

2025



PAULDAVISTM

Property Restoration Experts

Vendor Packet

5815 S 36th St. Suite # 1 | Phoenix, AZ 85040
Office: (602) 278-8837
greater-phoenix.pauldavis.com

Subcontractor Required Documents

To Whom It May Concern,

In order to provide services for **Paul Davis Restoration of Greater Phoenix**, the following documentation is required:

1. **Subcontractor Agreement** (signed)
2. **W-9**
3. **Workers' Compensation Insurance**
 - If you are self-employed with no employees, please complete the enclosed **Workers' Compensation Exemption Form** in accordance with Arizona law.
4. **Certificate of Liability Insurance** with a minimum of **\$1,000,000** coverage
 - The Certificate must list **Paul Davis Restoration of Greater Phoenix** as an **Additional Insured** and include the following address:
 - **5815 S. 36th St., Suite 1, Phoenix, Arizona 85040**
5. **Copy of Contractor's License, including ROC Number** (if applicable)
6. **Alacrity Solutions Group, LLC Disclosure Statement** (signed)

Important Notes:

- Please also provide your **General Liability Certificate of Insurance** and **Workers' Compensation Certificate of Insurance** (or completed exemption form if applicable).
- All required documents must be submitted and approved **before the start of any work**.
- All completed documents should be emailed in PDF format to **ctaz.invoices@pauldavis.com**.
- **All invoices** must also be sent to **ctaz.invoices@pauldavis.com** for payment. Invoices sent to any other address will not be processed.
- Payment terms are **NET 30** from the date of receipt of invoice.

If you have any questions or need clarification, please contact our Accounting Department at **602-278-8837**.

Thank you,

Paul Davis Restoration of Greater Phoenix – Accounting Department

602-278-8837

ctaz.invoices@pauldavis.com

Paul Davis Restoration of Greater Phoenix

5815 S. 36th St., Suite 1, Phoenix, Arizona, 85040 | 602-278-8837

Billing Email: CTAZ.Invoices@PaulDavis.com

General Insurance Requirements – Arizona

All subcontractors and sub-subcontractors performing work for Paul Davis Restoration of Greater Phoenix must carry and maintain the following insurance coverage for the duration of the project. Certificates of Insurance (COIs) must be submitted and approved before work begins, and policies must comply with Arizona Revised Statutes (A.R.S. § 23-901(6)(d) and A.R.S. § 23-961). Attached to each COI must be a copy of the Additional Insured Endorsement from the Commercial General Liability (CGL) policy.

1. COMMERCIAL GENERAL LIABILITY (CGL)

- Minimum Limits: \$1,000,000 each occurrence / \$2,000,000 general aggregate.
- Written on ISO Occurrence Form CG 00 01 10 01 (or equivalent) and include premises, operations, independent contractors, products-completed operations, and personal/advertising injury.
- Additional Insured Endorsement: Use ISO CG 20 10 11 85 or equivalent, naming Paul Davis Restoration of Greater Phoenix and Owner (if applicable).
- Coverage for Additional Insureds must be primary and non-contributory.
- Maintain Completed Operations coverage for at least three (3) years after project completion.
- Policies must provide 30 days' written notice prior to cancellation or non-renewal.
- Waiver of Subrogation required, effective even if the Additional Insured has a duty of indemnification, did not pay the premium, or has no insurable interest.

2. BUSINESS AUTOMOBILE LIABILITY

- Minimum Limits: \$1,000,000 Combined Single Limit (CSL) per accident.
- Must include coverage for owned, leased, hired, and non-owned autos.
- Additional Insureds: Paul Davis Restoration of Greater Phoenix and Owner.
- Policies must provide 30 days' written notice prior to cancellation or non-renewal.
- COMMERCIAL UMBRELLA LIABILITY: \$1,000,000 minimum limit, covering all Additional Insureds under CGL; primary and non-contributory except for CGL, Auto, and Employer's Liability; Waiver of Subrogation applies.

3. WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY

- Required under A.R.S. § 23-961(A) for subcontractors with employees.
- Minimum Limits: \$500,000 each accident / \$500,000 each employee (disease).
- Subcontractors without employees must submit a Workers' Compensation Exemption Form per A.R.S. § 23-901(6)(d) and A.R.S. § 23-961(P).
- Policies must provide 30 days' written notice prior to cancellation or non-renewal.

