

WILMOT

MODULAR STRUCTURES, Inc.

5812 Allender Road • White Marsh, MD 21162
www.wilmotmodular.com

Qualification Package for Approved Subcontractors

Subcontractor: Review the attached information, complete all requirements and return the following forms:

- Subcontractor Policies Acknowledgement - *signed*
- Certificate of Insurance *as per requirements*
- Additional Insured forms *as per requirements*
- Sole Proprietors Workers Compensation coverage form
- Safety Manual Acknowledgement - *signed*
- W-9
- Subcontractor Information Sheet

Mail to: Wilmot Modular Structures, Inc.
5812 Allender Road
White Marsh, MD 21162

Fax to 410-335-9148 or email to Debbie@wilmotmodular.com

Contact for Inquiries: 410-335-1200 / 800-966-8883
Mark Terry x113
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 - Subcontractor Information Sheet

SUBCONTRACTOR POLICIES

General Requirements

Subcontractors' Qualifications:

All subcontractors perform work as independent contractors for Wilmot Modular Structures, Inc. They are not eligible for company benefits and must provide their own insurance coverage as indicated in the Insurance Coverage Agreement. A current Certificate of Insurance must be provided in order for Wilmot to accept a subcontractor's service.

Scope of Work:

A detailed Scope of Work will be provided with every Request for Quote (RFQ) and agreed upon at the start of each job. (see Forms Addendum) Any changes to the scope of work must be approved by the Project Manager or Site Supervisor prior to work being done. A written Change Order must be approved prior to commencing any additional work. Any charges for work performed that HAS NOT been approved WILL NOT be paid. If that scope of work includes the removal of items that Wilmot has designated for reuse (to be decided before work begins), it must be set aside in a safe area as designated by Wilmot.

Certified Payrolls:

The subcontractor shall submit one original and two copies of its payroll records and the payroll records of each of its subcontractors within 14 calendar days after the end of each payroll period. Payrolls shall be submitted on U.S Department of Labor Wage and Hour Public Contracts Division Payroll Form WH-347 or its equivalent.

Materials provided by Wilmot:

When material, supplies and/or equipment owned by Wilmot are provided to Subcontractor for the use on a specific job, a materials form must be completed by the Subcontractor and signed by Project Manager or Fleet Manager for the BEFORE they will be allowed to use item(s).

The following polices apply to the removal of any Wilmot-owned material, supplies and/or equipment by a Subcontractor from Wilmot's yard:

1. Tools will not be lent out to any subcontractor.
2. Subcontractors are not allowed in the Tool Supply Area. If a sub is found in the tool container and is unsupervised by a Wilmot employee, they may be asked to leave the property.
3. If a sub needs material, a Request Form must be submitted to Yard Manager who will arrange for materials, supplies or equipment to be given to Sub.
4. A copy of safety rules and requirements will be available in the Service Department. All subcontractors must sign Policy Agreement that states they have read the rules and will adhere to them while on Wilmot's property and/or while using equipment.
5. Any materials, tools or equipment belonging to Wilmot are not allowed to leave the premises without consent of Fleet Manager.

Working on Wilmot property:

If a subcontractor is required to work in Wilmot's yard, they will be provided with a copy of all safety rules and requirements. Only subcontractors that have signed a copy of the Safety Policy indicating that they have read and understand the Safety requirements at Wilmot will be allowed to work on the site.

All subcontractors must clean up their areas after the job is complete. It is expected that all work areas be kept in a reasonably orderly condition for safety reasons and all OSHA requirements are met. Any costs incurred by Wilmot to clean up an area left in disarray by a Subcontractor will be backcharged.

Working Hours:

Working Hours are 7:00-3:15. If it is necessary to have work done over the weekend or after hours, arrangements must be made with Service or Fleet Manager.

Use of Alcohol/Drugs:

The use of alcohol or drugs on Wilmot’s property or a customer’s jobsite is strictly prohibited and will not be tolerated. Any subcontractor found to be under the influence of alcohol or drugs while working on the job or during working hours as noted above will be asked to leave the jobsite and will be backcharged for time lost.

