



Find attached the following prequalification application documents:

- 1. Prequalification Application**
- 2. Sample Certificate of Insurance**
- 3. Non-Disclosure Agreement (for use in submitting confidential financial information)**

Please complete the forms as instructed therein and return in accordance with the instruction on page 4 of the prequalification application. Note that per those instructions, all required confidential financial information is to be submitted separately to Sauer Controller Jim Rossini in accordance with the "submit to" instructions in the Non-Disclosure Agreement (NDA). Include a copy of the NDA countersigned by applicant with the separately submitted financial information.

It is imperative that you complete all fields in the prequalification application as incomplete applications cannot be processed. Also, include with your application the following documents as listed on page 4 of the application:

- 1. Financial Statements (Required to become prequalified)**
- 2. Key Personnel Resumes**
- 3. Insurance Certificate**
- 4. Copy of all Contractor's Licenses**
- 5. W-9 Form if new to Sauer**
- 6. Surety Letter (if bondable)**

Thank you for your interest in becoming a prequalified subcontractor with Sauer.



SUBCONTRACTOR PRE-QUALIFICATION APPLICATION

6621 southpoint drive north, suite 200
jacksonville, florida 32216

P: 904.262.6444

F: 904.345.3330

www.sauer-inc.com

SUBCONTRACTOR IDENTITY

Date Submitted _____

Company Name _____
Complete Address _____
Phone Number _____ Fax Number _____
Contact Name _____ Email Address _____
Federal Tax ID # _____ NAICS Code _____
DUNS # _____ States Registered to do Business _____

Include a copy of a completed W-9 form if company has not worked with Sauer in past 12 months.

Type of Company:

☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Joint Venture ☐ LLC ☐ DBA ☐ Individual

List Company Officers:

Chairman _____ President(s) _____
Vice President(s) _____ Secretary _____
Treasurer _____

Date Company formed _____ Number of Employees: Salaried _____ Hourly _____

Contract Value Summary:

Applicable Year	Backlog (at year end for prior years)	Value of Contracts in Progress (at year end for prior years)	Total Revenue
Current Year	\$ _____	\$ _____	\$ _____
Prior Year #1	\$ _____	\$ _____	\$ _____
Prior Year #2	\$ _____	\$ _____	\$ _____
Prior Year #3	\$ _____	\$ _____	\$ _____

Average contract value last three (3) years \$ _____

Largest single contract completed in last three (3) years: \$ _____

Size of projects preferred \$ _____ Project location preferred _____

Does company have offices, plants or warehouses at other locations? ☐ Yes ☐ No

If yes, list addresses. _____

List trade(s) of work performed by company: _____

UNION AFFILIATION

Is company directly or indirectly signatory to any union labor agreements: ☐ Yes ☐ No

If yes, list union affiliations _____



If yes, does company have a bond in place securing your payment of wages and fund contributions as required by your labor union agreement: ☐ Yes ☐ No

BONDING CAPABILITY

Is company able to bond projects? ☐ Yes ☐ No Bonding Rate _____%

Single project limit: \$ _____ Aggregate limit: \$ _____

Value of current bonded contracts: \$ _____

Bonding Company/Address _____

Agent Name/Phone # _____

A.M. Best Financial Strength Rating of Surety: _____

If company is able to bond, provide a letter from company's surety affirming surety's commitment to the single project and aggregate limits inserted above.

INSURANCE INFORMATION

Workers' Compensation Experience Modifier:

Current Experience Modifier (EMR): _____% Effective Date: _____(month and year)

You are required to verify company current workers' compensation experience modifier. If company experience modifier is .90 or higher, please provide a copy of additional information for up to the past four years.

Referenced included sample certificate of insurance for Sauer's minimum insurance requirements.

Does company insurance coverage comply with the minimum requirements outlined in the included sample certificate of insurance? ☐ Yes ☐ No

Submit, along with completed prequalification application, a sample certificate of insurance that is representative of company's current insurance coverage including general, automobile, excess, worker's compensation and employer liabilities.

BANKING

Bank Name: _____ Number of Years with this Bank: _____

Bank Address: _____

Contact Name: _____ Contact Phone Number: _____

Does company have a line of credit from any lending institution? ☐ Yes ☐ No

If yes what is amount of line of credit? \$ _____

Amount of available line of credit as of this date? \$ _____

Contact information of lending institution if different from bank listed above. _____

MBE/WBE/SBE/DBE/DVBE Check all that apply.

<input type="checkbox"/> Small Business	<input type="checkbox"/> Veteran Owned Business
<input type="checkbox"/> Minority Owned Business	<input type="checkbox"/> Service Disabled Veteran Owned Business
<input type="checkbox"/> Woman Owned Business	<input type="checkbox"/> HUB Zone Business
<input type="checkbox"/> Small Disadvantaged Business	<input type="checkbox"/> Large

Certifying Agency(s) _____



COMPLETED PROJECTS List four (4) representative projects completed in the last five (5) years.

