



3030 Butler Ridge Rd. Deltona, FL 32738 ♦ Office (407) 324-2222 ♦ Fax (407) 323-1555  
FL State License Numbers: CBC 1255315 / MRSA 1935 / MRSR 2066

## MEMO

**TO: Sub-Contractors**  
**FROM: Criste Construction, Inc.**  
**RE: Sub-Contractor Packet**  
**DATE: June 2023**

Thank you for joining the Criste Construction team! Below are the Criste Construction, Inc. Sub-Contractor Packet items that need to be completed for all sub-contractors. Please review, complete and return the attached items to Criste Construction either by email or fax to 407-323-1555.

You will not be able to start on a project until these items are complete.

Your cooperation is greatly appreciated! If you should have any questions, please contact Elaine Davis in our office at 407-324-2222.

The attached packet includes the following:

#	Item	Action Required
1	Business License Copy	<i>send copy of your business license</i>
2	Sub-Contractor Business Information Form	<i>complete &amp; return form</i>
3	Certificate of Insurance - General Liability	<i>Example attached – you will need to work with your insurance company to get this completed.</i>
4	Certificate of Insurance - Worker's Comp	<i>Example attached – you will need to work with your insurance company to get this completed.</i>
5	Authorization to Pick-Up Payments/Waivers Form	<i>complete, have notarized &amp; return form</i>
6	Job Site Rules & Regulations	<i>review, sign &amp; return</i>
7	W-9	<i>complete &amp; return form</i>
8	Sub-Contractor Packet Acknowledgement Form	<i>complete &amp; return form</i>

The following items need to be completed AS NEEDED for each JOB:

- ✓ Sub-Agreement (will be sent in separate file)

Thank you for your cooperation!  
**Criste Construction, Inc.**



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Florida State License #'s CBC1255315, MRSA1935, MRSR2066

## **Sub-Contractor Business Information Form**

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

Legal Name: \_\_\_\_\_

dba Name: \_\_\_\_\_

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

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

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site: \_\_\_\_\_

Preferred Method of Contact: *(please circle one)* Text ~ Cell ~ Email ~ Office

License Number: \_\_\_\_\_ Years in business: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

How many people does your company employ? \_\_\_\_\_

Please list the trades that you normally perform: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

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

### Region of Work Preference:

Central Florida     North Florida     Tampa Area     South Florida



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## MEMO

**TO: Sub-Contractors**  
**FROM: Elaine Davis**  
**RE: Insurance**  
**DATE: June 2023**

Below are the Criste Construction, Inc. sub-contractor insurance requirements. If you should have any questions, please contact Elaine Davis in our office at 407-324-2222.

All sub-contractors must submit **Proof of Insurance Coverage** with the following limits:

- **Insurance Certificate guaranteeing coverage for General Liability Insurance**
  - **Coverage must be at least**
    - ***\$1,000,000 General Liability for each occurrence AND***
    - ***General Aggregate/Products Completed” limit of at least 2,000,000***
    - ***ALL certificates must show **Criste Construction, Inc.*****
      - ***as “Certificate Holder”***
      - ***state Criste Construction is “Additionally Insured”***
      - ***state “Waiver of Subrogation in favor of Criste Construction”. (See example for clarification)***
- **Workman’s Compensation Insurance Certificate or exemption** – As of January 2004, Florida Law requires that all sub-contractors and private entities are required to be covered for Workman’s Compensation Insurance.
  - **Coverage must be at least**
    - ***\$100,000 per accident***
    - ***\$100,000 for each disease***
    - ***\$500,000 total policy limit***
- **All Certificates **must be faxed** directly from your insurance company to our offices and then mail us a “Hard Copy”.**

Any current Sub that does not comply will not be issued any further payment by our company and will be asked to leave all Criste Construction Inc.’s projects with which they are involved.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/15/14

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).