4. CERTIFICATE OF INSURANCE (COI) REQUIREMENTS

- Must show coverage limits meeting the above requirements.
- List Paul Davis Restoration of Greater Phoenix as Additional Insured.
- Include address: Paul Davis Restoration of Greater Phoenix, 5815 S. 36th St., Suite 1, Phoenix, AZ 85040.
- Attach Additional Insured Endorsement(s) from the CGL policy.
- Include Waiver of Subrogation where applicable.

Workers' Compensation Exemption Statement - Arizona

Vendor Name (Sole Proprietor/Independent Contractor): _____

Business Name (if applicable): _____

Date: ____ / ____ / ____

Legal Basis

Pursuant to Arizona Revised Statutes (A.R.S.) § 23-901(6)(d) and A.R.S. § 23-961(P), sole proprietors, partners, and certain corporate officers who do not employ others are not required to carry workers' compensation insurance for themselves. However, under A.R.S. § 23-961(A), any business that hires employees must secure and maintain workers' compensation insurance coverage for those employees.

Owner's Statement

I declare that I am a sole proprietor or independent contractor operating without employees, as defined by Arizona workers' compensation statutes and regulations. I have not purchased workers' compensation insurance for myself because all work in my business is performed solely by the proprietor, owners, partners, or executive officers. I have elected not to obtain workers' compensation coverage for myself or other owners/partners/executive officers in accordance with Arizona law.

I acknowledge that:

- a. I am not entitled to workers' compensation benefits through Paul Davis Restoration of Greater Phoenix.
- b. If I am injured while performing work for Paul Davis Restoration, I will not be covered under its workers' compensation insurance policy.
- c. I waive all rights of action against Paul Davis Restoration of Greater Phoenix, its employees, clients, and the Owner of the Community for any such injuries, unless otherwise required by law.
- d. If, at any time in the future, I hire employee(s), I will immediately obtain workers' compensation coverage for those employees as required by **A.R.S. § 23-961(A)** and will provide Paul Davis Restoration with a valid certificate of insurance as evidence of coverage.

Certification

By signing below, I certify that the statements above are true and accurate and that I meet the exemption requirements under Arizona law.

Signature of Contractor: _____ Date: ____ / ____ / ____

Paul Davis Restoration of Greater Phoenix

5815 S. 36th St., Suite 1, Phoenix, Arizona, 85040 | 602-278-8837

Billing Email: CTAZ.Invoices@PaulDavis.com

TRADESMAN AGREEMENT

This Agreement is made this _____ day of _____, 20____, by and between **Paul Davis Restoration of Greater Phoenix**, located at 5815 S 36th St, Suite #1, Phoenix, AZ 85040 (hereinafter referred to as "Corporation"), and _____ (the "Tradesman," hereinafter referred to as "Company").

WITNESSETH

WHEREAS, the Corporation desires to engage the Company to perform certain restoration, repair, or related services for the Corporation's customers;

WHEREAS, the Company is qualified and equipped to perform such services and desires to contract with the Corporation as an independent contractor;

NOW, THEREFORE, in consideration of the mutual promises herein contained, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree as follows:

1. JOB ASSIGNMENTS AND PAYMENT

The Corporation agrees to, from time to time, offer jobs to the Company using a written Work Order form. Upon acceptance of a Work Order, the Corporation will pay the Company the "Job Cost" shown on the Work Order for the completion of the assigned job.

The Company shall provide all necessary labor, materials, equipment, supplies, and tools, and will ensure work is performed to completion in accordance with the specifications and standards outlined in the Work Order and by the Corporation. No work modifications shall be made without prior written approval from the Corporation.

All materials must be of good quality and meet or exceed the standards of the original property condition or Work Order requirements. Materials purchased for an assigned job must be authorized by a Corporation-issued Purchase Order. Costs will be deducted from the Job Cost as outlined in the Work Order.

2. PERFORMANCE STANDARDS AND BRAND REPRESENTATION

The Company understands and agrees that when performing work under this Agreement, it represents **Paul Davis Restoration of Greater Phoenix**. The Company's actions, conduct, appearance, and workmanship directly reflect on the Corporation's reputation and future business.

Our guiding principle:

You are Paul Davis Restoration when you are on a jobsite. If you look bad, we look bad. If you mistreat the customer, we have mistreated the customer. If you perform excellent work with professionalism, you elevate the entire brand.