Project Name	Contracting Company	Contact Name / Phone	Contract Amount	Completion Date

CURRENT PROJECTS List four (4) representative projects currently under construction.

Project Name	Contracting Company	Contact Name / Phone	Contract Amount	% Complete

TRADE REFERENCES List three (3) of your subcontractors or suppliers.

Company Name	Address	Contact Name / Phone

CLIENT REFERENCES List three (3) clients.

Company Name	Address	Contact Name / Phone

If necessary, include attachments listing completed projects, current projects, trade and client references.

COMPANY'S COMMITMENT TO MITIGATING THE ENVIRONMENTAL IMPACTS OF CONSTRUCTION

Does the company,

- have an environmental mission statement and/or policy? If so, please provide a copy. ☐ Yes ☐ No
- have a waste reduction and recycling program? If so, please provide a copy. ☐ Yes ☐ No
- educate employees and vendors about this program? ☐ Yes ☐ No
- participate in the salvage and/or reuse of waste materials? ☐ Yes ☐ No
If so, please attach information on types, quantities, and destination(s).
- utilize recycled content construction materials? ☐ Yes ☐ No
If yes, please attach information on types and quantities.

SAFETY INFORMATION

- Is company part of any OSHA partnership? ☐ Yes ☐ No
If yes, provide program title and level achieved. _____
- Does company conduct weekly, documented safety audits? ☐ Yes ☐ No



- Does company have a safety management program and safety manual? ☐ Yes ☐ No
- Does company have a full time safety manager/director? ☐ Yes ☐ No
- If yes, provide name of individual: _____
- Do company trade personnel begin each day with a safety meeting? ☐ Yes ☐ No
- Does company use project specific safety plans? ☐ Yes ☐ No
- Has company or any of its key personnel been cited for any OSHA violation in the past five (5) years (you can research this at <http://www.osha.gov/oshstats/>)? ☐ Yes ☐ No

OTHER INFORMATION In the past five (5) years, has company,

- operated under any other name? ☐ Yes ☐ No
- had any liens filed against it by any of its subcontractors, suppliers or taxing authority? ☐ Yes ☐ No
- had any judgments, claims, arbitration proceedings or suits against it or its officers? ☐ Yes ☐ No
- filed any lawsuits or request arbitration with regard to a construction contract? ☐ Yes ☐ No
- ever failed to complete a contract, been defaulted, or had a contract terminated? ☐ Yes ☐ No
- had liquidated damages assessed against it upon completion of a project? ☐ Yes ☐ No
- or any of its key people been a party to a bankruptcy or reorganization proceeding? ☐ Yes ☐ No
- or any of its key people been investigated for or found to have committed a violation of any labor laws? ☐ Yes ☐ No
- or any of its key people been investigated for or found to have committed a violation of state, federal, or local laws? ☐ Yes ☐ No
- had active or inactive exclusions associated with it or any key personnel as determined by the Federal Government Systems for Award Management (S.A.M.) ☐ Yes ☐ No

Give details for any yes answer. (Use separate sheet if need.) _____

I hereby certify that the information herein is true and sufficiently complete so as not to be misleading:

Signature _____
Print Name _____
Title _____
Date _____
Contractor's License No. _____

Please include: ☒ Audited financial statements
☒ Key personnel resumes
☒ Insurance certificate
☒ Copy of all contractor's licenses
☒ W-9 form if new to Sauer
☒ Surety letter

Submit to: Submit completed prequalification applications, certificates of insurance, resumes of key personnel, surety letter, W-9, and licenses *by mail to: Sauer Construction., Attn: Joni Marques, 6621 Southpoint Drive North, Suite 200, Jacksonville, FL 32216 // or fax to: 904.345.3330 // or email to: Subcontractor-prequal@sauer-inc.com.*

Financial Statements: Please provide financial reports that cover the last three year-end periods. At a minimum, these reports should include your statement of income (w/ revenue, costs, overhead, and net income) and balance sheet. While audited reports are preferred, reviewed, compiled, or internally prepared reports are acceptable.

A Non-Disclosure Agreement (NDA) pre-signed by Sauer is attached to this form. Please submit it along with your financial reports directly to Sauer's controller, Jim Rossini, *by mail to: Sauer Construction., Attn: Jim Rossini, 11223 Phillips Parkway Drive, East Jacksonville, FL 32256 // or email to: jrossini@sauer-inc.com.* Sauer agrees that all confidential information supplied by applicant will be maintained in confidence in accordance with the terms of the NDA.

