

Foreign



Type
foreign

Name of your current AVI-SPL – Anderson AV – VideoLink employee contact or referral

Please identify the AVI-SPL – Anderson AV – VideoLink office or department that referred you to this portal.

SECTION 1. Company Profile:

A. Full legal Name of your Business *

Assumed Name or DBA *
(if applicable)

B-1. Primary Place of Business. *

Please use full postal address

Address 1 *

Address 2

City *

State or Province

Zip or postal code *

Country *

B-2. Billing address *

Same as above

Address 1 *

Address 2

City *

State or Province

Zip or postal code *

Country *

C. Phone (teléfono, الهاتف, telephone) including country code *

D. Fax – include country code

E. Company Web Site (if none, enter "none") *

F. Name of your Authorized Contact for this Evaluation - This form was completed by:

Name *

Phone

E-mail *

H. What will be your relationship with AVI-SPL – Anderson AV – VideoLink? *

- 1. Audiovisual/Communication Construction type subcontractor ... installation of AV systems or equipment at our customer's locations ... installation or Integration work.
- 2. Construction trade subcontractor at an AVI-SPL-owned location (One of our offices) as a carpenter, painter, installing flooring, installing AC, etc. at one of AVI-SPL's offices)
- 3.Events / Shows / Hotel AV / Events Freelancer. Working at events, shows, conventions... as specialist or for general staging, production, or broadcast talent.
- 4. Service / Repairs –for and at AVI-SPL's Clients... "break-and-fix." provide AV-related service or repair calls to our customers' locations. Repairs, upgrades, trouble-shoot
- 5.Maintenance and Facility Services – for, and at, AVI-SPL's own offices. Typically: janitorial, building services, shredding, Air Conditioning, plumbing, fire equipment, vending machines, site security, minor repairs.
- 6. Professional Services ... off premises. Architect, engineering, consultant, accounting, CAD, programming....all services are done at or from your office or home.
- 7. Professional Services ... on-site. Will be performing professional business service (as de-scribed above) on-site, at our customer's location(s) or at an AVI-SPL office location.
- Other

Select from "I" or "J" or "K"

I. Company Structure *

- Corporation
- Partnership
- LLC
- Other

Company I.D. Number

J. Company Structure *

- Sole Proprietorship. I am a force of one, with no employees or partners

Company Number

SS#

Full Legal Name

K. Company Structure *

- Foreign Corporation

If a Foreign Corporation (legally based outside of the USA).

Country of Incorporation *

Please enter your Country's Business or Tax Registration Number *

If you have a United States TIN, please enter it here *

(TIN: USA Tax Identification Number) *

Note: in section 6, there will be information regarding W-8 forms.

L. Date of Legal Business Formation *

M. Province/Parish/Division/ County/State and Country of Business Formation *

N. Official Registered Address of your business *

O. List all other names under which you have conducted business, including the time period for each. *

If not applicable, check

N/A

Other name #1

Name of Business Entity

Time Period

Other name #2

Name of Business Entity

Time Period

Other name #3

Name of Business Entity

Time Period

P. List all countries in which you are registered to conduct business; Provide date of registration and registration number *

If not applicable, check

N/A

Country #1

Country

Registration Number

Date of Registration

Country #2

Country

Registration Number

Date of Registration

Country #3

Country

Registration Number

Date of Registration

Country #4

Country

Registration Number

Date of Registration

Country #5

Country

Registration Number

Date of Registration

Q. Is your company publicly owned on any exchange? *

Yes

No

R. To the best of your knowledge, are any of your company's owners, directors, officers or members of senior management staff considered a "Public Official"? *

Yes

No

"Public Official" includes:

- person holding legislative, administrative, military or judicial office for any country
- person exercising a public function for any country, government or governmental agency
- employee of a government-owned or controlled enterprise
- official or agent of a public international organization
- political party or official of a political party

S. Is your company controlled by or a subsidiary of another company? *

Yes

No

If yes, provide name of controlling/parent company and % ownership held:

Name

% Ownership

T. List all owners holding a 5% or greater interest in your company. *

If not applicable, check

N/A

Owner #1

Owner #2

Owner #3

Owner #4

Owner #5

U. List all companies your company directly or indirectly owns, or is under common ownership, by virtue of a controlling interest of 50% or more of the voting rights or capital, with your company or your parent company listed in Section T ("Affiliates"). *

If not applicable, check

N/A

Company #1

Company #2

Company #3

Company #4

Company #5

V. Company's workforce: *

- Have no employees, other than myself. I am a 'force of one.'
- workforce is all W-2 payrolled employees on this company's payroll
- workforce consists of some W-2 employees and some IRS 1099 subcontractors
- workforce consists of all other independent subcontractors, paid via IRS 1099

W. Union or Trade Organization affiliation? *

- no union/trade affiliation
- yes, affiliated with union(s) or trade organizations

Please indicate names of union(s)/local(s):

X. Size of your Company's workforce *

- one employee only
- 2-5
- 6-10
- 11-25
- 26-50
- 51-100
- 100+

Y. Are you a: *

- MBE
- WBE
- WOSB
- SDB
- DBE
- SB Small Business – (see the SBA' regulations, 13 CFR121.201 or the Table of Small Buisness Size Standards)
- 8(a)
- HudZone
- VOSB
- SDVOSB
- Other (please elaborate)

- None of the above

Z. Licenses *

(Appropriate to this application)

- No licenses appropriate to this application

License #1

Issuing Authority

Class

License #

Expiration

License #2

Issuing Authority

Class

License #

Expiration

AA. Dun & Bradstreet number? Must answer Yes or No *

- No, do not have a Dun & Bradstreet account number
- Yes, do have a DUNS (Dun and Bradstreet number)

If Yes, please enter 9-digit DUNS number here:

SECTION 2. References for Foreign/Global Subcontractor.

2.1 Current or prior experience with AVI-SPL – Anderson AV – VideoLink? *

Please check all past or current experiences you have had with AVI-SPL – Anderson AV – VideoLink.

This would include business relationships with:

- AVI-SPL Inc. - Audiovisual Innovations, Inc. (AVI) - Signal Perfection Ltd. (SPL)
- AVI-SPL Canada, Ltd
- AVI-SPL Limited (UK)
- Anderson AV
- VideoLink
- No Prior Relationship with any AVI-SPL – Anderson AV – VideoLink business units.

Please elaborate on past or present business relationships with AVI-SPL – Anderson AV – VideoLink

Experience #1

Approximate date(s)

AVI-SPL or Anderson AV or VideoLink business unit or location

What did you do for us?

Who was your main contact with AVI-SPL or Anderson AV or VideoLink?

Experience #2

Approximate date(s)

AVI-SPL or Anderson AV or VideoLink business unit or location

What did you do for us?

Who was your main contact with AVI-SPL or Anderson AV or VideoLink?

Experience #3

Approximate date(s)

AVI-SPL or Anderson AV or VideoLink business unit or location

What did you do for us?

Who was your main contact with AVI-SPL or Anderson AV or VideoLink?

2.3 Please supply at least two business references, space is provided for up to three references *

You can include a mix of General Contractors, Contractors, Suppliers, Audiovisual type firms, other Trade Contractors... that you have done business with in the last 3 years.

reference #1 *

Company Name

Contact person/title

Phone

Fax

E-mail

reference #2 *

Company Name

Contact person/title

Phone

Fax

E-mail

reference #3

Company Name

Contact person/title

Phone

Fax

E-mail

2.4 Litigation *

Has your company, (or you, if you are a sole proprietor) ever defaulted, failed to complete, or been terminated on a contract? *

- Yes
 No

If yes, describe

Has your company (or you, if you are a sole proprietor) ever gone through a bankruptcy or reorganization? *

- Yes
 No

If yes, describe

2.5 Suspension/Debarquement Actions *

To the best of your knowledge, has your company or any of its principal owners (including controlling/parent company), shareholders or partners, subsidiary(ies), officers, or affiliate(s) ever been named on a debarred or suspended persons/entities list, including but not limited to those maintained by the U.S. Office of Foreign Asset Control (OFAC), the U.S. Bureau of Industry and Security (BIS), the U.S. Directorate of Defense Trade Controls (DDTC), the U.S. Bureau of International Security and Non-Proliferation Sanctions (ISN), the World Bank, the International Monetary Fund (IMF), and any international financial institutions?