Billing:

Invoices from Carriers: Signed Delivery Sheets must accompany any invoices that are sent in for payment. All invoices must have a Stock Number(s) or Serial Number(s) of unit(s) hauled. All invoices for maintenance work must also have a Purchase Order Number. Any invoices without this information will be returned.

Invoices from other Subcontractors: Invoices must include Wilmot’s Purchase Order Number in order to be processed. Signed Timesheets, *if required*, must accompany invoice with Stock Number of unit indicated on invoice.

Quotes:

All work must be submitted as a Scope of Work with a quote. That quote will be referred to in a Purchase Order.

Quality of Work Issues:

Any quality of work issues will be addressed and taken care of by sub in a timely manner or Wilmot Service Crew will respond and a backcharge WILL BE incurred.

I have read and understood the above policies.

Company Name

Print Name

Signature

Date

SUBCONTRACTOR POLICIES

Hauling Carriers

PICK UP OF UNITS:

Drivers may enter property from North Lot Gate between the hours of 7am-4pm Monday thru Friday. If weekend entry is needed, Transportation Manager must be notified.

Driver must enter Operations Center to obtain paperwork from Transportation Manager prior to hooking up to trailer.

IF ACCIDENTS OCCUR:

Driver must notify Wilmot immediately. Wilmot will contact customer.

IF DELAY OCCURS IN TRANSIT OR ON JOB-SITE LASTING MORE THAN ½ HOUR:

Contact Transportation Manager. Wilmot will contact customer.

RETURNING UNITS:

When returning a unit to Wilmot's yard between 7:00AM -3:30 PM, come in North Lot entrance.

When returning a unit between 3:30 PM – 5:00 PM, come in main entrance and drive straight back to rear of main lot – drop unit there.

When returning a unit after 5:00 PM, call to make other arrangements.

If unit is left after 3:30 PM and driver is unable to get in office, paperwork is to be left in trailer.

Subcontractor Insurance Requirements

THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED TO WILMOT MODULAR STRUCTURES, INC. PRIOR TO THE START OF ANY WORK

- A. Certificates of Insurance evidencing requirements below
- B. Copy of Additional Insured endorsements (CG 20 10 & CG 20 37)
- C. IF SOLE PROPRIETOR IN MARYLAND – Provide copy of either Inclusion Form or Signed Status Form regarding Workers Compensation Coverage Election.

Minimum limits required:

General Liability:

General Aggregate -	\$1,000,000 Aggregate to apply per project
Products – Comp/Op Aggregate	\$1,000,000
Each Occurrence-	\$1,000,000

Umbrella -	\$1,000,000 Each Occurrence
	\$1,000,000 Aggregate

Workers Compensation:

Coverage A –	Statutory
Coverage B –	\$1,000,000 Ea. Accident
	\$1,000,000 Disease Policy Limit
	\$1,000,000 Disease Ea. Employee

Automobile -	\$1,000,000 Combined Single Limit
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Property – All subcontractors tools and equipment	Replacement cost
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FOR TRANSPORT SUBCONTRACTORS

Property of Others Coverage (Motor Truck Cargo)	\$50,000.00
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1. All policies must be written with insurers with an A.M. Best Rating of A-VII or better
2. General Liability must be on an occurrence basis. "Claims Made" is not acceptable.
3. General Liability must contain a per project aggregate.
4. Owner and Wilmot Modular Structures, Inc. must be named as Additional Insured on General Liability using both forms CG 20 10 and CG 20 37 or equivalent.
5. General Liability coverage is to be maintained for **3 years** after the subcontractors work is completed and the Owner and Wilmot Modular Structures, Inc. shall be named as Additional Insured using form **CG 20 10 and CG 20 37** or equivalent during that entire period of time. Evidence of such insurance shall be provided. (Form attached)
6. All General Liability and Umbrella coverage shall be primary and not contributory with any insurance carried by Owner or Wilmot Modular Structures, Inc.
7. Each General Liability and Workers Compensation policy must be endorsed to require at least 30-days notice of cancellation (10 days for non-payment of premium) to Wilmot Modular Structures, Inc.
8. In addition, the words "endeavor to" and "but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives" must be deleted from the Certificate.
9. Subcontractor waives all rights against Owner and Wilmot Modular Structures, Inc. to the extent of all insurance carried or required to be carried under this agreement. Policies of insurance shall be endorsed, as needed, to provide such waivers. Such waivers shall be effective as to a person or entity even though that person or entity would otherwise have a duty of indemnification, contractual or otherwise, did not pay the insurance premium directly or indirectly, and whether or not the person or entity had an insurable interest in the property damaged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location And Description Of Completed Operations
<p>Wilmot Modular Structures, Inc. and Owner</p>	
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

