YAVAPAI-APACHE SAND & ROCK

Location: 3750 W. Old Hwy 279, Mailing: PO Box 249, Camp Verde, AZ 86322
Office: (928) 567-3109 Fax: (928) 567-4011

REQUIRED DOCUMENTS FOR HAULING MATERIALS

Thank you for your interest in hauling materials for Yavapai-Apache Sand & Rock. To insure proper insurance coverage, the following documents are required:

_____ **Form W-9 - Request for Taxpayer Identification Number** – Please complete the attached form & return it to this office.

_____ **Certificate of Liability Insurance** – Showing Yavapai-Apache Sand & Rock as the certificate holder. Contact your insurance agent, they can fax a certificate to us and send the original to the address above.

_____ **Workmen's Compensation Certificate** – Showing Yavapai-Apache Sand & Rock as the certificate holder. Contact your local agency and they can fax and send a certificate showing coverage to the address above.

____ **Company Profile** – Please complete the attached form & return it to this office. Information will be used by Scale House/Dispatcher.

**NOTE: If you do not have Workmen's Compensation Insurance and you have no employees, you will need to complete and submit the following:

_____ **Sole Proprietor Waiver** – Complete and sign the attached form and submit: FOUR (4) of the following supporting documents:

____Copy of registrar of Contractors License
____Form identifying a Federal Tax Identification Number
____Schedule C, Form 1040 Tax Return for prior year.
____Certificate of Business Liability Insurance
____Copy of Advertisement – Yellow Pages, Newspaper
____FICA, Schedule SE1040
____Sample Invoice
____Copy of Business License
____Voided Business Check

_____ **SCF of Arizona Business Questionnaire** – Complete and sign the attached form.

** **NOTE:** If you are a single owner corporation, please check with the office for information.
When all of the appropriate documents have been received, you will be notified when you can start hauling for Yavapai-Apache Sand & Rock. In order to keep the paperwork flowing smoothly and to insure timely payment for your services, it is VERY IMPORTANT TO DO THE FOLLOWING:

1. When your insurance certificates reach the expiration date, please call your insurance agent and have updated certificates sent to Yavapai-Apache Sand & Rock.

2. When submitting your invoices for payment: **You must include all "goldenrod" copies of the weight tickets** corresponding to your invoice amount.

3. Submit your invoices with tickets at your earliest convenience. And notify us of any address changes. Thank you in advance for your cooperation!

Mailed to: _____ Date: _____

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

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/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

☐ Other (see instructions) ▶

☐ Exempt payee

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.

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

			–		–				

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** ▶

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.

Yavapai-Apache Sand & Rock

Office: (928) 567-3109
Fax: (928) 567-4011

PO Box 249, Camp Verde, AZ 86322
Physical: 3750 W. Old Highway 279

Trucking/Hauling Company Profile

Please Print Information

Company Identifying Information:

Company Name _____

Owners Name _____

Contact Person _____

Address _____
Street/P.O. Box City State Zip

Phone ( ) _____ ( ) _____
Business Phone Cell Phone

( ) _____
Cell Phone 2#

Please list the type of trucks that will be used and truck numbers:

_____

_____

_____

_____

_____

_____

_____

Form will be used by Scale House/Dispatcher

YAVAPAI-APACHE SAND & ROCK

IF THE WORKMEN'S COMPENSATION CERTIFICATE **DOES NOT** APPLY TO YOUR COMPANY - COMPLETE, SIGN & RETURN THE ATTACHED FORMS –

SOLE PROPRIETOR WAIVER
SCF OF AZ BUSINESS QUESTIONNAIRE

THESE TWO (2) FORMS MUST BE RETURNED WITH ANY FOUR (4) OF THE SUPPORTING DOCUMENTATION LISTED ON THE CHECKLIST.

**Please note: Your Certificate of Liability Insurance counts as one of the four documents.

SCF Arizona
and its subsidiary companies

Phone: 602.631.2600
Toll Free: 1.866.284.2694
Fax: 602.631.2599
Toll Free Fax: 1.866.617.5680

3030 N. 3rd Street, Phoenix, AZ 85012-3068

Select Your Insurer ☐ SCF Arizona ☐ SCF American Insurance Company ☐ SCF Casualty Insurance Company ☐ SCF General Insurance Company ☐ SCF Indemnity Insurance Company ☐ SCF National Insurance Company ☐ SCF Premier Insurance Company ▣ SCF Western Insurance Company

www.scfaz.com

SOLE PROPRIETOR WAIVER/SINGLE MEMBER LLC WAIVER

Sole Proprietor to complete questions 1-5 (please type or print in blue or black)

Note: This form applies **only** to SCF policyholders utilizing Sole Proprietors or Single Member LLC with no employees. If you are contracting with a Corporation, Partnership, Limited Liability Company (treated as a Corporation or Partnership), or a Sole Proprietor/Single Member LLC with employees, this form **does not** apply.

The following is a written waiver under the compulsory workers' compensation laws of the State of Arizona, A.R.S. §23-901 (et.seq.), and specifically, A.R.S. § 23-961 (O), that provides that a Sole Proprietor may waive his/her rights to Workers' Compensation coverage and benefits.

