

Dear Vendor,

Thank you for your interest in becoming an Nuovo Management Corporation (aka Nuovo Corp) vendor. We are extremely excited to have you join our team as we continue to expand our services nationwide.

To become a certified vendor, please submit the following documents within 7 calendar days.

Certification Documents			Insurance Requirements				
	Completed IRS Form W9 Certificate of Insurance (COI)		Commercial General Liability Insurance (aggregate limit of \$2,000,000) Worker's Compensation Insurance (minimum limit of \$300,000)				
	State licenses and/or certificates of competency, if applicable Automated ACH Form w/copy of Voided Check Trade License (if applicable)		IMPORTANT: ALL INFORMATION IN THE DOCUMENTS MUST BE CONSISTENT, INCLUDING BUSINESS NAME & OWNER NAME(S)				

Please send all documents to Vendors@nuovocorp.com

While we understand that some documentation may take time to process, please know that work cannot be assigned until you have been certified and activated as a vendor. We appreciate your timely effort in completing this matter.

Thank you,

Vendor Management

Nuovo Management Corporation (Nuovo Corp) reserves the right to select and approve vendors in its sole discretion based on the results of the review and certification process and demand for services.

IMPORTANT:

PLEASE NOTE: IF YOU DO NOT HAVE WORKER'S COMP INSURANCE, NUOVO CORP CAN ONLY SUBMIT PAYMENT FOR COMPLETED SERVICES VIA CHECK.

^{*}Nuovo Management Corporation (Nuovo Corp) **MUST** be added as an additional insured on the policy and listed as a certificate holder.



Vendor Information Form

Vendor Contact Information: Company Name: _____ (as listed on your W-9) Business Address: **Business Email:** Business Phone: Website: Owner Name: Owner Email: Owner Phone: Primary (WO) Contact: _____ (person that will manage Work Orders) Primary Contact Email: Primary Contact Phone: **Trades** Markets Handyman Atlanta, GA Roofing Dallas, TX Other: **HVAC** Plumbing Electrical Roofing Other: _____



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.

Befor	еу	ou begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.										
	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the centity's name on line 2.)	wner's na	me on li	ne 1, and	d enter	r the bu	siness	,/disrega	arded		
	2	2 Business name/disregarded entity name, if different from above.										
Print or type. See Specific Instructions on page 3.	3a	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. Individual/sole proprietor C corporation S corporation Partnership Trust/estate 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.					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)					
Prii Specific In	3b	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					(Applies to accounts maintained outside the United States.)					
See	5	Address (number, street, and apt. or suite no.). See instructions.				ddress	(option	nal)				
	6	6 City, state, and ZIP code										
	7 List account number(s) here (optional)											
Par	tΙ	Taxpayer Identification Number (TIN)										
Enter	γοι	r TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	oid	Social	security	numb	er					
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				_		_						
TIN, la	-	t is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	ria (or						_		
,			, [Employ	er iden	er identification number						
		ne account is in more than one name, see the instructions for line 1. See also What Name To Give the Requester for guidelines on whose number to enter.	ana		-							
Par	t II	Certification										
Unde	r pe	nalties of perjury, I certify that:										
1. The	nu	mber shown on this form is my correct taxpayer identification number (or I am waiting for	a numbe	r to be	issued	to me	e); and					
Ser	vice	of subject to backup withholding because (a) I am exempt from backup withholding, or (b) (IRS) that I am subject to backup withholding as a result of a failure to report all interest oper subject to backup withholding; and				-						
3. I ar	n a	U.S. citizen or other U.S. person (defined below); and										
4. The	FA	TCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ıg is corr	ect.								
becau	se y	tion instructions. You must cross out item 2 above if you have been notified by the IRS that y you have failed to report all interest and dividends on your tax return. For real estate transaction or abandonment of secured property, cancellation of debt, contributions to an individual ret	ons, item	2 does	not app	oly. Fo	or morto	gage i	interest			

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.

General Instructions

Signature of

U.S. person

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

Sign

Here

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

Date



AUTOMATED ELECTRONIC PAYMENTS (ACH) FORM

Vendor Information:	
Company Name:	
Contact Name:	
Address:	
E-mail Address:	(As shown at bank institution)
Banking Information:	
PLEASE NOTE: copy of	of a VOIDED check or bank verification letter MUST be submitted to verify
account and process	<mark>any payments.</mark>
Vendor Bank Name:	
Bank Address:	
Bank Contact Name:	
ABA Routing Number:	
Account Number:	
Account Type:	Checking \square Savings \square
Vendor Authorization:	
_	onfirm that you are authorizing Nuovo Mgt Corporation to begin transferring bices to the account mentioned above.
Signature	Title
Phone Number	Date



Workers Compensation Exemption – Vendor Request Form

FL/IN/CA/NY – if you have a state-issued exemption certificate, you **DO NOT** need to complete this form.

AZ/CO/DE/MD/NV/NJ/NC/PA/TX – if you have at least one W-2 employee, Workers Compensation is required.

GA – if you have at least 3+ W-2 employees, Workers Compensation is required.

IL – if you have at least one W-2 employee, Workers Compensation is required <u>or</u> you must provide subcontractors Workers Compensation certificates.

All other states – For additional state requirements please refer to http://www.nfib.com/content/legal-compliance/legal/workers-compensation-laws-state-by-state-comparison-57181/#table

Company/Vendor Name:		
Contact Name:		
Vendor Address:		
Vendor State:		
Does your company have any W-2 emplo	yees? If so, how many:	
Please be advised that if you do not carry we exemption certificate, Nuovo Corp will retain fees as you would then be included under Nu	n 5% to 10% of each of your work uovo Corp's WC insurance policy.	orders. This deduction will cover audit
Signature	Phone Number	Date
If you have additional questions, please e	email <u>vendors@nuovocorp.con</u>	<u>n.</u>
	OFFICE USE ONLY	
Vendor approved for exempt status:	YES	NO
Recruiting Manager Signature	 Date	