



Contract Hauler Insurance and Compliance Requirements

Dear Contractor:


Included in this document is the required information to supply services as a Contract Hauler for Gilchrist Construction Company, LLC.

- Insurance Requirements
 - ✓ Please have your agent review the attached insurance requirements and advise them that all carriers must have at least an A-8 AM Best rating.
- DOTD Certification Information
 - ✓ Complete Attached Form
 - Photo of DOTD Weight Certification Tag
 - Copy of Registration
 - Photo of license plate (tractor and trailer)
 - Truck weight and Volume Certification (this is given when the truck is being measured; maximum volume in cubic yards).
- GCC Accounts Payable (return to ap@gilchristconstruction.com)
 - ✓ Vendor Data Sheet - ACH
 - ✓ W-9
 - ✓ Purchase Order and Invoicing Notice

A Contract Haul Agreement will be provided after all the above information has been received.

If you have any questions, please contact me at 318.483.7659 or at vaymond@gilchristconstruction.com

Sincerely,


Valerie Aymond, CRO
Chief Resource Officer



CONTRACT HAULER INSURANCE REQUIREMENTS

Owner Operators / No other drivers

Auto Liability - \$1,000,000 Limits of Liability Combined Single Limit Liability per Occurrence

- **Hired and Non-Owned** Boxes must be checked
- Endorsement evidencing Gilchrist Construction Company, LLC named as an additional insured
- Waiver of Subrogation Endorsement in favor of Gilchrist Construction Company, LLC
- 30 Day Written Notice of Cancellation

General Liability - \$1,000,000 limits of Liability each occurrence, \$2,000,000 Aggregate Coverage

- Endorsement evidencing Gilchrist Construction Company, LLC named as an additional insured
- Waiver of Subrogation Endorsement in favor of Gilchrist Construction Company, LLC
- 30 Day Written Notice of Cancellation

Excess Liability Coverage - \$5,000,000 limits, excess \$1,000,000

- Endorsement evidencing Gilchrist Construction Company, LLC named as an additional insured
- Waiver of Subrogation Endorsement in favor of Gilchrist Construction Company, LLC
- 30 Day Written Notice of Cancellation
- If Excess Liability Coverage is reduced and/or waiver is approved by GCC, Contract Hauler will agree to the review and continuous monitoring of all driver MVR's during GCC usage periods.

Owner Operators (Single Vehicle) with other drivers

Auto Liability – Same as Owner Operator

General Liability - Same as Owner Operator

Excess Liability - Same as Owner Operator

AND

Workers' Compensation Insurance

- WC Statutory Limits
- \$1,000,000 each accident for bodily injury by accident; and \$1,000,000 each employee for injury by disease.
- Alternate Employer Endorsement
- Waiver of Subrogation Endorsement in favor of Gilchrist Construction Company, LLC
- 30 Day Written Notice of Cancellation



Owner Operators more than one Vehicle or Brokers (Having multiple trucks working for or through them)

Auto Liability – Same as Owner Operator

General Liability – Same as Owner Operator

Workers Compensation – Same as Owner Operator

Excess Liability Coverage - \$5,000,000 limits, excess \$1,000,000



WORKER COMPENSATION INSURANCE STATEMENT

To all Owners/Operators:

Please check the following option that will apply to you:

- ___ I will be the **only** driver of my truck, while performing work on **all** Gilchrist Construction Company, LLC jobsites. I will **not** be required to carry Workers Compensation Insurance on **myself**.
- ___ I **will have** drivers other than myself operate my truck or trucks while performing the work on Gilchrist Construction Company, LLC jobsites. I fully understand that I will be required to submit proof and maintain Workers Compensation insurance on my employees while on all Gilchrist Construction Company, LLC jobsites.

I agree to the above statements and will inform Gilchrist Construction Company, LLC in writing of any changes in my insurance coverage as agreed to above.

I further understand that Gilchrist Construction Company, LLC employees will be allowed to check my drivers or me for compliance with the requirements stated above periodically and as deemed necessary. If you are found to be non-compliant with this agreement, you, your driver, or drivers will be asked to leave the GCC project site.

