11501 Lake Underhill Road Orlando, FL 32825
(407) 704-7834 | www.jmcquality.com

GENERAL INFORMATION

SUBMIT ALL PAPERWORK TO admin@jmcquality.com

Job: _____

Subcontractor Name: _____

Address: _____

_____

Phone #: _____ Cell #: _____

Email: _____

Billing Process
NOTICE EFFECTIVE IMMEDIATELY

Dear JMC Quality Builders collaborator,

Please be advised that according to the Company's policy, you are required to submit a detailed billing form as follows:

1. Billing must match the Schedule of Values or Purchase Order, if applicable.
2. Billing MUST contain all guestroom numbers (NOT a range), if applicable.
2. Work area performed with a detailed scope of work.
3. Billing must be submitted via email to admin@jmcquality.com by **end of day Monday** for the previous week's work.
4. Notarized Lien Waiver with a description of work performed and amount must be provided with invoice.

If billing is not received as described above payment will be delayed by at least the following payment cycle.

Thank you,

JMC Quality Builders Management

It is recommended to download a free scanner app CAMscanner on your phone to assist with scanning/turning in your invoices if working directly from the job site.

Signature of Acknowledgement: _____ Date: _____

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ACH DIRECT PAYMENT AUTHORIZATION

Payment terms as per contract agreement. ALL APPROVED INVOICES ARE TO BE RECEIVED BY **END OF DAY MONDAY TO BE PAID BY FRIDAY – if approved**. Failure to submit timely invoices will cause a delay by at least the following payment cycle.
Initial _____
All Invoices must be submitted via email to admin@jmcquality.com Initial _____

Please check one: ☐ **NEW** ☐ **CHANGE**

Name of Payee or Vendor (As stated on Account): _____

Payee Address: _____
Street **City** **State & Zip**

Payee Phone # _____ **Payee Email:** _____

ACCOUNT INFORMATION

Type of Account (Check one only) ☐ **Checking Account** ☐ **Savings Account**

Your Financial Institution's ABA Routing #: _____
The ABA number is the 9 digits number, your ABA is not always the same as the routing number printed on your bank checks, so please contact your bank for the appropriate ABA number.

Your Account #: _____
(Important: Attach a voided check or letter from your financial institution to verify account and ABA routing number)

Financial Institution Name: _____

AUTHORIZATION

☐ I hereby authorize JMC Quality Builders or affiliates to provide for direct payment of any invoice or reimbursement due to me into the above-designated account.

☐ I understand it is my responsibility to update banking information with JMC Quality Builders.

If any action taken by me results in the non-acceptance of a direct payment by the designated financial institution, I understand that JMC Quality Builders or its affiliates assume no responsibility for processing a supplemental payment until the amount of the non-accepted deposit is returned to JMC by the financial institution.

_____ _____
Signature **Date**

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Please complete General Information form, W-9 & Payment Form- provide Certificate of Liability and Workers Comp, a copy of your Driver's License, State Contractor License &State Business License, and return it via email to admin@jmcquality.com

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Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have *any* foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 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. See also *What Name and Number To Give the Requester* 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. 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 for Part II, later.

Sign Here | **Signature of U.S. person** | **Date**

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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SAMPLE OF COI REQUIRED

SAMPLE CCIP CERTIFICATE FOR ENROLLED OR EXCLUDED CONTRACTORS		DATE (MM/DD/YYYY)
Broker's Name/Producer/Insurance Agent Broker's Address City, State, Zip – Contact Numbers/email	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
Your Company's Name Your Company's Address City, State, Zip	INSURER A: INSURER'S NAME	
	INSURER B: INSURER'S NAME	
	INSURER C: INSURER'S NAME	
	INSURER D INSURER'S NAME	

COVERAGES

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, EXCLUSION AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INS LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	X	*GENERAL LIABILITY* [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PROJECT [ ] LOC	EXAMPLE			EACH OCCURRENCE	$1,000,000
						DAMAGES TO RENTED PREMISES (Ea occurrence)	
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	$1,000,000
						GENERAL AGGREGATE	$2,000,000
						PRODUCTS-COMP/OP AGG	$2,000,000
	X	*AUTOMOBILE LIABILITY* [X] ANY AUTO [ ] ALL OWNER AUTOS [ ] SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea Accident)	$1,000,000
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
	X	**EXCESS/UMBRELLA LIABILITY** [X] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $				EACH OCCURRENCE	$2,000,000
						AGGREGATE	$2,000,000
		WORKER'S COMPENSATION ANDEMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	EXAMPLE			[X] WC STATU-TORY LIMITS [ ] OTHER	
						E. L. EACH ACCIDENT	$ 1,000,000
						E. L. DISEASE – EA. EMPLOYEE	$ 1,000,000
						E. L. DISEASE – POLICY LIMIT	$ 1,000,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insured: JMC Quality Builders Corporation.

CERTIFICATE HOLDER	CANCELLATION
JMC Quality Builders Corporation. 11501 Lake Underhill Road Orlando, FL 32825	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