



## Subcontractor/Vendor Check List

The following documents are enclosed for your signature: Please complete, sign where indicated and return to our office promptly.

- Subcontractor Questionnaire
- Subcontractor Certification
- Independent Subcontractor Form
- Invoice Requirements
- Form W-9 – Payers Request for TIN
- Vendor ACH Form
- Insurance Requirements – Proof of Insurance

Return all documentation request promptly. Invoices will not be processed, and payment will be withheld until all requirements have been satisfied.

For any questions, please feel free to contact our office at (562)219-7277.

Thank you!



## CONTRACTOR'S QUESTIONNAIRE

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

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

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Street or PO Box Day or Business Cell

Federal ID Number: \_\_\_\_\_

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

Website: \_\_\_\_\_

Calif. State Contractor's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Geographical area you work in: (Example: LA County, State of CA) \_\_\_\_\_

Year business started: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Has company or any of its owners declared bankruptcy in the last 5 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is company bondable: \_\_\_\_\_ Yes \_\_\_\_\_ No Single project limit: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Have you ever failed to complete a project: \_\_\_\_\_ Yes (explain detail below) \_\_\_\_\_ No

Details: \_\_\_\_\_

\_\_\_\_\_

Has Contractor's License had disciplinary actions within last 5 years: \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your company owned or controlled by a parent or any other organization: \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, please describe on a separate sheet.



Is your company a certified \_\_\_ MBE \_\_\_ WBE \_\_\_ DBE \_\_\_ VBE \_\_\_ SBE \_\_\_ Native American \_\_\_ N/A

Are there any judgments, claims, arbitration proceedings, or suits pending/out-standing against your firm or its officers or principals: \_\_\_ Yes \_\_\_ No If YES, please provide a complete explanation on a separate sheet.

**Insurance**

Name and address of insurance carrier or broker, and dollar amounts of coverage's:

(1) \_\_\_\_\_  
General Liability Carrier Name:  
\_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_  
\$ \_\_\_\_\_ Since: \_\_\_\_\_  
Broker/Contact Name and phone number: \_\_\_\_\_

(2) \_\_\_\_\_  
Workers Comp Carrier Name:  
\_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_  
\$ \_\_\_\_\_ Since: \_\_\_\_\_  
Broker/Contact Name and phone number: \_\_\_\_\_

**Surety and Bonding Information:**

Surety Company: \_\_\_\_\_  
Bonding Rate: \_\_\_\_\_  
Per Project Bonding: \_\_\_\_\_  
Capacity: \_\_\_\_\_  
Aggregate Bonding: \_\_\_\_\_

Please attach a letter from your surety broker detailing the name of your bonding company, your bonding capacity and your bonding rate.

**Business References**

List three (3) most recent, new construction or remodeling jobs:

(1) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
\_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_



**(2)** \_\_\_\_\_  
Name \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
\_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

**(3)** \_\_\_\_\_  
Name \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
\_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Are you an equal opportunity employer: \_\_\_\_\_ Are you eligible to perform state government work: \_\_\_\_\_

**Safety**

Does your firm have a written safety plan: \_\_\_\_\_ YES \_\_\_\_\_ NO

Has your firm had any OSHA citations, fines or jobsite fatalities within the most recent three years:  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please describe in detail on an attached sheet what occurred and what steps were taken by the company to prevent such from happening in the future.

OSHA Incident Rate: Please list your firm OSHA incident rate for the most recent three years:

YR/RATE \_\_\_\_\_ YR/RATE \_\_\_\_\_ YR/RATE \_\_\_\_\_



Certification

I hereby certify that the above information is accurate, correct and true:

Signature of License Holder and, if applicable, signature of Company Representative:

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Signature

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Print Name and Title

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Date

NOTE: Encore Development Co. requires an insurance certificate on file indicating general liability and worker's compensation insurance and expiration dates. Please mail to: Encore Development Co. 20032 State Rd. Cerritos, CA 90703 or Fax to: (562)219-7103.

