***H****artford* ***R****entals,* ***LLC***

*Sub-Contractor Packet*

*15954 Jackson Creek Parkway B413*

*Monument, CO 80132*

*(719)634-1472 phone, (888)861-7127 fax*

*Subcontractor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Packet Checklist***

This Packet must be completed in its entirety and approved by a representative of Hartford Rentals, LLC prior to beginning any work.

* STATEMENT OF QUALIFICATION
* WORK ORDER
* DISCLOSURE, RELEASE AND INDEMIFICATION
* CERTIFICATE OF INSURANCE
	+ AUTO
	+ GENERAL LIABILITY
		- REQUIRES LIMITS MET
* W-9
* WARRANTY AGREEMENT
* INVOICE REQUIREMENTS
* HAZARD COMMUNICATION PROGRAM

\*Approved package checked by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_/\_\_/\_\_\_

\*\*This package is being returned to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be completed as indicated before it can be processed.

\*\*\*Package rechecked by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_/\_\_\_/\_\_\_\_\_\_

***STATEMENT OF QUALIFICATION***

Please complete the entire statement.

Trade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Owner(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_

Business Type:

* Sole Proprietor
* Partnership
* Corporation

Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Warranty Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_

Quality Control Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_

**INSURANCE**

Please attach a current Certificate of Insurance for General Liability, Workman’s Compensation and Automobile Liability. The amounts of coverage need to meet the minimum per attached schedule. Hartford Rentals, LLC needs to be listed as an additional insured on liability policies.

**CONTRACTOR’S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_**

***Hartford Rentals, LLC***

15954 Jackson Creek Parkway B413

Monument, CO 80132

(719)634-1472 Phone, (888)861-7127 Fax

**WORK ORDER**

Project Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_

Contractor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_ Date Work to began:\_\_\_\_\_\_\_\_\_ Date to be completed:\_\_\_\_\_\_\_\_\_

Description of Work to be Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit #/ Address for Work to be Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area/Room for Work to be Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pay for Contract Work:$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Provisions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contractor’s Signature Date**

Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of **Hartford Rentals, LLC** Date:\_\_\_\_\_\_\_

* Item(s) Needing to be fixed prior to Approval: Date:\_\_\_\_\_\_\_\_\_\_\_
* Workmanship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cleaning:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Return of Materials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISCLOSURE, RELEASE AND INDEMNIFICATION**

Representation by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereafter “Contractor”) to Hartford Rentals, LLC (referred to as “HR”).

**COMPANY STRUCTURE**

1. **Select the** **applicable selection and answer all the questions:**
	1. Contractor is a sole proprietor

Do you have any employees or contract laborers?

 YES how many?\_\_\_\_\_\_\_\_\_\_\_ NO

* 1. Contractor is a partnership.

We have a partnership agreement YES please attach NO

List all partners by name, percentage ownership interest in partnership, whether the partner and whether endorsement for Workers’ Compensation Insurance includes partner as employee, in place.

**Partner names: % of Ownership Working Partner WCI Endorsed Signature/Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Yes No Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Yes No Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Yes No Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Contractor is a Corporation (attach a Certification of Incorporation)

**Corporate Officers: % of Stock Owned WCI Rejected Officer Signature/Date**

Chairman:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treasurer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Yes No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Answer All of the Following Questions:**
	1. Does the Contractor maintain Worker’s Compensation Insurance in force for Contractor, Contractor’s Working Partners, and/or Contractor’s Corporate Officiers? **YES NO**
		* 1. List Insurance Company’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
			2. Policy Number (attach certificate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Does Contractor maintain Workers Compensation Insurance for Contractor’s employees and/or contract labor? **YES NO**
	3. Contractor maintains general public liability insurance with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	4. Contractor maintains Auto Liability Insurance with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	5. Does Contractor acknowledge and understand that because Contractor is an independent contractor and HR its subsidiaries and affiliated companies DO NOT maintain Workers; Compensation Insurance, General Liability or Auto Liability for Contractors or Contractors’ employee benefits? **YES NO**
2. **CONTRACTOR IS AN INDEPENDENT CONTRACTOR.**

**PURSUANT TO COLORADO REVISED STATUTES 8-40-202(2), THE CONTRACTOR IS AN INDEPENDENT CONTRACTOR, AS SUCH, CONTRACTOR IS NOT ENTITLED TO WORKERS’ COMPENSATION BENEFITS AND IS OBLIGATED TO PAY FEDERAL AND STATE INCOME TAXES ON MONIES EARNED PURSUANT TO THE CONTRACT DOCUMENTS.**

Now thereafter, based upon the above disclosures and representation, and further consideration of HR, its subsidiaries and affiliated companies retaining Contractor to provide work, materials, or Services to HR, its subsidiaries and affiliated companies, Contractor hereby releases HR, its subsidiaries, and affiliated companies from any claim for damages for injuries based upon any theory of employment and further, Contractor agrees to indemnify and hold HR its subsidiaries and affiliated companies harmless from any and all losses or claims by third parties or any persons retained, employed, or hired by Contractor regardless or if such losses or claims were caused in whole or part by negligence of any party indemnified hereunder.