SUBMISSION OF REQUESTED FINANCIAL INFORMATION IS A REQUISITE TO BECOMING A PREQUALIFIED SUBCONTRACTOR.



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)
09/25/2013

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 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		CONTACT		
<div style="border: 1px solid red; width: 200px; height: 40px;"></div>		NAME: _____		
		PHONE (A/C, NO, EXT): _____ FAX (A/C, NO): _____		
		E-MAIL: _____		
		ADDRESS: _____		
		INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED AGENT / SUBCONTRACTOR : :		INSURER A: _____		_____
		INSURER B: _____		_____
		INSURER C: _____		
		INSURER D: _____		
		INSURER E: _____		
		INSURER F: _____		

COVERAGES**CERTIFICATE NUMBER: 0****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.

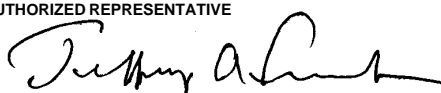
INSR LTR	TYPE OF INSURANCE	ADD'L INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach Acord 101, Additional Remarks Schedule, if more space is required)

Insert Sauer Subcontract # & Job Name in this section:**Unconditional 30 day cancellation notice must be acknowledged, preferably by endorsement:**

It is agreed that Certificate Holder is included as an Additional Insured as respects to General Liability and Automobile Liability, but solely in regard to work being performed by or on behalf of the Named Insured in connection with the project described herein per the written contract. Attach Endorsement separately.

CERTIFICATE HOLDER**CANCELLATION**

Sauer Construction, LLC 6621 Southpoint Drive, Suite 200 Jacksonville, FL 32216	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 

Coll:0 Tpl:1704550 Cert:0

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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	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
	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. 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.

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. person (including a U.S. resident alien).

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 4.)

Sign
Here

Signature of
U.S. person ▶

Date ▶

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, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If 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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% **after** December 31, 2003; 28% **after** December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note: *You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).*

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note: *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

Exempt payees. Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;

9. A futures commission merchant registered with the Commodity Futures Trading Commission;
10. A real estate investment trust;
11. An entity registered at all times during the tax year under the Investment Company Act of 1940;
12. A common trust fund operated by a bank under section 584(a);
13. A financial institution;
14. A middleman known in the investment community as a nominee or custodian; or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

If the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for 9
Broker transactions	Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt recipients 1 through 7 ²

¹ See **Form 1099-MISC**, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are **not exempt** from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner **LLC** that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note: See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at www.ssa.gov/online/ss5.html. You may also get this form by calling 1-800-772-1213. Use **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: *If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.*

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.





NON-DISCLOSURE AGREEMENT

This Agreement is made and entered into by and between **SAUER CONSTRUCTION** ("Sauer") and _____ ("Applicant"), and establishes the terms and conditions of a planned disclosure by Applicant of confidential financial information to Sauer for the purpose of prequalifying Applicant to perform as a subcontractor on Sauer projects.

1. The confidential information of Applicant which is subject to this Agreement includes financial information of Applicant; such as audited financial statements, balance sheets, income statement and statement of cash flow (all collectively referred to as "Confidential Information") submitted to Sauer in Applicant's response to a request from Sauer that Applicant complete and submit a subcontractor prequalification statement to Sauer.
2. Sauer agrees that all Confidential Information supplied by Applicant will be accepted in confidence and maintained in confidence and shall not, without the prior consent of Applicant, be disclosed to others.
3. Sauer agrees that it will not reveal the Confidential Information obtained from Applicant to others, except internally to the extent that it is necessary to disclose such information to its representatives and employees having a need to know such information for the sole purpose of evaluating the Applicant's ability to perform. Sauer further agrees that all such representatives and employees shall be informed by Sauer of the confidential nature of such information and shall agree to respect the confidential nature of the information prior to receiving such information. No other use or disclosure of Applicant's Confidential Information shall be made by Sauer without the Applicant's approval.
4. Only financial information clearly marked as "CONFIDENTIAL" and submitted directly to Sauer's controller, James M. Rossini, either electronically or in paper copy, at the following address and accompanied by a copy of this Non-Disclosure Agreement with the Applicant's name inserted in paragraph one above and signed in the signature block below, shall be subject to the terms of this agreement:

- a. Electronically:
jrossini@sauer-inc.com
- b. Paper Copy:
Sauer Construction
11223 Phillips Parkway Drive, East Jacksonville, FL 32256
Attention: James M. Rossini (CONFIDENTIAL)

5. All reasonable precautions shall be taken by Sauer to insure compliance with the terms and conditions of this Agreement.

AGREED AND ACCEPTED

Sauer Construction

By _____

Name James M. Rossini

Title Controller Date 1.2.22

Applicant

By _____

Name _____

Title _____ Date _____