WORKERS COMPENSATION COVERAGE FOR SOLE PROPRIETORS IN MARYLAND

Sole proprietors are excluded from coverage under the Workers' Compensation Act of Maryland. They may elect to become covered employees under the WC Act of MD by executing an Inclusion Form and submitting it to the Workers' Compensation Commission, a copy to the insurer and maintaining a copy for his/her records.

There is Sole Proprietor's Status form that may also be filed in conjunction with the Inclusion Form (if desiring coverage) or by itself if rejecting coverage.

Wilmot requires any subcontractor that is a Sole Proprietor to provide a copy of either the Inclusion Form and/or Sole Proprietor's Status Form that has been filed with the MD Commimssion.

A copy of both forms has been attached for your reference.

WORKERS' COMPENSATION COMMISSION
SOLE PROPRIETOR'S STATUS
AS A COVERED EMPLOYEE FORM

I hereby represent to the Maryland Workers' Compensation Commission, that I am a sole proprietor doing business in and about the State of Maryland, and that on the date set forth below my signature, and under the penalty of perjury, the following checked box represents my status as a covered employee.

I have elected to become a covered employee under Section 9-227 of the Labor and Employment Article, and have submitted the requisite Inclusion form (C15R) with the Workers' Compensation Commission.

I have not elected to become a covered employee under Section §9-227 of the Labor and Employment Article.

Name of Sole Proprietor: _____

Address: _____

Social Security Number or FEIN Number: _____

I AFFIRM UNDER THE PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

Signature

Date

Note: No investigation or hearing was conducted by the Workers' Compensation Commission to verify this representation, but as it was made under the penalty of perjury, it is accepted as being true and correct on the date set forth above. This representation is not binding on the Workers' Compensation Commission under any circumstance.

10 East Baltimore Street • Baltimore, Maryland 21202-1641
410-864-5100 • Email: info@wcc.state.md.us • Web: <http://www.wcc.state.md.us>

WORKERS' COMPENSATION COMMISSION

10 East Baltimore Street
Baltimore, Maryland 21202-1641

TEL: (410) 864-5100 or 1(800) 492-0479
TTD (MD Relay Service) : 1(800) 735-2258
<http://www.wcc.state.md.us>

Date Stamp – WCC Use
Only

INCLUSION FORM

SOLE PROPRIETORS/ PARTNERS ELECTION FORM

Pursuant to the provisions of Title 9, § 9-219 and § 9-227 of the Annotated Code of Maryland, sole proprietors and partners are excluded from coverage under the Workers' Compensation Act of Maryland. Such persons may elect to become covered employees under the Workers' Compensation Act of Maryland.

To exercise this option, any sole proprietor or partner wishing to be a covered employee must sign this document.

IMPORTANT:

Submit original form to the Workers' Compensation Commission, a copy to the insurer, and keep a copy for your files.

Unless otherwise agreed upon, this election will be effective upon the date of receipt by the Workers' Compensation Commission.

CURRENT DATE: _____ DATE INSURANCE COMPANY WAS NOTIFIED: _____

NAME OF INSURANCE COMPANY: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Name and Title of Person Electing Coverage	Social Security Number	Personal Signature

Wilmot Modular Structures

Safety Manual for Subcontractors

WILMOT MODULAR STRUCTURES

Subcontractor Safety Guidelines

Subcontractors shall conduct their operations to ensure the protection of employees. By agreeing to our Subcontractor Agreement, a Subcontractor agrees to comply with all federal, state and local safety regulations and to enforce the rules listed below.