- Yes
 No

If yes, describe

SECTION 3. Capabilities and Qualifications for Foreign/Global Subcontractor

A. Capabilities

Please answer all questions

If not applicable, please enter "N/A"

1. Mark the regions in which your company is authorized to provide goods and/or services. *

Africa

- Eastern Africa
 Middle Africa
 Northern Africa
 Southern Africa
 Western Africa

Oceania

- Australia
 New Zealand

Europe

- Central Europe
 Northern Europe
 Eastern Europe / Russia
 Southern Europe

Asia

- Central Asia
 Eastern Asia
 Southern Asia
 Southeastern Asia
 Western Asia/Middle East

Americas

- Carribean
 Central America
 North America
 South America

2. What types of products does your company offer? *

3. What type of services does your company offer? *

4. Identify any special skills or unusual work your company performs (ex. projects on off-shore oil rigs) *

5. What type of work do you normally subcontract to others? *

B. Technical Qualifications in AV/Communications for Foreign/Global Subcontractor

1. How many resources (employees and dedicated subcontractors) comprise your technical staff? *

2. Please indicate number of resources with these skills and/or certifications (where you have specific certifications please state which and how many): *

Upload Certifications or other Documents in Section 7 – g – Other

<input type="checkbox"/> InfoComm CTS <input type="text"/>	<input type="checkbox"/> InfoComm CTS-I <input type="text"/>	<input type="checkbox"/> InfoComm CTS-D <input type="text"/>	<input type="checkbox"/> PMP <input type="text"/>	<input type="checkbox"/> ISF-C <input type="text"/>
<input type="checkbox"/> BICSI ITS Installer I <input type="text"/>	<input type="checkbox"/> BICSI ITS Installer II <input type="text"/>	<input type="checkbox"/> BICSI ITS Technician <input type="text"/>	<input type="checkbox"/> BICSI RCDD <input type="text"/>	<input type="checkbox"/> BICSI RTPM <input type="text"/>
<input type="checkbox"/> Cisco CCNA <input type="text"/>	<input type="checkbox"/> Cisco CCNP <input type="text"/>	<input type="checkbox"/> Cisco Programmer <input type="text"/>	<input type="checkbox"/> AMX ACE <input type="text"/>	<input type="checkbox"/> AMX Programmer <input type="text"/>
<input type="checkbox"/> Crestron DMC-D <input type="text"/>	<input type="checkbox"/> Crestron DMC-E <input type="text"/>	<input type="checkbox"/> Crestron DMC-T <input type="text"/>	<input type="checkbox"/> Crestron Programmer <input type="text"/>	<input type="checkbox"/> Polycom CVE <input type="text"/>
<input type="checkbox"/> Extron EAVA <input type="text"/>	<input type="checkbox"/> Extron Programmer <input type="text"/>	<input type="checkbox"/> Biamp Tesira <input type="text"/>	<input type="checkbox"/> Biamp Vocia <input type="text"/>	<input type="checkbox"/> ITIL <input type="text"/>
<input type="checkbox"/> None of the above				

3. How many employees have completed Syn-Aud-Con training programs? *

If none, enter "0".

4. Is your company a member firm of InfoComm? *

- Yes
 No

5. Is your company a member firm of BICSI? *

- Yes
 No

6. Regarding Audiovisual/communication Service and Repair work. Please provide contact information for 3 customers or firms you have contracted with previously for Audiovisual systems / Communication Systems Service / Repair assignments:

Customer #1

Name *

Contact information (Individual's name, phone and/or email) *

Name

Phone

E-mail

When did you do service work *

Type of AV project *

Typical \$\$\$ level of a project *

Customer #2

Name *

Contact information (Individual's name, phone and/or email) *

Name

Phone

E-mail

When did you do service work *

Type of AV project *

Typical \$\$\$ level of a project *

Customer #3

Name *

Contact information (Individual's name, phone and/or email) *

Name

Phone

E-mail

When did you do service work *

Type of AV project *

Typical \$\$\$ level of a project *

Please indicate if your company is an authorized reseller and/or service provider for the below manufacturers:

