



## BRITANNIA SUBCONTRACTOR INFORMATION QUESTIONNAIRE

Name: \_\_\_\_\_

Address: (City, State, Zip) \_\_\_\_\_

Main Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Professional Licenses held: \_\_\_\_\_

Diversity info-  
**optional:** Minority Owned Business? \_\_\_\_\_ Woman Owned (51%) \_\_\_\_\_ Veteran Owned? \_\_\_\_\_

Lead Based Paint? \_\_\_\_\_ Mold Certified? \_\_\_\_\_

Multi-state licensed? Please list: \_\_\_\_\_

### Services:

Please check all trades that you provide

Carpentry -cabinets	Carpentry-counters	Carpentry-drawers	Carpentry-windows
Decks - exterior	Doors - exterior	Doors -interior	Doors - garage
Electrician-licensed	Doors -interior	Electrician - licensed	Flooring -carpet
Flooring-Laminate	Flooring - Tile	HVAC	Installation -Appliances
Installation - Boiler	Installation-water heater	Installation – windows	Painting - exterior
Painting - interior	Painting-exterior	Plumbing	Roofing - gutters
Roofing - tiles	Siding	Siding-Steel	Other_____

### Requirements for all subcontractors:

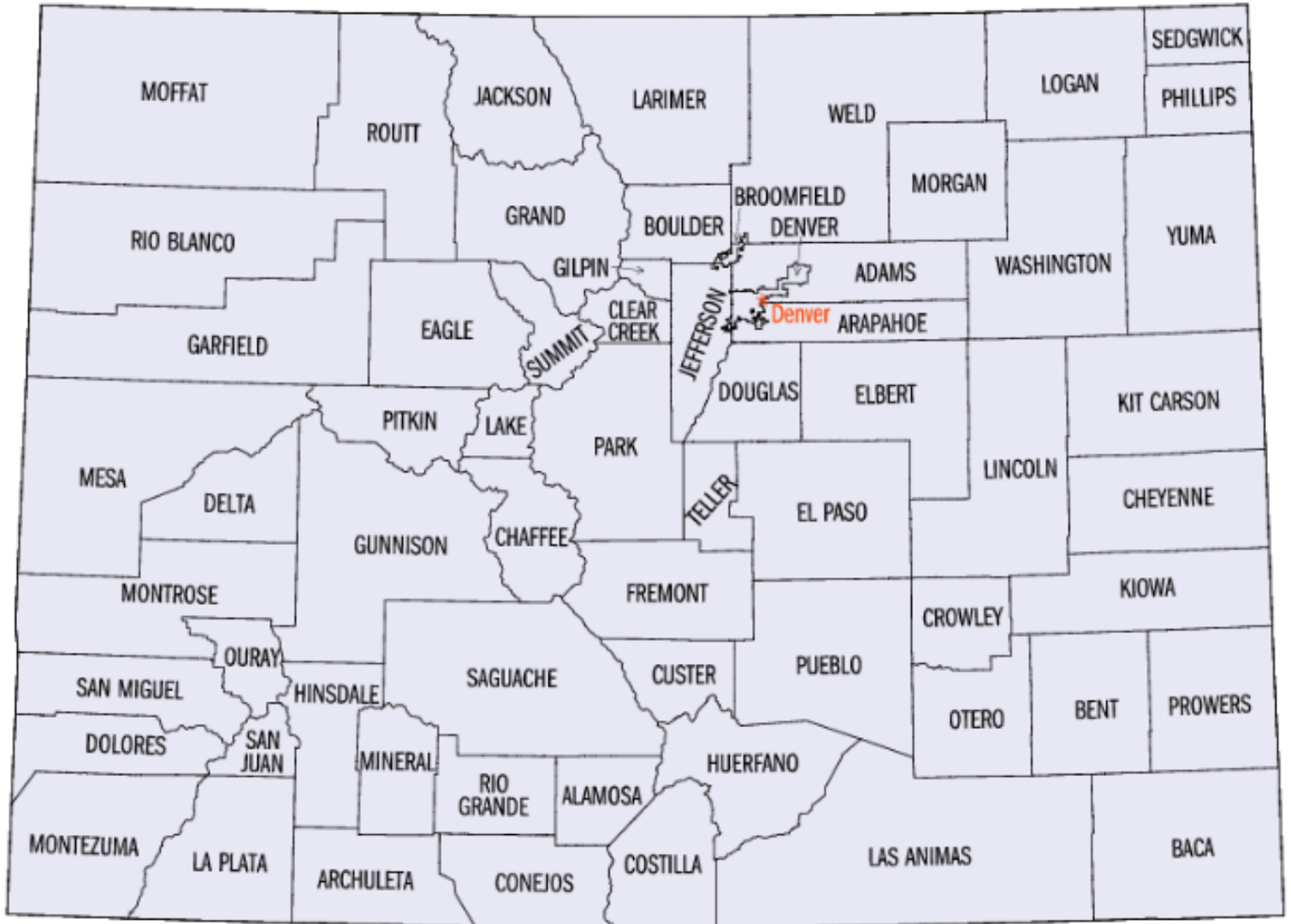
- General Liability insurance in the amount of \$1,000,000 showing Britannia Development as additional insured.
- Workers Comp in the amount of \$1,000,000 or state required exemption form
- Automobile insurance in the amount of \$1,000,000
- State, County, Municipal required licenses