1. Alcohol, illegal drugs, guns, and other weapons shall not be brought onto the job site at anytime. No employee shall report for work under the influence of drugs or alcohol.
2. Sturdy leather work boots shall be worn by everyone. Sneakers and lightweight shoes are prohibited.
3. Shirts (at least a tee shirt) and other suitable clothing shall be worn at all times. Tank tops are not acceptable.
4. Proper eye protection must be worn when grinding, cutting, or using a cut off saw.
5. Fall protection shall be used by everyone working six or more feet above the ground; this includes the use of harnesses and lanyards.
6. Trucks and equipment with a restricted rear view shall have back-up alarms.
7. Good housekeeping shall be maintained at all times. Subcontractor shall ensure prompt removal of trash with the work area and surrounding areas free of debris at all times as well as the orderly storage of work materials, and immediate removal or bending over of protruding nails.
8. Right-to-Know laws require Subcontractor to submit Material Safety Data Sheets to Wilmot Modular Structures for each hazardous substance they supply for us on a project prior to starting the job.

TOOLBOX MEETINGS

Weekly toolbox meetings are one of the cornerstones of an effective safety program. They reinforce our commitment to safety and remind everyone that safety is an expected part of their job performance.

The Safety Director is expected to hold toolbox meetings on a regular basis. Our Safety Director will distribute information that can be used for these meetings. However, the topic may not always be applicable to every work crew.

One of the main reasons for holding toolbox meetings is to provide the training necessary for people to perform their work safely and efficiently.

Information is readily available from our Safety Director on practically any safety-related topic you can imagine. If you are unfamiliar with an operation or if you simply want more information, ask for it.

HOUSEKEEPING

Housekeeping makes a highly visible statement about our company because our workplace is a reflection of our attitudes and priorities. Naturally this statement should be strongly positive. It is very difficult to convince anyone of our concern for safety and quality if the job site is a sloppy disorganized war zone.

It has been estimated that 1/3(one-third) of all on-the-job accidents are related to poor housekeeping. Literally thousands of workers are injured each year because they slip, trip, stumble, or step on objects that are in their way. Although these accidents are usually blamed on carelessness, they are actually the direct result of poor housekeeping.

Good housekeeping is also part of any fire prevention program. Trash, Pasteboard, boxes, oily rags, and other scrap materials are an excellent source of fuel. It isn't unusual for a work area or office to be burned out if housekeeping falls behind.

One clear way to measure your housekeeping effectiveness is by injuries. Nail puncture wounds should never happen in our workplace. When stripping lumber, pull nails out of reusable lumber and bend nails over in scrap, immediately. In rare cases where this is not possible, the area should be barricaded so that no one steps on a nail.

Another point to keep in mind is that housekeeping needs to be intensified prior to winter weather. Trash and tripping hazards covered by snow are more dangerous and difficult to see and clean up.

Housekeeping (cont.)

Good housekeeping is a daily integral part of each operation. The old routine of stopping to clean up only after a state of disaster has been declared results in us maximizing our risk and minimizing our benefits. A disaster area shows that housekeeping is being used as a last resort rather than as an accident prevention tool.

PERSONAL PROTECTIVE AND EMERGENCY EQUIPMENT

Here is a list of the most commonly used personal protective and emergency equipment:

- First-aid kit
- Fire Extinguisher
- Hard hats
- Glasses, goggles, and face shields
- Cutting goggles and welding shields
- Ear plugs or muffs
- Respirators
- Gloves – rubber or leather
- Knee pads
- Safety belts and lanyards

EYE AND FACE PROTECTION

Eye injuries are a problem in the modular industry. This should not be surprising because every job we do has certain risks to our eyes. These risks may involve flying objects from drilling, grinding, and sawing. It may involve pressurized liquids or compressed air or steam cleaning. Another risk involves radiation burns from cutting or welding. There are also the possibilities of chemical burns from epoxies, battery acid, fuels, cleaners, paint thinners, etc. If nothing else, we all face the possibility of wind blowing something into our eyes. Naturally, you can understand why we suggest that everyone wear eye protection **all** the time.

Safety glasses provide adequate protection for most work, however, the following jobs require extra protection:

1. Grinding – goggles or a face shield
2. Cutting torch – a shade #5 face shield and gloves
3. Welding – welding helmet with the proper shade glass and gloves
4. Pressure washing – face shield

Our goal is to make sure no one suffers eye injury that might destroy his or her eyesight. We will provide whatever protective equipment is needed to reach this goal. All we ask is that you use it **before** an accident happens!