1. I am a Sole Proprietor or a Single Member LLC and I am doing business as: _____.
   Name of Sole Proprietor/Single Member LLC Business
2. I am performing work as a Sole Proprietor/Single Member LLC for: Yavapai-Apache Sand & Rock.
   Name of Policyholders Business
3. I am not the employee of: Yavapai-Apache Sand & Rock for workers' compensation purposes.
   Name of Policyholders Business
4. Therefore, I am not entitled to workers compensation benefits from: Yavapai-Apache Sand & Rock.
   Name of Policyholders Business

   I understand that if I have any employees working for me, I must maintain workers' compensation insurance on them.
5. Signature of Sole Proprietor/Single Member: _____ Date: _____

Policyholder to complete questions 6-13 (please type or print in blue or black)

6. Name of Sole Proprietor/Single Member: _____
7. Social Security Number: _____
8. Street Address/P.O. Box: _____ City: _____ State: _____ Zip Code: _____
9. Policyholder Business Name: Yavapai-Apache Sand & Rock SCF Policy #: P10625
10. Street Address/P.O. Box: P.O. Box 249 City: Camp Verde State: AZ Zip Code: 86322
11. Duration of the work to be performed is: _____ thru: _____
    Beginning Date Ending Date

    Notice: If accepted and validated, this Waiver will not be valid or effective beyond the end date listed above. *Work performed beyond the end date listed will require a new waiver or the remuneration for the work will be subject to premium charges.*
12. Signature of Policyholder: Jerry Piper Date: 5/1/2013
    Owner, Partner or Corporate Officer
13. Print Name of Above Signature: Jerry Piper, General Manager

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Toll Free Fax: 1.866.617.5680

3030 N. 3rd Street, Phoenix, AZ 85012-3068

Select Your Insurer ☐ SCF Arizona ☐ SCF American Insurance Company ☐ SCF Casualty Insurance Company ☐ SCF General Insurance Company ☐ SCF Indemnity Insurance Company ☐ SCF National Insurance Company ☐ SCF Premier Insurance Company ▣ SCF Western Insurance Company

www.scfaz.com

BUSINESS QUESTIONNAIRE

Please check appropriate box: ☐ Application ☐ Independent Contractor ☐ Sole Proprietor/Single Member

Company Name: _____

Check and Answer Questions

1. Do you have a federal tax I.D. number? ☐ Yes ☐ No
   If yes, provide number: _____

2. Have you filed Schedule C, Form 1040 on prior tax returns? If yes, provide copy of last year's Schedule C, Form 1040. ☐ Yes ☐ No

3. Have you paid self employment tax previously? If yes, provide copy of FICA, Schedule SE 1040. ☐ Yes ☐ No

4. Do you invoice bill services to customers? If yes, provide copy of sample invoice. ☐ Yes ☐ No

5. Do you carry business liability insurance? If yes, provide copy of policy or certificate of insurance. ☐ Yes ☐ No

6. Are you licensed by the Registrar of Contractors? If yes, provide copy of License. ☐ Yes ☐ No

7. Do you have a business tax license? If yes, provide copy of License. ☐ Yes ☐ No

8. Do you have a separate business bank account in the company name? If yes, provide a voided business check. ☐ Yes ☐ No

Three proofs of business required from questions 1 thru 8

9. Do you have an investment in tools, equipment or inventory other than hand tools? ☐ Yes ☐ No
   If yes, briefly list type of tools, inventory or equipment maintained: _____

10. Do you maintain a business location other than your residence? ☐ Yes ☐ No
    If yes, provide address: _____

11. Are you paid by the hour or by the job? _____

12. Do you advertise in any publication (including the phone book?) ☐ Yes ☐ No
    If yes, please identify publication name: _____
    If no, how do you get new business? _____

13. Who schedules the work to be done for the customer? ☐ Yourself? ☐ Company that hired your services?

14. Who does the customer call if dissatisfied with your work? ☐ Yourself? ☐ Company that hired your services?

15. Do you have a business accounting service to handle payroll, DES Reports, Business Taxes, Etc.? ☐ Yes ☐ No
    If yes, provide Name of Accountant: _____ Phone Number: _____
    Address of Accountant: _____ City: _____ State: _____ ZIP: _____

16. List names of companies you are working for or are seeking work from. Identify those that will require a Certificate of Workers' Compensation Insurance _____
    _____

17. Have you ever worked for the company requiring Certificates, either as a subcontractor or an employee? ☐ Yes ☐ No

_____ _____
Signature of Applicant, Independent Contractor or Sole Proprietor/Single Member — Date

Return Original To: SCF Arizona and its subsidiary companies, 3030 N. 3rd Street, Phoenix, AZ 85012-3068.
Employer, retain copy for your file.

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Physical: 3750 W. Old Highway 279

Dear Valued Customer:

From time-to-time we need to update our business policies to help keep our costs as low as possible. Our goal is to provide you with quality material at a good price.

We would like to take this opportunity to say thank you for your business. We would also like to say thank you for making your payments by the due date on your account, which is the 20th of the month following the month of purchase.

If you are a vendor of the Yavapai-Apache Sand & Rock, as well as a charge customer, providing us with a service such as hauling, we appreciate this service. We strive to pay your invoices within 30 days from the date we receive them. In the event your account with us is 15 days or more past due, Yavapai-Apache Sand & Rock, may at its discretion, apply the amount of your invoices to your past due balance.

If you have any questions regarding this policy, please give Clint Davidson a call (928) 301-7507 or Christi Seresun at (928) 567-3109 Ext. 111. We will be happy to help you.

Sincerely,

Yavapai-Apache Sand & Rock