**It is your responsibility to ensure that you are compliant with all Federal, State and Local laws. Please inform of any changes in your company information, and please ensure insurance, license and certifications are kept current**

- Background checks are conducted by a third party and are kept confidential. We are required to conduct criminal background checks by our clients. Copies of your report can be sent to you upon request.



County Map of Colorado





**14212 23rd Avenue North  
Plymouth, MN 55447**

**Phone 952-241-4571/Fax 952-241-4572**

**Determination of independent contractor status  
for workers' compensation insurance coverage**

**Subcontractor business name:**\_\_\_\_\_

**Please answer all 9 questions by placing a check to indicate Yes in the box below. If the answer is No, please leave box blank:**

Does contractor maintain a separate business with the individual's own office, equipment, materials and other facilities;

Does contractor hold or has applied for a federal employer identification number (FEIN) or (ii) has filed business or self-employment income tax returns with the federal Internal Revenue Service if the individual has performed services in the previous year; Please provide Tx ID number/EIN-

\_\_\_\_\_

Does contractor operate under contract to perform the specific services for the person for specific amounts of money and under which the individual controls the means of performing the services;

Does contractor incur the main expenses related to the services that the individual is performing for the person under the contract;

Is the contractor responsible for the satisfactory completion of the services that the individual has contracted to perform for the person and is liable for a failure to complete the services;

Does contractor receive compensation from the person for the services performed under the contract on a commission or per-job or competitive bid basis and not on any other basis;

Can the contractor realize a profit or suffer a loss under the contract to perform services for the person;

Does the contractor have continuing or recurring business liabilities or obligations; and

Is the contractor's success or failure of the individual's business depends on the relationship of business receipts to expenditures.

Signature:\_\_\_\_\_Date:\_\_\_\_\_

**If you answered Yes to any of the above questions, please verify that you comply with requirements for Independent Contractor status.**



## SUBCONTRACTOR DISCLOSURE / RELEASE / AUTHORIZATION FORM

1. For contracting purposes, in accordance with the fair Credit Reporting Act ("Act") and other applicable law, Britannia Development Company ("BDC") may obtain and investigate consumer reports in connection with your contract with BDC as part of a pre-contracting background check and/or and at any time during the term of your contract or affiliation, or in connection with your employment with a subcontractor who has contracted with BDC.

2. By this document the undersigned authorizes the conducting or procurement of such investigation, including investigation by a credit reporting agency or other sources as part of the pre or post-contracting background investigation. This authorization shall remain on file and shall serve as an ongoing authorization for BDC or its associates or other sources to procure consumer reports at any time during the contract or your employment with the subcontractor. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

3. The undersigned acknowledges that investigations conducted or reports procured as referenced herein may contain information about the undersigned's employment and educational background, criminal history, credit history, workers' compensation claims, and personal reputation.

4. In connection with this request, the undersigned authorizes all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus and persons to release information they may have about me to BDC or its agents.

5. The undersigned further authorizes BDC to secure investigative consumer reports at any time, without limitation, before, during and after my employment if, in BDC's (or its designees) discretion, it has a legally-permissible and legitimate business need for the information requested.

6. The undersigned releases and holds harmless all parties, including but not limited to BDC, from and against any and all harm or liability for damages arising from requesting, procuring or furnishing information requested pursuant to this document, except with respect to a violation of the Act.

7. The undersigned shall have the right to obtain additional disclosure as to the nature and scope of any investigation upon written request within a reasonable period of time and to obtain a copy of any report upon written request.

**CA, MN, OK RESIDENTS ONLY:** As part of a routine background investigation, BDC may request a consumer credit report from a consumer credit reporting agency or one of its associated companies. If BDC does so, and you wish to receive a free copy of the consumer credit report(s), please initial here:\_\_\_\_\_.

Applicant's Signature \_\_\_\_\_ Print Legal Name \_\_\_\_\_

Date \_\_\_\_\_

Other Names Used \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Previous address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Minnesota Applicants:** You may make a written request to the consumer reporting agency for information on the nature and scope of a consumer report prepared.