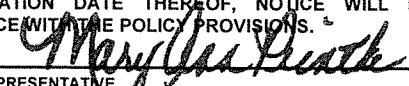
<b>PRODUCER</b> MEL HIMES & ASSOCIATES INS 321 STRATFORD COMMONS CT DELTONA, FL 32725 MARY ANN PIENKA		386-574-3030 386-574-9209	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
<b>INSURED</b> ABC COMPANY 123 STREET ORLANDO, FL 32707		INSURER A : INSURANCE CARRIER INSURER B : INSURANCE CARRIER INSURER C : INSURER D : INSURER E : INSURER F :	

**COVERAGES**                                      **CERTIFICATE NUMBER:**                                      **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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X	X	POLICY NUMBER	01/01/09	01/01/10	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO							\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> EXCESS LIAB							\$
							EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DED							\$
	RETENTION \$							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	X	POLICY NUMBER	01/01/09	01/01/10	<input type="checkbox"/> WC STATUTORY LIMITS	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							
	If yes, describe under DESCRIPTION OF OPERATIONS below							
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
CRISTE CONSTRUCITON, INC., IS NAMED AS AN ADDITIONAL INSURED WITH RESPECT TO GENERAL LIABILITY (BY ENDORSEMENT ISO FORM CG2010 OR ITS EQUIVALENT), INCLUDING PRODUCTS & COMPLETED OPERATIONS. COVERAGE IS PRIMARY AND NON-CONTRIBUTORY. WAIVER OF SUBROGATION IS INCLUDED UNDER GENERAL LIABILITY AND WORKERS COMPENSTION IN FAVOR OF CRISTE CONSTRUCTION, INC.

<b>CERTIFICATE HOLDER</b>  CRISTCO  CRISTE CONSTRUCTION INC 3030 BUTLER RIDGE RD. DELTONA, FL 32738	<b>CANCELLATION</b>  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 MARY ANN PIENKA
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## Authorization to Pick up Payments & Sign Lien Releases

<b>Owner's Name:</b>	
<b>Owner's Title:</b>	
<b>Company Name:</b>	
<b>Company Address:</b>	
<b>City, State Zip</b>	
<b>Phone #:</b>	
<b>Email:</b>	

Authorized Representatives		
Name(s)	Pick Up Check <i>(circle selection)</i>	Sign Waiver <i>(circle selection)</i> <b>**MUST be an Officer of Company to qualify**</b>
_____	Yes ~ No	Yes ~ No
_____	Yes ~ No	Yes ~ No
_____	Yes ~ No	Yes ~ No

This letter designates the individuals identified above as authorized representatives of my company to receive checks and execute Waiver of Lien Releases from Criste Construction, Inc.

\_\_\_\_\_  
Signature

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

Sworn to and subscribed before me by \_\_\_\_\_ who is personally know to me or produced \_\_\_\_\_ as identification, and who did \_\_\_\_\_ take an oath, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Printed name of Notary

\_\_\_\_\_  
Commission No. /Expiration



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## **Job Site Rules & Regulations**

### **WORK HOURS**

- Work hours are 9-5 unless you are told otherwise by a CCI representative. DO not be on property before 8 am or after dark.
- Always check in and out at the leasing office unless you are told otherwise by a CCI representative.

### **CLOTHING**

- Always wear cloths appropriate for the job. (*Example: Painter wear painter's whites, carpenters wear work boots and carpenter shorts or pants*).
- ALWAYS wear a Criste Construction shirt or solid colored collared shirt. Writing and/or designs are not permitted on non Criste Construction shirts. Intact shirts only, NO modifications (i.e. cut off sleeves or collars are not permitted).
- Shoes need to be worn at all times and should be closed toed and closed healed. NO FLIP FLOPS!
- Solid colored shorts or blue jeans are permitted. No rips, tears, or sagging pants pants. Clothing must fit properly to your body.
- Shirts MUST be worn at ALL times (no matter how hot it is). No excuses!