IN WITNESS WHEREOF, Contractor has executed this Agreement this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Contractor, by its\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

On this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, before me personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to me personally known to be the person who signed and sealed the foregoing DISCLOSURE, RELEASE AND INDEMNIFICATION, and acknowledges under other that he/she executed the same uses and purposes therein set forth. WITNESS my hand and official seal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Notary Public My commission expires:\_\_\_\_\_\_\_\_

**NOTE: If a corporation, this document must be signed by the corporate President (above) and Secretary (below).**

IN WITNESS WHEREOF, Contractor has executed this Agreement this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Contractor, by its\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

On this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, before me personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to me personally known to be the person who signed and sealed the foregoing DISCLOSURE, RELEASE AND INDEMNIFICATION, and acknowledges under other that he/she executed the same uses and purposes therein set forth. WITNESS my hand and official seal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Notary Public My commission expires:\_\_\_\_\_\_\_\_\_\_\_\_

***Hartford Rentals, LLC***

15954 Jackson Creek Parkway B413

Monument, CO 80132

(719)634-1472 Phone, (888)861-7127 Fax

Dear Sub Contractor,

Please note that all Sub-Contractors are responsible for having their vehicles insured. All automobiles on the job sites must have full and proper insurance. By signing below you are attesting that your vehicles are insured and that any accidents or claims resulting from your automobiles are your sole responsibility.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hartford Rentals, LLC Sub-Contractor**

***Hartford Rentals, LLC***

15954 Jackson Creek Parkway B413

Monument, CO 80132

(719)634-1472 Phone, (888)861-7127 Fax

**GENERAL LIABILITY LIMITS**

Low Risk Subcontractors: Total Liability: Minimum of $500,000 per Occurrence & General Aggregate, $1,000,000 Products/Completed Operations Aggregate.

Medium Risk Subcontractors: Total Liability: Minimum of $1,000,000 per Occurrence & General Aggregate, $1,000,000 Products/Completed Operations Aggregate.

High Risk Subcontractors: Total Liability: Minimum of $1,000,000 per Occurrence & General Aggregate, $2,000,000, General Aggregate, $1,000,000 Products/Completed Operations Aggregate.

Extreme High Risk Subcontractors: Total Liability: Minimum of $1,000,000 per Occurrence & General Aggregate, $2,000,000, General Aggregate, $1,000,000 Products/Completed Operations Aggregate.

All subcontractors must have current Workers Compensation Policies.

**Contractor’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

INSERT W-9

***Hartford Rentals, LLC***

15954 Jackson Creek Parkway B413

Monument, CO 80132

(719)634-1472 Phone, (888)861-7127 Fax

I(we) acknowledge that we have fully understand the requirements for warranty (1year warranty period) of any and all work performed for Hartford Rentals, LLC (unless another written agreement is acknowledged and signed by each party) as stated in the Work Order. I(we) agree to warrant all our work and to comply with the Work Order. I(we) further agree that if the warranty work is not performed that there will be penalties assessed on further work or payable items. If items are not addressed and it becomes necessary to pursue the warranty work in court the, and any judgments are assessed the losing party will be responsible for the winning parties court and attorney fees.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hartford Rentals, LLC Sub-Contractor**

***Hartford Rentals, LLC***

15954 Jackson Creek Parkway B413

Monument, CO 80132

(719)634-1472 Phone, (888)861-7127 Fax

**Invoice Notice**

All Work Orders will be paid upon the following conditions;

1. Work has been completed as specified
2. Work has been signed off as acceptable by Hartford Rental’s On-Site Supervisor.
3. All materials and work area have been thoroughly cleaned
4. All rented or borrowed material has been returned.

No progress billing will be paid or accepted without an agreement for progress billing in the Work Order at the time of signatures.

Only Work Orders signed off by Hartford Rental’s On-Site Manager will be submitted for payment.

All payments will be made via EFT. After a Work Order is signed off by the On-Site Manager, they will be processed by the main office in Colorado which can take between 3 to 5 business days. Once all paperwork is verified and processed they will be submitted for an EFT to the Contractors checking account. This process can take between 3-5 business days.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGENT FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HAVE READ AND FULLY UNDERSTAND THE ABOVE **INVOICE NOTICE** AND I HEREBY AGREE TO PERFORM ALL WORK IN ACCORDANCE WITH THE ABOVE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor’s Signature Date

***Hartford Rentals, LLC***

15954 Jackson Creek Parkway B413

Monument, CO 80132

(719)634-1472 Phone, (888)861-7127 Fax

**Hazard Communication Program**

Per the OSHA Hazard Communication Regulation, all employers are required to be within compliance as of May 23, 1988. Under the regulation, each Contractor is classified as an employer and is required to have and maintain his/her own Hazard Communication Program (HCP). HR’s HCP requires you to furnish us with a list of all hazardous substances and Material Safety Data Sheets (MSDS) for all hazardous substances you are currently using or those you intend to use in part with your job scope guidelines with HR.

You HCP and MSDS need to be included with qualification package and submitted to HR prior to any work being performed. Should any changes in the type of materials you use or classification on MSDS take place while you are performing work for HR, you must submit those changes to the On-Site Manager.

If your job scope does not require you to use any hazardous materials to perform your work, you need to submit a notarized letter with your package stating such.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contractor’s Signature Date**