- | | | |
|-------------------|-----------------------------------|---|
| AMX | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Avaya | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Barco | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Biamp | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Bose | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Chief | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Christie | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Cisco | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| ClearOne | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Crestron | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Da-Lite | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Draper | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Epson | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Extron | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| InFocus | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| JBL | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| LG | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Lifesize | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Mitsubishi | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| NEC | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Panasonic | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Polycom | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Samsung | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Sharp | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Sony | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| SMART | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |
| Vaddio | <input type="checkbox"/> Reseller | <input type="checkbox"/> Service Provider |

SECTION 4. Safety for Foreign/Global Subcontractor

As part of AVI-SPL's continuing commitment to safety, we assess our current and potential subcontractor's compliance with all applicable safety requirements, both regulatory and best practices. The following questionnaire, and list of required supplemental attachments, will assist us in assessing your safety programs.

4.1 Safety for Foreign/Global Subcontractor

Is your business subject to United States DOL OSHA regulations? *

1.

Yes

No

Please enter your reason here:

a. In the past 3 years, has your company received any inspections from a national federal state or provincial regulatory agency? (Such as OSHA, EPA, DOT, CAL/OSHA, OH&S, HSE etc.) *

No

Yes

If yes, provide date and details

Date

Details

b. In the past 3 years, has your company received any citations from a regulatory agency? *

No

Yes

If yes, provide date and details

Date

Details

c. In the past 3 years, has your company experienced workplace fatalities? *

No

Yes

If yes, provide date and details

Date

Details

d. Does your company hold regularly scheduled and documented employee safety meetings? (i.e. Tailgate/Toolbox) *

- No
- Yes

If yes, how often? And what is covered at safety meetings?

e. Who conducts these meetings?

f. Does your company provide and require employees to use the following PPE? *

PPE	Yes	No
Hard Hats	<input type="radio"/>	<input type="radio"/>
Safety Shoes/Boots	<input type="radio"/>	<input type="radio"/>
Eye/Face Protection	<input type="radio"/>	<input type="radio"/>
Fall Protection	<input type="radio"/>	<input type="radio"/>
Hearing Protection	<input type="radio"/>	<input type="radio"/>

g. Indicate all circumstances in which your company's employees are subject to alcohol/drug screening: *

- Never
- Reasonable Cause/Suspicion
- Post-Accident
- Random
- Periodic
- Return to Duty
- Follow-Up
- Pre-employment
- Other:
- for Badging or Site-Access

h. Provide your Experience Modification Rate (EMR) for three most recent years. *

You will be asked to supply a letter from your broker/agent confirming these Ratings. See section 7.

Do not have an EMR rate, because:

1. Current or last year:

2. Prior year:

3. Year prior to #2:

Please provide...in Section 7... a copy of your written Safety Policy and Program

4.2 OSHA / Insurance Experience.

Please indicate your injury and insurance experience for the past three years:

	Current Year	Last Year	Last Year	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2. # of OSHA Recordable Cases	<input type="text"/>	<input type="text"/>	<input type="text"/>	From OSHA 300A: add columns G, H, I & J
3. # of DART cases	<input type="text"/>	<input type="text"/>	<input type="text"/>	From OSHA 300A: add columns H & I
4. # of employee hours worked	<input type="text"/>	<input type="text"/>	<input type="text"/>	As shown on OSHA 300A
5. OSHA Recordable Injury Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>	On OSHA 300A add Col G,H,I & J times 200,000 ÷ hours worked
6. OSHA DART Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>	OSHA 300A: Col H&I X 200,000 ÷ hours worked

In Section 7, you will be asked to provide copies of last 3 years' OSHA 300A reports

In Section 7, you will be asked to provide a letterhead statement from your insurance stating your EMR rating for past 3 years.

