



7800 Belfort Pkwy, Suite 195
Jacksonville, FL 32256
www.MattamyHomes.com
Phone: 904-279-9500
Facsimile: 904-279-9559

Trade Partner Qualification Package

Business Name: _____
Address: _____
Phone Number: _____
Fax Number: _____

Contact Person

Name: _____
Phone Number: _____
Cell: _____ Nextel: _____
Email Address: _____

Construction Contact Person

Name: _____
Phone Number: _____
Cell: _____ Nextel: _____
Email Address: _____

Trade Type:

Trade Partner Supplier Miscellaneous
Corporation Partnership Individual

License Number: (Please attach copies of current licenses)

State: _____
Orange County: _____
City of Orlando: _____
Duval County: _____
St. Johns County: _____
Others: (List): _____

Name of License Holder: _____
Address of License Holder: _____

If Corporation:

Date of Incorporation: _____
State in which Incorporated: _____

Name of Principal Officers: _____ Title: _____
Home Address: _____ Phone #: _____

Signature: _____

Name of Principal Officers: _____ Title: _____
Home Address: _____ Phone #: _____

Signature: _____

Name of Principal Officers: _____ Title: _____
Home Address: _____ Phone #: _____

Signature: _____

If Partnership:

Date of Organization: _____
Nature of Partnership: (general, limited or association)

Name of Partners: _____ Title: _____
Home Address: _____ Phone #: _____

Signature: _____

Name of Partners: _____ Title: _____
Home Address: _____ Phone #: _____

Signature: _____

Name of Partners: _____ Title: _____
Home Address: _____ Phone #: _____

Signature: _____

If Individual:

Name: _____
Address: _____
Date Business Started: _____

Corporation

Federal Employer's Tax I.D. # _____

Partnership/Individual

Social Security # _____

Describe your organization structure, including the number of permanent employees engaged in estimating, field supervision, labor and manufacture:

Please list three (3) principal suppliers:

Company: _____ Contact: _____
Address: _____ Phone: _____

Company: _____ Contact: _____
Address: _____ Phone: _____

Company: _____ Contact: _____
Address: _____ Phone: _____

References: (Please provide company information on four (4) references)

Company: _____ Contact: _____
Address: _____ Phone: _____
List of Work Performed: _____

Company: _____ Contact: _____
Address: _____ Phone: _____
List of Work Performed: _____

Company: _____ Contact: _____
Address: _____ Phone: _____
List of Work Performed: _____

Company: _____ Contact: _____
Address: _____ Phone: _____
List of Work Performed: _____

Name of person supplying above information: _____

Signature: _____ Date: _____

Please return to:

Mattamy Homes
Attn: Purchasing Department
7800 Belfort Parkway, Suite 195
Jacksonville, FL 32256

Insurance Requirements:

Your original Certificate of Insurance must be in our possession prior to the commencement of any work for Mattamy Homes. If at any time you are not in total compliance with the requirements listed below, you will not be allowed on the jobsite and your invoices will not be processed for payment. If for any reason the carrier is not able to meet certain requirements, a written letter from the carrier (not agent) stating these reasons must accompany the Certificate.

Workers' Compensation

Statutory Limits

| | | |
|----------------------|-------------|---|
| Employer's Liability | \$1,000,000 | Each Accident |
| | \$1,000,000 | Policy Limits |
| | \$1,000,000 | Each Employee for Bodily Injury |
| Automobile Liability | \$1,000,000 | Bodily Injury Each Person |
| | \$1,000,000 | Bodily Injury Each Accident |
| | \$1,000,000 | Property Damage Each Accident |
| General Liability | \$1,000,000 | General Aggregate |
| | \$1,000,000 | Each Occurrence |
| | \$1,000,000 | Personal Injury |
| | \$1,000,000 | Products/Completed Operations |
| | \$1,000,000 | Owner's/Contractor Protective Liability |
| | \$1,000,000 | Contractual Liability |

In addition to the above requirements, the Certificate of Insurance must:

1. Identify the trade partner by correct legal name, utilizing the same name under which Mattamy has contracted with the subcontractor.
2. Identify the insurance carrier, policy number and effective date of coverage. The insurance carrier should have a Best Rating of at least A.
3. In the case of *automobile* and *general liability policies*, name Mattamy Homes as an additional insured.
4. In the case of *automobile* and *general liability policies*, specify that the insurance coverage is on an occurrence basis, rather than claims made.
5. In the case of *automobile* and *general liability policies*, specify that the trade partner's insurance is primary to insurance covered by Mattamy Homes.
6. State that Mattamy Homes will be provided a minimum of 30 days notice in the event of cancellation of the subcontractor's coverage.
7. Name Mattamy Homes as the certificate holder.
8. In the case of *automobile liability*, the policy must provide coverage for any auto, or, all owned vehicles, hired and non-owned.

Attachments (Please attach the following documents:)

- * W-9 - Request for Taxpayer Identification Number and Certification
- * Certificate of Insurance for General Liability, Automobile and Workers' Compensation
- * Copy of Occupational Licenses for all counties listed above
- * Copy of most recent financial report
- * Any additional references or pricing information you believe pertinent.