



BCB Homes, Inc.  
3696 Enterprise Avenue Suite #100  
Naples, FL 34104  
Ph: 239-643-1004  
Fax: 239-643-7006  
[www.bcbhomes.com](http://www.bcbhomes.com)

## Company Information

Are you a Supplier? Yes No

Are you an Installer? Yes No

Do you Supply & Install? Yes No

What areas does your company's work currently encompass?

Are you willing to work geographically?

How many crews do you have?

List any and all scopes of work your company does currently.

What is your bid/proposal turnaround time? "Days/Weeks"

When would your current workload allow you to begin a new project?



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## Vendor/Subcontractor Application

### Vendor/Subcontractor Information

Business Name		DBA
Street Address		Unit#
City	State	Zip Code
Web site/Email Address	Phone	Fax

### Authorized Signatures

List the acceptable authorized signatures for the above company. Only authorized signatures will be accepted for Contracts, Change Orders, Waiver & Release and/or Release of Lien.

Name	Signature	Title
Name	Signature	Title
Name	Signature	Title

It is the subcontractor's responsibility to notify BCB Homes, Inc. in writing of changes to the above authorized signatures.

### Company Contacts

Account Payable:	Name	Email	Phone (ext.)
Contracts:	Name	Email	Phone (ext.)
Estimating:	Name	Email	Phone (ext.)
Field Operations:	Name	Email	Phone (ext.)

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> 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 <b>not</b> 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.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

## 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.

<b>Social security number</b>											
				-			-				
<b>or</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 for Part II, later.

<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.** 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](http://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.*



BCB Homes, Inc.  
3696 Enterprise Ave. Suite 100  
Phone (239) 643-1004  
Fax (239) 643-7006  
Naples, FL 34104-3698

## To All Subcontractors and Suppliers

### Re: Certificate of Insurance Compliance

Below are required forms and information requests that must be submitted to receive a BCB Homes, Inc. subcontract.

1. Request for Taxpayer – Form W-9. Complete and submit.
2. Copies of all applicable licenses. (Example: State of FL Subcontractor License, County Business etc.)
3. Completed BCB Homes, Inc. Vendor/Subcontractor application.
4. Valid Certificates of Insurance. BCB Homes, Inc. requires endorsements to General Liability and Workers Compensation. **Please contact your agent with this request. Your agent will forward this document as it must be signed by a licensed representative in order to be considered in compliance.** Due to the wide range of carries and the endorsements, please submit the actual policy and endorsements. Subcontractors will maintain the insurance coverage summarized below at least thirty (30) days following the completion and delivery of the work as stated in the contract. Insurance certificates will be reviewed upon each policy renewal.

The minimum acceptable limits of coverage are:

#### Type

#### Coverage limits

I Commercial General Liability

\$1,000,000 Each Occurrence  
\$2,000,000 General Aggregate, per project  
\$2,000,000 Products-Comp/Op Aggregate

II Auto Liability

\$1,000,000 Combined Single Limit  
(Including owned, hired and non-owned vehicles)

III Excess/Umbrella Liability

\$1,000,000 Limit

IV Workman's Comp

Statutory & \$500,000 employers' Liability

- a. Please supply us with a copy of the endorsement on your policy naming BCB Homes as an "additional insured" on a "primary and non-contributory basis" for the General Liability, Umbrella Liability and Automobile Liability.
- b. The Additional Insured endorsement must include ongoing and completed operations coverage, and the policy must not have any residential exclusions. This form should be as broad as "ISO endorsement CG 2010 edition 11/85". Note: Liability forms from other carriers that provide this coverage are acceptable. Please submit a copy of the policy and endorsement.
  - a. Notice of cancellation not less than 30 days.
  - b. Waiver of subrogation applies to Workers Compensation General Liability and Umbrella Liability.

**Note:** All the above insurance requirements and applicable licensing MUST be received before issuing contracts and/or issuing payments. Failure to provide the required certificates and forms may result in the delay of future work and/or payments.

Thank you,  
**BCB Homes, Inc.**

Revised 8-17-2023

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 any rights to the certificate holder in lieu of such endorsement(s).