RIGHT TO KNOW

Everyone has a need and right to know what chemical substances they are working with.

These chemicals come in many different forms such as gases, liquids, fumes, etc. In order to protect your health, it is important to use these chemicals safely.

There are two main sources for chemical safety information; labels and “Material Safety Data Sheets” (MSDS)

Labels can be found on the bag, box, barrel, bottle, or other container that product is delivered in. Labels give you a brief idea of how to use the product safely.

More detailed information can be found on the product’s MSDS (Material Safety Data Sheet). A MSDS tells you what the dangerous ingredients are, how to store and use the product safely, what injuries it can cause, how to protect yourself, what to do for first-aid, and much more.

Each new hire receives basic training about the Right to Know Law when he or she is hired and each employee is require to:

1. Know what chemical substances he or she works with.
2. Know how to use these chemicals safely.
3. Work safely with these chemicals, based on information found on the MSDS.
4. Use all necessary protective equipment.

In summary, chemicals have become a serious yet necessary part of our business. By using this information, we manage to use them safely.

EMERGENCY PROCEDURES

IN CASE OF FIRE

1. Call the fire department immediately if there is any doubt about your ability to put out the fire. Realize that fires can get out of hand quickly and it doesn't cost us anything for the fire department to respond.
2. The Service Manager shall take charge of the situation until he is relieved by the fire department. He will keep all employees and the general public away from any danger. He shall also meet the fire department when they arrive and provide whatever assistance they may need.
3. Know where fire extinguishers are located and how to use them.
4. Remember that our first priority is to protect our people. Put out the fire if you can do so safely. However, don't expose anyone to the possibility of being trapped in a burning structure or being near burning barrels, tires, fuel tanks, compressed gas bottles, or any other possibly explosive substances. Also, remember that many burning substances produce toxic smoke, so no one should breathe it.
5. Report any incidents to the Safety Director at the main office as soon as any emergency situation has been properly controlled.

IN CASE OF ACCIDENTS

1. Call for an ambulance immediately if there is any indication that it may be needed. Remember, it doesn't cost anything for an ambulance to respond. Provide the exact location of the accident, the number of people injured, and if possible, the severity of the injuries.
2. The Service Manager will take charge of the situation until authorized emergency personnel relieve him. He shall provide whatever assistance may be necessary.
3. Be familiar with emergency first-aid procedures.
4. Perform whatever immediate rescue or first-aid operations are necessary to protect people from further injury, as long as this can be done without risking the lives of other people.
5. Send someone to meet the ambulance and direct them to the accident scene.
6. Workers should stay back and out of the way of emergency personnel, but be readily available to provide whatever assistance may be required.
7. Report any incidents to the Safety Director as soon as an emergency situation has been properly controlled.

NOTE: Don't disturb or remove anything from the scene of an accident or fire until a complete investigation has been made.

WILMOT MODULAR STRUCTURES, INC.

Safety Manual Acknowledgment Form

The rules, programs, and procedures stated above in the Company's Safety Manual for Subcontractors are not intended to cover all the possible situations you will be faced with on the job. The Company encourages you to act in a safe and responsible manner at all times, both on and off the job.

I have read the Company's Safety Manual, understand it, and agree to abide by it. I understand that violation of these rules may lead to dismissal.

Company Name: _____

Print Name/Title: _____

Signature: _____

Date: _____

ADDENDUM FORMS

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 (as shown on your income tax return)	
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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
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 Line 1 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.

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. citizen or other U.S. person (defined below).

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 ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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.

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.

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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

WILMOT

MODULAR STRUCTURES, Inc.

5812 Allender Road • White Marsh, MD 21162

SUBCONTRACTOR INFORMATION SHEET

NAME OF COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE# _____

FAX# _____

EMAIL _____

WEBSITE _____

Description of subcontract work performed:

Indicate what states company does work in:

List all certifications (minority, hub zone, 8a, etc.) and licenses for this company:

Company: _____

By: Print Name _____ Signature _____

Title: _____ Date _____

Please return this form to: **Wilmot Modular Structures, Inc.**
5812 Allender Road
White Marsh, MD 21162