## **SUBCONTRACTOR DRUG TESTING POLICY DISCLOSURE AND CONSENT**

1. Prior to or coordinate with contracting with BDC, all subcontractors and employees of subcontractors, must submit to and pass a drug test prior to the effective date of the contract or prior to performing any work for BDC or its client(s). Any subcontractor or employee of a subcontractor who tests positive for illegal use of drugs will not be eligible to provide services for BDC. Any subcontractor or employee of subcontractor may refuse to submit to testing, but the contractor of any subcontractor who so refuses will be terminated, any employee of a subcontractor who refuses will not be eligible or allowed to provide any services for BDC.
2. Any subcontractor (or employee of a subcontractor) who has been offered a conditional subcontract or offer of contract from BDC (or who would be providing services for BDC) will have the opportunity, prior to testing at the lab, to list all prescriptions and non-prescription drugs used and their purpose during the last 30 days.
3. Persons subject to testing must sign, prior to testing, an approved form consenting to the testing and consenting to the release of test results to the designated official.
4. Subcontractors shall provide the below consent form for each employee of subcontractor who will be providing services pursuant to any contract with BDC.

### **CONSENT FORM**

**AS AN APPLICANT FOR A POSITION OF SUBCONTRACTOR WITH (OR EMPLOYEE OF) BDC I HEREBY CONSENT TO A TEST FOR THE PRESENCE OF ILLEGALLY USED SUBSTANCES IN MY BODY. I UNDERSTAND THAT SHOULD THE PRESENCE OF ANY ILLEGALLY USED SUBSTANCE BE DETECTED AND CONFIRMED, I WILL NOT BE HIRED, OR I MAY BE TERMINATED.**

**I ALSO UNDERSTAND THAT SHOULD I REFUSE TO BE TESTED IN ACCORDANCE WITH THE ABOVE POLICY OR IF I INTERFERE WITH THE TEST, I WILL NOT BE HIRED, OR I MAY BE TERMINATED.**

**I ALSO CONSENT TO THE RELEASE OF THESE TEST RESULTS TO A DESIGNATED COMPANY (BDC) OFFICIAL, AND AGREE TO HOLD HARMLESS BDC FROM ANY SUCH RELEASES PROVIDED FOR HEREBY.**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Form

**W-9**(Rev. August 2013)  
Department of the Treasury  
Internal Revenue Service**Request for Taxpayer  
Identification Number and Certification****Give Form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>									
				-				-	
<b>Employer identification number</b>									

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below), and
- 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 on page 3.

<b>Sign Here</b>	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.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



**Britannia Development Company, Inc.**

14212 23<sup>rd</sup> Avenue North

Plymouth, MN 55447

Phone 952-241-4571/Fax 952-241-4572

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**ACH Agreement Form**

I hereby authorize Britannia Development Company to initiate automatic deposits to my account at the financial institution named below. I also authorize Britannia Development Company to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Britannia Development Company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Britannia Development Company receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

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**Account Information**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

☐ Checking | ☐ Savings

Name on Account: \_\_\_\_\_

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**Vendor Signature**

Authorized Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town, City, State, Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a voided check or deposit slip and return this form to the Accounting Department.**





## **NEW SUBCONTRACTOR DOCUMENTS REQUIRED**

- ✓ Subcontractor Information Questionnaire
- ✓ Britannia Code of Conduct
- ✓ Copy of Business Card or Letterhead
- ✓ Contractor Status Form
- ✓ Certificate of Insurance-General Liability-**Britannia must be listed as an additional insured. Other requirements are**
- ✓ Workers Compensation Insurance Certificate
  - ❖ **STATE OF MINNESOTA**-If you are not required to carry Workers Comp Insurance, see instructions below.
    - If you do not have a contractor's license you must register with the Dept of Labor to obtain a Registration number to keep on file. There is no charge to do so
    - Signed letter stating your company is not required to obtain Workers Compensation
  - ❖ **ALL OTHER STATES**-Must provide Workers Compensation Insurance Certificate or Exempt Certificate
- ✓ Copy of State Contractors License- If applicable
- ✓ Copies of County or Municipal Licenses - If applicable
- ✓ Copy of EPA Lead Certification and or Mold Certificate- If applicable
- ✓ W-9
- ✓ ACH form completed with a voided check attached
- ✓ Subcontractor Authorization for Background Check
- ✓ LICENSE(S), INSURANCE, LBP/MOLD CERTIFICATES, COPY OF VOIDED CHECK TO BE EMAILED TO  
VENDORS@BRITANNIADEVELOPMENT.COM.