**NO CONTRACTOR WILL BE CONSIDERED WITHOUT INSURANCE ON FILE**



# ENCORE DEVELOPMENT COMPANY

## INDEPENDENT SUBCONTRACTOR FORM

For: \_\_\_\_\_

Date: \_\_\_\_\_

To Whom It May Concern,

This is to confirm our understanding concerning my rendering of professional services to you in connection with the above company.

- That I am self-employed:
- That I am an independent contractor and not an employee of Encore Development Company.
- That I am responsible for the manner and means of performing my own work.
- That you retain only the rights to control the results of my work.
- And that I am responsible for all taxes and other sums which I may owe to any government or other resulting from my rendering of service to you.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Tax ID No.

\_\_\_\_\_  
Contractors License No.

**Encore Development Company Corporate Office**

11912 S Wilmington Ave Los Angeles, CA 90059 | Office: 562.219.7277 | Fax: 562.219.7103 | [www.encoredevelopmentco.com](http://www.encoredevelopmentco.com)



**ENCORE  
DEVELOPMENT COMPANY**

## INVOICE REQUIREMENTS

**\*\*PLEASE ADHERE TO BILLING PROCEDURES AS THEY ARE STRICTLY ENFORCED!!!!\*\***

- ALL INVOICES FOR PROJECTS WILL BE PAID IN ACCORDANCE WITH OUR PAYMENT POLICY (NET 30).
- ORIGINAL INVOICES AND LABOR & MATERIAL RELEASES MUST BE RECEIVED IN ORDER TO PROCESS YOUR INVOICE WITHIN THE PAYMENT TERMS.
- ALL INVOICES MUST BE ACCOMPANIED BY RELEASES.
- IF APPLICABLE ALL INVOICES MUST BE ACCOMPANIED BY RELEASES FROM EACH SUPPLIER WITH OR WITHOUT AN ACTIVE 20-DAY PRELIMINARY NOTICE ON FILE.

INVOICES WILL NOT BE PROCESSED AND PAYMENT WILL BE WITHHELD IF:

1. Work being invoice is not completed.
2. Work being invoiced is not approved by Encore Development Co.
3. Signed contract is not received.
4. Insurance requirements are not met.

Please direct all billing questions to:

Raquel Macias  
Office Manager  
P: (562)219-7277  
E: rmacias@encoredevelopmentco.com

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## 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.

	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<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. <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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <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. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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 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>									
or									
<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.*





## Vendor ACH Payment Information Form

### Business Information.

Please provide your business legal name and address, as they appear on articles of incorporation documents, tax documents, etc. so we can verify your business with public records.

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Contract First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Federal Tax ID  
(optional, but recommended) \_\_\_\_\_

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### Bank Information.

Payment will be deposited directly into this account via ACH. The bank account number below must accept ACH payments. Please be sure that the routing number provided can be used for ACH payments. We are unable to send wire payments at this time.

Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_



# ENCORE DEVELOPMENT COMPANY

## CONDITIONAL WAIVER AND RELEASE ON FINAL PAYMENT

**NOTICE: THIS DOCUMENT WAIVES THE CLAIMANT'S LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS EFFECTIVE ON RECEIPT OF PAYMENT. A PERSON SHOULD NOT RELY ON THIS DOCUMENT UNLESS SATISFIED THAT THE CLAIMANT HAS RECEIVED PAYMENT.**

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### Identifying Information

Name of Claimant:

Name of Customer:

Job Location:

Owner:

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### Conditional Waiver and Release

This document waives and releases lien, stop payment notice, and payment bond rights the claimant has for labor and service provided, and equipment and material delivered, to the customer on this job. Rights based upon labor or service provided, or equipment or material delivered, pursuant to a written change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. This document is effective only on the claimant's receipt of payment from the financial institution on which the following check is drawn:

Maker of Check:

Amount of Check: \$

Check Payable to:

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### Exceptions

This document does not affect any of the following:

Disputed claims for extras in the amount of: \$

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### Signature

Claimant's Signature:

Claimant's Title:

Date of Signature:

**Encore Development Company Corporate Office**

11912 S Wilmington Ave Los Angeles, CA 90059 | Office: 562.219.7277 | Fax: 562.219.7103 | [www.encoredevelopmentco.com](http://www.encoredevelopmentco.com)

## CONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT

**NOTICE: THIS DOCUMENT WAIVES THE CLAIMANT'S LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS EFFECTIVE ON RECEIPT OF PAYMENT. A PERSON SHOULD NOT RELY ON THIS DOCUMENT UNLESS SATISFIED THAT THE CLAIMANT HAS RECEIVED PAYMENT.**

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### Identifying Information

Name of Claimant:

Name of Customer:

Job Location:

Owner:

Through Date:

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### Conditional Waiver and Release

This document waives and releases lien, stop payment notice, and payment bond rights the claimant has for labor and service provided, and equipment and material delivered, to the customer on this job through the Through Date of this document. Rights based upon labor or service provided, or equipment or material delivered, pursuant to a written change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. This document is effective only on the claimant's receipt of payment from the financial institution on which the following check is drawn:

Maker of Check:

Amount of Check: \$

Check Payable to:

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### Exceptions

This document does not affect any of the following:

- (1) Retentions.
  - (2) Extras for which the claimant has not received payment.
  - (3) The following progress payments for which the claimant has previously given a conditional waiver and release but has not received payment:  
Date(s) of waiver and release: \_\_\_\_\_  
Amount(s) of unpaid progress payment(s): \$ \_\_\_\_\_
  - (4) Contract rights, including (A) a right based on rescission, abandonment, or breach of contract, and (B) the right to recover compensation for work not compensated by the payment.
- 

### Signature

Claimant's Signature:

Claimant's Title:

Date of Signature:

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**Encore Development Company Corporate Office**

11912 S Wilmington Ave Los Angeles, CA 90059 | Office: 562.219.7277 | Fax: 562.219.7103 | [www.encoredevelopmentco.com](http://www.encoredevelopmentco.com)

## UNCONDITIONAL WAIVER AND RELEASE ON FINAL PAYMENT

**NOTICE TO CLAIMANT: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.**

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### Identifying Information

Name of Claimant:

Name of Customer:

Job Location:

Owner:

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### Unconditional Waiver and Release

This document waives and releases lien, stop payment notice, and payment bond rights the claimant has for all labor and service provided, and equipment and material delivered, to the customer on this job. Rights based upon labor or service provided, or equipment or material delivered, pursuant to a written change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. The claimant has been paid in full.

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### Exceptions

This document does not affect any of the following:  
Disputed claims for extras in the amount of: \$

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### Signature

Claimant's Signature:

Claimant's Title:

Date of Signature:

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**UNCONDITIONAL WAIVER AND RELEASE ON PROGRESS PAYMENT**

**NOTICE TO CLAIMANT: THIS DOCUMENT WAIVES AND RELEASES LIEN, STOP PAYMENT NOTICE, AND PAYMENT BOND RIGHTS UNCONDITIONALLY AND STATES THAT YOU HAVE BEEN PAID FOR GIVING UP THOSE RIGHTS. THIS DOCUMENT IS ENFORCEABLE AGAINST YOU IF YOU SIGN IT, EVEN IF YOU HAVE NOT BEEN PAID. IF YOU HAVE NOT BEEN PAID, USE A CONDITIONAL WAIVER AND RELEASE FORM.**

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**Identifying Information**

Name of Claimant:

Name of Customer:

Job Location:

Owner:

Through Date:

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**Unconditional Waiver and Release**

This document waives and releases lien, stop payment notice, and payment bond rights the claimant has for labor and service provided, and equipment and material delivered, to the customer on this job through the Through Date of this document. Rights based upon labor or service provided, or equipment or material delivered, pursuant to a written change order that has been fully executed by the parties prior to the date that this document is signed by the claimant, are waived and released by this document, unless listed as an Exception below. The claimant has received the following progress payment:

\$ \_\_\_\_\_

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**Exceptions**

This document does not affect any of the following:

- (1) Retentions.
  - (2) Extras for which the claimant has not received payment.
  - (3) Contract rights, including (A) a right based on rescission, abandonment, or breach of contract, and (B) the right to recover compensation for work not compensated by the payment.
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**Signature**

Claimant's Signature:

Claimant's Title:

Date of Signature:

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