quoting Process

You'll work directly with one of our Project Managers to provide quotes. Typically that will include a jobsite walk and scope discussions.

Once a scope and price is agreed upon, a contract will be send via Docusign for signatures.

Once that is signed and we have all the necessary paperwork (insurance, W9, etc), work may begin. Be sure to read the scope in the contract closely to make sure you understand what is expected, including checking the price.

Payments

All payments will be made via ACH/Direct Deposit. The money will go straight into your account within about 1-2 days of releasing the funds.

Most subcontracts are paid on a %-complete basis, meaning that we will release funds based on the amount of work that has been completed. There will be no up-front payments or ‘advances’.

If your subcontract has specific pay items (typically trade scopes; electrical, plumbing, etc), those will be outlined in the subcontract and payment will be released once the PM has checked the work.

Documents Required to Start Work

ALL DOCS CAN BE SUBMITTED TO: ADMIN@STOLCODESIGNS.COM

1. W9
2. Direct deposit info (sending a voided check is also acceptable)
3. Proof of liability coverage
4. Proof of Workers Comp. coverage or state-issued waiver

see additional pages for info on each item

Form **W-9**
(Rev. October 2018)
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.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

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.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

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.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

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.

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 ▶**

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.*

AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

State Form 47551 (R5 / 4-14)
Approved by State Board of Accounts, 2014
Approved by Auditor of State, 2014

Indiana law (I.C. 4-13-2-14.8) requires that YOU receive PAYMENT(S) by means of electronic transfer of funds.

This form must be accompanied by a W9.

Please print clearly and legibly in blue or black ink.

See Instructions on Reverse.

SECTION 1: AUTHORIZATION

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Printed Name (*as shown on the account*) _____

Federal Identification Number / Social Security Number _____

Address (*Number and Street, and/or PO Box Number*) _____

City, State, and ZIP Code (00000-0000) _____

SECTION 2: FINANCIAL INSTITUTION'S APPROVAL

☐ Add Deposit ☐ Change Deposit (prior information: _____)

☐ **Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.**

Type of Account: ☐ Checking (Demand) ☐ Savings

ATTACH A NON-ALTERED VOIDED CHECK HERE.

(You must either attach a non-altered, matching voided check or have your financial institution complete this section.)

ATTACH A NON-ALTERED VOIDED CHECK HERE.

The financial institution identified below agrees to accept automated deposits under the terms set forth herein:

Name of Financial Institution: _____ Telephone: (____)_____

Address: _____ _____

Number and Street, and/or P.O. Box Number — City, State, and ZIP Code (00000-0000)

_____ , 20_____ _____

Date *(month, day)* — Financial Institution's Authorized Signature / Title

_____ _____

ABA Transit-Routing Number — Account Number

SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS

(Complete this section only if you are requesting electronic notification. You may provide up to four email addresses.)

I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

_____ _____

_____ _____

I agree to the provisions contained on the reverse side of this form.

NAME ***(print or type)*** _____ **TITLE**_____ **TELEPHONE**_____

AUTHORIZED SIGNATURE _____ **DATE** ***(month, day, year)*** _____

STODE-1 OP ID: KH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/11/2019

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 317-787-9489
[redacted]

CONTACT NAME: [redacted]
PHONE (A/C, No, E
E-MAIL ADDRESS:
INSURER A
INSURER B
INSURER C :
INSURER D :
INSURER E :
INSURER F :

INSURED [redacted]

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.

Liability Coverage

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						EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR	X		136817126	02/18/2019	02/18/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED S (Ea accident)	$
	ANY AUTO						BODILY INJU (Per person)	$
	OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJU (Per accident)	$
	HIRED AUTOS ONLY [ ] AU OWNED ONLY						PROPERTY D (Per accident)	$
								$
	UMBRELLA [ ] OCCUR						EACH OCCUR NCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y	N / A		STWC078460	11/08/2019	11/08/2020	E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

Workers Comp. Coverage

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

GENERAL CONTRACTOR. THE CONSOLIDATED CITY OF INDIANAPOLIS IS ADDD AS ADDITIONAL INSURED UNDER THE GENERAL LIABILITY LISTED ABOVE.

CERTIFICATE HOLDER

CONCI-3

THE CONSOLIDATED CITY OF INDIANAPOLIS
DEPT OF CODE ENFORCEMENT
1200 S MADISON AV, SUITE 100
INDIANAPOLIS, IN 46225

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
Kristopher R Hawthorn

Workers Compensation Coverage

Every subcontractor must have either Worker's Compensation coverage through an insurance provider OR a state-issued Worker's Compensation Exemption Certificate.