### **SOLICITING**

- NO soliciting for your own company to our customers.
- Never make side deals with residents or hire them for work. This includes jobs not related to where they live.

### **VEHICLES**

- Never drive on the grass or over sidewalks.
- NO identifiable markings or signage for your company are permitted that are not permanent affixed. The only exception to this is if your company is a Division 2 contractor (for example: plumbing, electrical, mechanical, etc...).
- Vehicle signage is subject to approval from Criste Construction.
- You are on the jobsite representing Criste Construction, Inc.

### **WORK AREAS**

- Always caution tape the area you are working in.
- Do not leave power tools plugged in when not in use even if it's in a caution taped area.
- Never leave ladders up when not in use. Always lay them down when you aren't standing on them.
- No radio's
- Never use an outlet for power on a resident's patio or any other outlet that is likely paid for on a resident's power bill.
- Clean up area at end of day and throw away all garbage and demo, including dragging magnet if nails are involved
- Do not use complex dumpster for our trash unless we give approval
- Never say the word MOLD. It's either staining or discoloration.
- If you are using a hose or electrical extension cord, make sure it is NOT a trip hazard.



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### **RESIDENTS**

- Never talk to residents. Don't be rude, just politely instruction them to direct all questions to the onsite staff.
- Never argue with residents, refer them to leasing office or Criste management
- Never answer resident's questions. Don't be rude, just politely instruction them to direct all questions to the onsite staff.
- If you have keys to a unit and go in, MAKE SURE YOU LOCK IT when you leave. Make sure it is EXACTLY THEY WAY YOU FOUND IT.
- Never go in an occupied unit without a representative from the complex there

### **APARTMENT MANAGEMENT/STAFF**

- Do not talk down and or argue with the apartment management about construction issues. Describe in laymen's terms to them whenever possible. Direct all questions to CCI's Project Manager.
- Never state your opinion to anyone about anything.

### **CONDUCT**

- No yelling. No bad language or "ball busting". Act more professional than you really are!
- Never wonder around. Always stay in the area you are supposed to be in.
- No "checking out the place".
- STAY OUT of pool area unless that is the area you are working in.
- No staring at people. NO EXCUSES! (For example: people at the pool area.)

### **GENERAL WORK**

- Never apply a floor coating without the manufacturer's recommended amount floor aggregate (Shark Grip, etc...)
- Never but joint stucco repairs. Always chip back and overlap the lathe
- Take before and after photos of everything. We often need these to get paid. Photos should be submitted in no larger than 800x600 dpi in a jpg format.
- Sub-Contractors or their crews are not allowed to stay/live on the property
- If there is a problem and you will not make it to the property contact Criste and let us inform the property of the issue.

I, the undersigned, acknowledge on behalf of my company and crew that all company and crew representatives of my company will comply with the above referenced Job Site Rules & Regulations. I understand that if I or my crew does not comply with these rules there will be consequences.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	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. The TIN provided must match the name given on the "Name" line to avoid backup withholding. 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.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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. citizen or other U.S. person (defined below), and
4. 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.

<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.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### 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, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

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. 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

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and 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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.





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### **Sub-Contractor Packet Acknowledgement Form**

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

Principal / Owner: \_\_\_\_\_

I understand, have read, and agree to furnish all the documents and fulfill the requirements outlined in the Sub-Contractor Packet (as well as items outlined in the Sub-Agreement). I understand that it is my responsibility to make sure that my insurance agency provides Criste Construction with current/updated original policy forms for both at the start of my initial contract with Criste Construction but also throughout the job if I change or amend coverage. Submission of updated documents is required at a minimum of annually to Criste Construction, Inc. Furthermore, I have been given the opportunity to ask questions and get clarification.

\_\_\_\_\_  
Signature of Subcontractor / Representative

\_\_\_\_\_  
Date

<b>CCI Office Use Only</b>			
Packet Sent Date & by Initials		Packet Received Date & Initial	
Sub Key Code #:		Packet Verified Date & Initial	