PRODUCER <b>Acrisue, LLC dba Gulfshore Insurance</b> 4100 Goodlette Road North Naples, FL 34103 -3303 239 261-3646	CONTACT NAME: <b>Agency Contact Name</b>		
	PHONE (A/C, No, Ext): <b>000 000-000</b>	FAX (A/C, No): <b>000 000-000</b>	
E-MAIL ADDRESS: <b>xxx@xxxx.com</b>			
INSURED  <b>SAMPLE CERTIFICATE REQUIREMENTS                  NAME AND ADDRESS                  OF ENTITY DOING BUSINESS FOR YOU</b>	INSURER(S) AFFORDING COVERAGE		
	INSURER A : Name of Insurance Company		NAIC # <b>00000</b>
	INSURER B : Name of Insurance Company		<b>00000</b>
	INSURER C : Name of Insurance Company		<b>00000</b>
	INSURER D : Name of Insurance Company		<b>00000</b>
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	12345	00/01/20XX	00/01/20XX	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		12345	00/01/20XX	00/01/20XX	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		X	12345	00/01/20XX	00/01/20XX	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? Y/N <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	12345	00/01/20XX	00/01/20XX	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>
B	Professional			1234	00/01/20XX	00/01/20XX	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 List all entities required per contract. Attach all endorsements including the per project aggregate.] The Certificate Holder(s), [enter all names(s)] are named as additional insured with the regards to the General Liability, Auto & Umbrella on a primary non-contributory basis, including Ongoing and Completed Operations on the General Liability, per form number(s) \_\_\_\_\_ [attach]. A waiver of subrogation in favor of the Certificate Holder(s) in regards to the General Liability, Employers Liability and Umbrella (See Attached Descriptions)

CERTIFICATE HOLDER  <b>BCB Homes, Inc</b> 3696 Enterprise Ave Suite 100-101 Naples, FL 34104	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 
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## DESCRIPTIONS (Continued from Page 1)

per form numbers(s) \_\_\_\_ [attach]. The Umbrella follows form of the underlying General Liability, Auto Liability and Employers Liability. 30 day Notice of Cancellation and 10 day notice for non-payment apply, in favor of the Certificate Holder(s) per the endorsement(s) attached on all the applicable policies.



## BCB HOMES PAYMENT PROCEDURE

All payments/checks **are mailed** upon receiving the executed lien waivers. There is no physical payment pick up. The waivers can be e-mailed, mailed or faxed (over) to us. **Please include job number, job name, job address and project manager name on all invoices.**

**Monthly Cycle Payment (Normal cycle payment):** invoices received by the 25<sup>th</sup> of the month are paid the following month on the 25<sup>th</sup>.

**Weekly Cycle Payment (Preferred Vendors Only):**

This program is strictly optional and offered with the following benefits and terms:

- Weekly payments - Invoices and pay applications received by 5:00 pm Thursday are paid following Friday. Vendors are not required to submit invoices weekly. Vendors will have the option to do so if it helps improve their cash flow. Whenever vendors submit invoices, they will be processed consistent with our Preferred Vendor processing schedule.
- Upon receiving the executed lien waivers, BCB Homes will transfer funds by ACH on Thursday so that funds will be in your bank account on Friday. Vendors can still opt for checks.
- Preferred Vendors have access in advance of non-preferred vendors, to our bid and proposal process. Preferred Vendors will likely be awarded contracts over non-preferred vendors as long as Preferred Vendors have the capacity to meet our schedule, have the expertise to perform the work and their bid price is competitive.
- Vendors can opt out of the program at any time and return to our normal monthly payment procedures of invoices in by the 25<sup>th</sup> paid on the following 25<sup>th</sup>.
- In return, BCB Homes asks for a 2% discount off the gross invoice amount to assist in defraying the administrative cost of the program and the cost of using our financing resources to fund this program.

Please let us know if you are interested in enrolling in the preferred vendor program. We will forward the enrollment packet with further detail.

With kind regards,  
**BCB Homes, Inc.**



Accounting Year 2023

## VENDOR/SUBCONTRACTOR INVOICING

Dear Subcontractor/Vendor:

BCB Homes appreciates your effort and values the opportunity to work with you.

### What Does BCB Homes Need on Every Invoice:

In order to streamline vendor payment cycle, we are asking all our subcontractors and suppliers to include following items on each T&M invoice:

1. Project name
2. BCB project number
3. Project address
4. Project manager name

Invoicing for contracted work must be submitted via **Subcontractor Pay Application** and include the above listed items as well. Any invoice/pay application missing this information will likely be delayed for payment. If you would like a formatted pay application in Excel format I would be happy to email one to you; just email your request to: [ap@bcbhomes.com](mailto:ap@bcbhomes.com)

### Where to send your Pay Applications and T&M Invoices:

**All invoices and pay applications must be emailed to [bill@bcbhomes.com](mailto:bill@bcbhomes.com).** We still accept hard copies of the invoices, but prefer that you send everything to us electronically.

*This email is only for invoices and pay applications; do NOT send plan documents, change orders or general correspondence to this address.*

**Preferred Vendor Invoices must be emailed to [preferredvendor@bcbhomes.com](mailto:preferredvendor@bcbhomes.com) .**

### Final Comment

As a reminder, our billing cycle is “submit payables by the 25<sup>th</sup> of this month for payment on the 25<sup>th</sup> of the following month” (with the exception of those vendors enrolled in the Preferred Vendor Program).

Please let us know if you have any questions.

With kind regards,

Accounting Department  
BCB Homes, Inc.