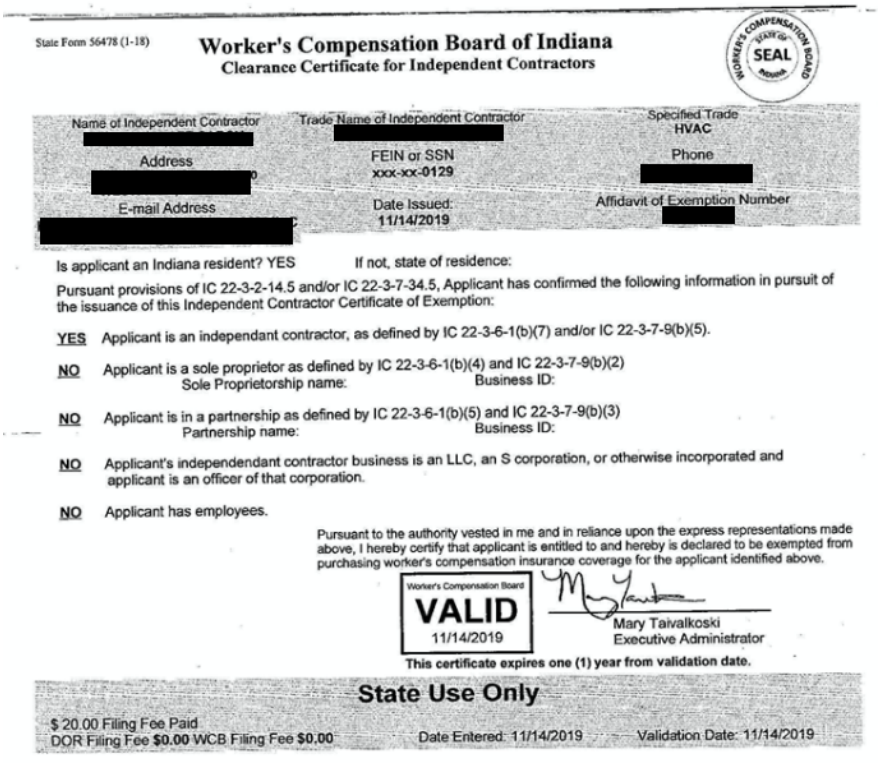
Option 1: Worker's Compensation coverage through an insurance provider

-This coverage will be outlined on your Acord insurance form. Just send that Acord form to Admin@StolcoDesigns.com and you're all set.

Option 2: State-issued Worker's Compensation Exemption Certificate

-Info about obtaining the certificate can be found online at: https://www.in.gov/dor/business-tax/contractors-doing-business-in-indiana/workers-compensation-exemption-certificate-clearance/

-The form you receive will look like this. Please send a copy of the form to Admin@StolcoDesigns.com



State Form 56478 (1-18)

Worker's Compensation Board of Indiana
Clearance Certificate for Independent Contractors

SEAL

Name of Independent Contractor [redacted]
Trade Name of Independent Contractor [redacted]
Specified Trade: HVAC
Address [redacted]
FEIN or SSN: xxx-xx-0129
Phone [redacted]
E-mail Address [redacted]
Date Issued: 11/14/2019
Affidavit of Exemption Number [redacted]

Is applicant an Indiana resident? YES If not, state of residence:

Pursuant provisions of IC 22-3-2-14.5 and/or IC 22-3-7-34.5, Applicant has confirmed the following information in pursuit of the issuance of this Independent Contractor Certificate of Exemption:

YES Applicant is an independant contractor, as defined by IC 22-3-6-1(b)(7) and/or IC 22-3-7-9(b)(5).

NO Applicant is a sole proprietor as defined by IC 22-3-6-1(b)(4) and IC 22-3-7-9(b)(2)
Sole Proprietorship name: Business ID:

NO Applicant is in a partnership as defined by IC 22-3-6-1(b)(5) and IC 22-3-7-9(b)(3)
Partnership name: Business ID:

NO Applicant's independendant contractor business is an LLC, an S corporation, or otherwise incorporated and applicant is an officer of that corporation.

NO Applicant has employees.

Pursuant to the authority vested in me and in reliance upon the express representations made above, I hereby certify that applicant is entitled to and hereby is declared to be exempted from purchasing worker's compensation insurance coverage for the applicant identified above.

Worker's Compensation Board
VALID
11/14/2019

Mary Taivalkoski
Executive Administrator

This certificate expires one (1) year from validation date.

State Use Only

$ 20.00 Filing Fee Paid
DOR Filing Fee $0.00 WCB Filing Fee $0.00 Date Entered: 11/14/2019 Validation Date: 11/14/2019