As such, the Company agrees to:

- Conduct itself at all times in a courteous, respectful, and professional manner.
- Maintain a clean and presentable appearance.

- Follow all Paul Davis policies, safety procedures, and quality standards.
- Approach each project as a team member, supporting the Corporation's relationship with the customer.

3. WARRANTY AND CORRECTION OF WORK

The Company guarantees its workmanship for one (1) year from the earlier of:

1. The date the property owner signs a completion certificate; or
2. Receipt of final payment from the Corporation.

If any work is found not to be performed in a good and workmanlike manner, the Company must correct it within seven (7) calendar days of receiving notice. If the Company fails to make timely corrections, the Corporation may correct the work and deduct the cost from future payments.

Where poor workmanship results in additional property damage, the Company shall be fully liable for all related costs. Abandoning a job without completion is considered a breach of this Agreement and makes the Company liable for all resulting damages.

4. PAYMENT TERMS

- The Corporation pays every other Friday ("Pay-Friday"), **Net 30** from the date the invoice is received.
- Invoices received by Pay-Friday will be paid on the next Pay-Friday.
- If Pay-Friday falls on a holiday, payment will be made the next business day the Corporation is open.
- All invoices require either a signed completion certificate by the customer or written approval from the Corporation.
- Detailed invoices must be submitted for each draw prior to payment.
- Payment will not be demanded before 3:00 PM on Pay-Friday.

5. INDEPENDENT CONTRACTOR STATUS

The Company is an independent contractor, not an employee of the Corporation. The Company is solely responsible for payment of all applicable federal, state, and local taxes, including income, FICA, and unemployment taxes for itself and its employees.

The Company directs the Corporation not to withhold any such taxes and agrees that if any governmental agency determines the Company is not a bona fide independent contractor, the Company will be solely responsible for any back taxes, penalties, or assessments levied.

The Company must maintain all necessary insurance coverage for its vehicles, equipment, and personnel. If the Corporation incurs costs due to lapse or lack of coverage, those costs may be deducted from payments owed to the Company.

6. NON-SOLICITATION AND COMMUNICATION

The Company shall not discuss pricing, costs, additional work, or the terms of this Agreement with anyone other than the Corporation's designated representatives. Any leads, referrals, or requests for additional work from a customer must be immediately reported to the Corporation.

7. SAFETY RULES ADDENDUM

The Company agrees to follow these **Paul Davis Safety Rules**:

1. **Accident Reporting** – Immediately report any accident, injury, or property damage, no matter how minor. Seek prompt first aid when needed.
2. **Hazard Reporting** – Immediately report unsafe conditions or practices.
3. **Equipment Safety** – Do not operate unsafe equipment; inspect all tools and machinery before use.

4. **Personal Protective Equipment (PPE)** – Use PPE when required and keep it in safe working condition.
5. **Regulatory Compliance** – Follow all posted safety signs, governmental regulations, and supervisor instructions. If unclear, ask before proceeding.
6. **Safe Lifting** – Bend knees, keep back straight, and seek help for heavy loads.
7. **No Horseplay** – Avoid distracting others and maintain a safe work environment.
8. **Right Tools for the Job** – Use tools as intended; do not improvise unsafe methods.
9. **Good Housekeeping** – Keep the worksite clean, return tools/materials to proper storage, and remove debris promptly.
10. **No Drugs or Alcohol** – Substance use on or near the jobsite is prohibited.
11. **Ladder & Scaffold Safety** – Inspect before use, secure footing, maintain three points of contact, keep platforms clear, and do not overload.
12. **Attendance at Safety Meetings** – Attend all scheduled safety meetings.

Acknowledgment: The Company acknowledges that these Safety Rules have been provided, explained, and understood.

8. REQUIREMENTS FOR TRADESPEOPLE

The Company shall uphold the highest professional standards in every aspect of conduct:

Dress Code and Grooming:

- Maintain a professional, clean appearance; use deodorant and keep clothes clean.
- Avoid shirts with offensive or alcohol-related logos; trade-branded shirts are preferred.
- Keep vehicles clean, free from alcohol containers, and parked respectfully.

Workmanship and Site Conditions:

- Deliver work that meets or exceeds standard building practices and customer expectations.
- Use like-kind and quality materials; never cut corners.
- Clean up daily and perform a special end-of-week cleanup if owners are in residence.
- Remove debris promptly; secure dumpsters to prevent unauthorized use.