SECTION 5. Commercial Insurance... And Bonding for Foreign/Global Subcontractor

We will require a **Certificate of Insurance** from your broker or agent. You can submit/upload the certificate in Section 7.

Our minimal commercial insurance requirements are:

A. General Liability

- 1 million per occurrence
- 2 million aggregate

B. Workers Compensation

- 1 million each accident
- And/or meets statutory requirements
- Please see explanatory note regarding Workers Compensation coverage

C. Vehicle insurance

- 1 million combined single limit

D. Umbrella / Excess

- 5 million aggregate

E. Certificate Holder

AVI-SPL must be shown as the certificate holder – showing the following information in the Certificate Holder section of the Certificate of Insurance form:

AVI-SPL, Inc.
 Attn: Risk Management / Compliance / Safety
 6301 Benjamin Road, Suite 101
 Tampa, FL 33634

Insurance Provider

5.1 Please provide name and contact information for your primary insurance provider/broker/agent:

Name *

Phone

Email

Note: the above are our minimal insurance requirements.
Additional coverages or limits of coverage might be necessary.

- Such as Professional Liability/E&O insurance might be needed where subcontractor is providing professional intellectual services, such as programming, design and other professional provisions.
- Or, in the event of increased or special coverage limits as required by specific contracts entered into, or contemplated, by AVI-SPL, and the coverages are required to be passed down to all subcontractor tiers. Subcontractor will be informed in advance of any unique insurance coverage requirements for specific contract relationships.

In Section 7, you will be requested to upload a copy of your Certificate of Insurance, showing AVI-SPL as the Certificate Holder.

* Special note Regarding Workers Compensation Insurance: Some states in the USA allow certain forms of "exclusion," or "exemption," or "opt-out" from WC requirements or coverage. This is mainly for certain owners & executives of small firms or those having sole proprietor designation. Some states have a minimal employee headcount threshold before workers compensation is required. Many smaller firms do operate in these statutory-compliant classifications.

However, AVI-SPL requires that everyone doing work for AVI-SPL in the United States will be covered by a workers' compensation policy – whether with their own policy, or under someone else's policy.

Thus, while smaller firms or individuals may be legally compliant within the allowable state regulations, AVI-SPL will still require that WC coverage be in force.

WC coverage is available, even for sole proprietors. We have resources that we can refer a subcontractor to, to explore obtaining WC coverage. AVI-SPL has no stake, interest or relationship with the referral. AVI-SPL is open to discussion regarding any unique circumstances concerning this operating policy.

SafetyRisk@avispl.com

In addition, we recognize that there could exist some business subcontractor relationships where those who are performing intellectual work only, remote from an AVI-SPL office, job site or our customer's locations, could possibly be exempt from this requirement for having Workers Compensation insurance.

We will be pleased to discuss your circumstances during your application's review.

Bonding

Being bondable may or may not apply to your company, depending upon type and size of projects in our relationship. If you do have a bond insurance program, please provide in section 7 a letter of bondability from your bonding agent or bonding company, to serve as a written record confirming both:

1. Your bondability and
2. The bonding information you have provided below.

5.2 Check only one: *

At present, do not have an active bonding insurance account. NOTE: Not having existing Payment or Performance bonding insurance coverage is not a disqualification at this stage

At present, my company, or myself, does have an active bonding insurance account. Our Bonding Information is entered below.

Bonding company

Agent name/Phone#

Name

Phone

Bonding Rate

Single project limit

Aggregate Limit

Available Capacity

Security Clearance

5.3 Do you, your firm, or employees in your firm, hold any government-issued security clearance? *

Consider:

- USA- Personnel Security Clearance (PCL), and/or Facility Security (FCL);
- UK- Security Clearance (BPSS, CFC, SC);
- Canada - Security Clearance through ISP;
- or other Foreign Government Security Programs

- No, Do not have any security clearances
- Yes. If so, please briefly describe

SECTION 6. E-Verify... And W-9 or W-8 for Foreign/Global Subcontractor

AVI-SPL, Inc., and its wholly owned subsidiaries, is a United States federal contractor and is obligated to abide by E-Verify rules, and compliance procedures and recognizes that U.S. law requires companies to employ only individuals who may legally work in the United States – either U.S. citizens, or foreign citizens who have the necessary authorization; AVI-SPL fully complies with E-Verify, and our subcontractors will be required to comply.