This letter will be signed and returned to Gilchrist Construction Company, LLC along with required Certificates of Insurance, verifying coverage as described above.

Company _____

Signature _____ Title _____ Date _____



CONTRACT HAULER VEHICLE INFORMATION

Please complete the following information and submit to the jobsite. You must complete a form for each truck used.

Other items to include are:

- A copy of your Certification Tag
- A copy of your registration

Vendor#	DOT Certification#	Truck#
Description:	Cubic Volume:	# of Axles:
Truck Type: <input type="checkbox"/> Triaxle Dump	<input type="checkbox"/> Tandem Dump	<input type="checkbox"/> Trailer Dump

Vehicle Weights	License
Gross (Legal Payload): _____	Plate #: _____
Tare Weight: _____	State: _____
	Exp Date: _____
Driver:	
Permit Date	Insurance Expiration Date:



CONTRACT HAULER AP INFORMATION

Vendor Data Sheet - ACH

Name _____

Physical Address _____ Mailing Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Telephone _____ Fax _____

Federal Tax ID# _____ (Attach Completed Form W-9)

Name as shown on Federal Tax Return: _____

Are you a Corporation or elected to be treated as a Corporation? Yes or No

Payment Terms _____ Discount Offered _____

Vendor website address _____

Accounts Receivable Contact Name _____ Phone _____

AR Email Address (Required for ACH Payments) _____

Gilchrist Acct# Assigned by Vendor _____

Merchant Category Code (MCC#) _____

*****Bank Information Section: MUST BE COMPLETED IF YOU WISH TO RECEIVE ACH PAYMENTS.*****

Name of Bank _____

City & State _____

ABA Routing # (9 Digits) _____ Bank Account # _____

Name on Bank Account _____

Please sign below verifying the accuracy of the information listed.

Vendor Signature _____ Date _____

Please send completed form via email to ap@gilchristconstruction.com or fax to (318) 448-9694.

**Request for Taxpayer
Identification Number and Certification**

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

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; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.) _____
6 City, state, and ZIP code _____
7 List account number(s) here (optional) _____

Requester's name and address (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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
 [] [] [] - [] [] - [] [] [] [] [] []

OR

Employer identification number
 [] [] - [] [] [] [] [] [] [] [] [] [] [] []

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.

Sign Here Signature of U.S. person ▶ _____ Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

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), 1088-IF (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1098-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?* on page 3.

By signing the filled-out form, you:

- 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. See *What is FATCA reporting?* on page 2 for further information.



Purchase Order and Invoicing Notice

Our company is committed to continuous improvement in our operational efficiency and control through standardized policies and procedures. This continuous improvement effort applies to our Accounts Payable function as we focus on standardizing our purchase order and invoice processing for increased efficiencies. As part of that effort, we are asking that all of our vendors or suppliers comply with the following purchase order and invoicing procedure.

- **All invoices must have a purchase order (PO) number** referenced on them to be processed for payment. Your company should not provide goods or services to Gilchrist Construction Company without first receiving a Purchase Order. The Purchase Order will indicate the service provided, goods to be shipped, and the agreed upon prices. Please request a PO number from the employee placing the order. **Invoices submitted without a valid PO number indicated will result in nonpayment.**
- If the purchased material is to be delivered, please confirm the delivery location so that the appropriate sales tax can be billed. Payment for invoices with the incorrect tax rate will be adjusted to include the correct tax amount.
- Original invoices may be mailed (PO Box 5699, Alexandria, LA 71307), faxed (318-448-9694), or e-mailed (ap@gilchristconstruction.com) to be processed for payment. To expedite processing, please note **Attn: Accounts Payable Department** on any invoices mailed or faxed. Please include receiving tickets and any backup documentation as well.

We value our vendor relationships and appreciate your contributions to our vision to be one of the most efficient construction teams in our industry. If you have questions or require additional information, please contact Accounts Payable at 318-483-7641 or ap@gilchristconstruction.com.

Please acknowledge our policy regarding purchase orders and invoicing by signing a copy of this notice and faxing it to 318-448-9694 or scanning to ap@gilchristconstruction.com

Acknowledged by:

Company Name

Signature

Date

Title or Position