Customer Relations:

- Be courteous, even in difficult situations.
- No smoking inside; dispose of cigarette butts properly.
- Do not use homeowner's property without permission.
- Use protective coverings on undamaged surfaces.
- Do not solicit side work or leave personal business cards.

Work Order Compliance:

- Follow Work Orders exactly; do not alter without supervisor approval.
- Do not discuss project costs or payments with customers.
- Obtain customer signature on completion certificates.
- Notify supervisor of any existing messes from other trades; cleanup will be compensated and back-charged to the responsible party.

9. DISPUTE RESOLUTION

Any dispute arising under this Agreement shall first be resolved through binding arbitration. Each party shall appoint one arbitrator, and the two shall appoint a third. A majority decision is final and binding. If litigation becomes necessary, the prevailing party is entitled to recover reasonable attorney's fees and costs.

10. TERM AND TERMINATION

This Agreement is effective as of the date signed and continues until terminated by either party with thirty (30) days' written notice.

11. ENTIRE AGREEMENT

This document contains the entire agreement between the parties. No oral promises or representations not contained herein are binding. This Agreement may not be assigned without the written consent of both parties. If any provision is deemed invalid, the remainder remains enforceable.

SIGNATURES

CORPORATION: Paul Davis Restoration of Greater Phoenix

Printed Name: _____ Signature: _____

Title: _____

Date: ____ / ____ / ____

COMPANY: _____

Printed Name: _____ Signature: _____

Title: _____

Date: ____ / ____ / ____

Federal ID #: _____

Social Security #: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

Rev. 08.10.2025

Paul Davis Restoration of Greater Phoenix
5815 S. 36th St., Suite 1, Phoenix, Arizona, 85040 | 602-278-8837
Billing Email: CTAZ.Invoices@PaulDavis.com

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. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	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 _____ <input type="checkbox"/>		
	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.

Social security number									
				-					
or									
Employer identification number									

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.

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
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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

Violent Crime Control and Background Consent Form

DISCLOSURE STATEMENT

Under the Federal Violent Crime Control and Law Enforcement Act of 1994, 18 U.S.C. § 1033(e) a person may not engage in the business of insurance if the individual has been convicted of a felony involving dishonesty or breach of trust, unless the individual has the written consent of an insurance regulatory official authorized to regulate the insurer.

If a person is convicted of any crime between annual notification dates, he or she agrees to notify Alacrity Solutions Group, LLC promptly, but no later than 10 days after the conviction.

Furthermore, **Alacrity Solutions Group, LLC** discloses to you that as part of a background investigation of your activities, an investigative consumer report may be obtained at any time during the contractual relationship with **Alacrity Solutions Group, LLC**. An investigative consumer report may include personal information as to your character and general reputation.

CONSENT FORM TO RELEASE INFORMATION

I understand that in consideration of my application to perform network services with **Alacrity Solutions Group, LLC**, an investigation may be conducted of my background. I authorize personal references and others with whom I am acquainted to provide information concerning my ability, character, military service and credit history. I release all persons, including credit bureaus, and government agencies from any liabilities or damages for having furnished such information. I hereby authorize **Alacrity Solutions Group, LLC** and/or its agents to conduct such an investigation. I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering accurate information, and will not be used to discriminate against me in violation of any law. A telephonic facsimile (fax) or a photographic copy of this authorization shall be as valid as the original.

Alacrity Solutions Group, LLC will take reasonable steps to prevent, to the extent reasonably practical under the circumstances, unauthorized disclosure or distribution of information disclosed either on this request form or any subsequent investigative consumer report.

The following questions must be completed by owners and all employees and subcontractors that will perform services for a job referred through the Alacrity Solutions Contractor Network

- ➔ **Have you ever been convicted of a crime?** (Circle one) NO or YES (If you circle YES, you **must** answer the following questions)
- Type of Conviction (Circle one): FELONY or MISDEMEANOR
 - Date of conviction: _____
 - State and County convicted in: _____
 - List the Conviction/s: _____
 - Type of punishment or penalty received as a result of the conviction: _____

With my signature I hereby certify and attest that I am a current owner, employee, or subcontractor of the business listed below, and to the accuracy of the information provided above.

➔ **Signature** _____ ➔ **Date** ____/____/____

➔ **Printed Name** _____

Network Contractor Company Name PAUL DAVIS RESTORATION

Company ID (network membership #) 13337

➔ **Subcontractor Company Name** (if applicable) _____