6.A This is understood and agreeable. *

- Yes
- No

6.B Are you currently an **E-Verify** registered firm with U.S. government? *

- Yes
- No

If Yes, please supply your E-Verify ID#

Notice: Not having an existing E-Verify registration is not a disqualification at this stage.

6.C What are your payment terms? Select: *

- Net 30 Days – our standard term
- Other

About a W-9 or W-8BEN

In Section 7, you will be requested to submit a W-9, completed with the full business name. This will have only one TIN (Tax Identification Number).

It might be a Federal **Employer Identification Number (EIN)** or a Social Security number (SSN)

1. NOTE: The EIN is a nine digit number – two digits, a dash, followed by 7 digits. (For example: 12-3456789) This is different from a social security number. When using an EIN, the business name will usually NOT be an individual person's name. The acronym FEIN and EIN are used interchangeably
2. A Social Security Number is granted to an individual, and is also a nine-digit number. (123-45-6789)
3. A sole proprietor can offer their Social Security number, but the W-9 cannot then use a business name, or a dba. The W-9 must be in the name of the individual... and a 1099 will be issued in that name
4. A W-9 does NOT have to be signed to be valid.
5. Foreign corporations and individuals operating outside the USA will submit the applicable form W-8... Referenced in Section 7

SECTION 7.

1. Items to View and Print for your retention

- a. AVI-SPL minimal Insurance Requirements.
[Click here to download and print](#)
- b. AVI-SPL Contact information regarding this Subcontractor application
[Click here to download and print](#)

2. Items to View and to indicate Agreement With

- a. Master Subcontractor Agreement
[Click here to download](#)
 I acknowledge that this has been reviewed *
- b. Compliance with AVI-SPL's Safety Policy
[Click here to download](#)
 I acknowledge that this has been reviewed and agreed to *

3. Items to view and sign

- a. Affordable Care Act (ACA) Compliance Policy and Agreement
 - [Click here to download, review and sign agreement](#) *
 - Click here to state that the United States Affordable Care Act does not apply to my business operations because my business has no employees working within the United States. Myself, or my employees, are based in another country.
- b. Global Anti-Corruption Policy and Agreement
[Click here to download and sign](#) *
- c. Acknowledgment of Financial Check
[Click here to download and sign](#) *

4. Items to upload to this program

a. W-9 (Information regarding W-9s can be found at: <https://www.irs.gov/>) *

For United States businesses, Provide a W-9, completed with the full business name.

Foreign Corporations and individuals operating outside the USA will submit the applicable form W-8. (Please submit only the W-9 or W-8 omitting the multiple instructional pages that accompany these forms)

b. Certificate of Insurance (COI) from broker or agent *

Upload COI. Should comply with AVI-SPL Insurance requirements.

Workers' Compensation COI expires on

General Liability COI expires on

Vehicule Insurance expires on

Umbrella / Excess insurance expires on

Professional Liability (E&O) expires on

Do not have a Certificate of Insurance, or this is N/A

On order from broker. Will obtain and submit very soon.

c. Last three years OSHA 300A reports, if you are a USA business entity subject to OSHA regulations.

Upload OSHA 300A reports

Do not have OSHA 300A reports or this is N/A

Will obtain and submit later

d. Company's Safety Policy or Safety Manual

Upload Safety Policy

Do not have a written Safety Policy, Manual or Safety Program

Will obtain and submit later

e. Letter from Broker or Agent showing Experience Modification Rate for past three years, if a USA business entity.

Upload Broker / Agent's Letter

Do not have, or N/A

Will obtain and submit later

f. Bondability Letter from Bonding Agent

Upload Broker / Agent's Letter

Do not have, or N/A

Will obtain and submit later

g. Other Document(s) if applicable to this application and potential business relationship

Upload other documents, applicable materials, certificates or certifications