

Introduction

Infrastructure Alternatives, Inc. is a Dewatering/Contract Operations company that manages the operations and maintenance of water and wastewater treatment systems across the Midwest. As part of the maintenance contracts we hold, many times we are responsible ordering supplies, scheduling subcontractors, and processing payments for vendors on behalf of our clients; making those purchases/invoices billable directly to Infrastructure Alternatives, Inc. and taxed accordingly.

Infrastructure Alternatives, Inc. is committed to promptly paying you for goods/services provided to our clients – and in order to do so – we have provided the following invoice and payment processing instructions and requirements.

We look forward to continuing our working relationship with your company for many years to come.

Account Name and Billing Address

The client name and billing address should be styled as follows:

Service location name, ie: City of, MHC, etc.
c/o Infrastructure Alternatives, Inc.
7888 Childsdale Avenue
Rockford, MI 49341

Invoice Information Requirements

Please include the following information on your invoice to ensure prompt processing:

- Location Name
- Invoice Number
- Invoice Date
- Remittance Address
- Infrastructure Alternatives, Inc. PO# (Required)
- Service date(s)
- Description of Service(s) Provided
- Vendor AR Contact information (address, phone number, and e-mail address)

Invoice Submission Procedures

Invoices may be submitted by one of three methods:

1. E-mailed as **pdf or word document** to ap@infralt.com (Preferred)
2. Mailed to 7888 Childsdale Avenue, Rockford, MI 49341
3. Fax to 616.866.1611

Submission guidelines:

- **Please only submit your invoice once**
- **If you e-mail your invoices please submit each invoice as separate attachment**
- **If you fax your invoices please fax each invoice separately**
- **Submitting invoices to the IAI Project Manager or to our Client will delay processing**
- **Please submit a monthly statement for review**

Required Documents

IRS Form W-9

Infrastructure Alternatives, Inc. requires a completed IRS Form W-9 to be on file for all vendors. Please complete and submit the attached W-9 to ensure future payments are not delayed. You may save it electronically or scan and email a completed copy to ap@infralt.com, or you may fax a copy to 616.866.1611.

Certificate of Insurance (COI)

Infrastructure Alternatives, Inc. requires an up to date General Liability and Worker’s Compensation Certificate of Insurance to be on file for all vendors who provide service on-site at any of our contracted locations. This certificate should name Infrastructure Alternatives, Inc. and the Client as Additional Insured.

Please ensure that you have submitted an up to date Certificate of Insurance to avoid payment processing delays. Our Contracts Manager, Tom Dugan, is available via email tdugan@infralt.com if you have any questions regarding our insurance requirements.

If you are an on-site subcontractor and do not have Worker’s Compensation insurance either of the following options are available to you. The first option is the preferred option but the second is acceptable.

1. Contact the State of Michigan Bureau of Worker’s Disability Compensation at 1-517-284-8922 and request a “Notice of Exclusion” (BWC33) form.
2. Complete the attached “Independent Contractor Statement” form on a yearly basis in lieu of Worker’s Compensation Insurance **Only** if you are a Sole Proprietor with no employees.

Insurance Requirements

Vendors and contractors providing onsite services must maintain certain minimum amounts of insurance. These requirements vary, depending on the type and hazard of work being performed, as well as other factors specific to some operations.

As a guideline, the minimum insurance requirements are shown below: Type of Insurance:	Minimum Limits:	Required for:
Commercial General Liability	\$1 Million each occurrence, \$2 Million Aggregate.	All Vendors
Automobile Liability (owned & not owned)	\$1 Million each occurrence (or 300k each occurrence plus a 1 Million Umbrella policy)	All Vendors who use automobiles on the client property.
Workers' Compensation	Statutory Limits	Required by law for all vendors

Coverage’s and limits are to be considered as minimum requirements and in no way limits the liability of the Contractor. The above guideline of limits is merely illustrative and may not include all insurance requirements for vendors providing specialized services. A certificate of insurance with the coverage as cited above and listing Infrastructure Alternatives, Inc. and the Client as the certificate holder, must be submitted to Infrastructure Alternatives, Inc. before work begins by the Contractor for the Contracted Location. Coverage’s represented on the certificates of insurance must show policy numbers, effective dates and limits. Renewal certificates of insurance shall be provided annually.

Vendor/Contractor Information Update

Please complete and submit along with a completed W-9 and COI, if applicable, to prevent the delay of future payments.

Company Name: _____

DBA: _____

Company Address: _____

Payment Address: _____

Services Provided: On-site Services (COI Required) Off-site Services Rental Equip Materials

Office Phone: _____ **Office Fax:** _____

Cell Phone/Other: _____ **Email Address:** _____

EIN (Corporate ID #): _____ **or S.S. Number:** _____

Insurance Information

General Liability – Infrastructure Alternatives, Inc. & Client **MUST BE** listed as an additionally insured

Insurance Company: _____ **Phone:** _____

Worker's Comp – or **State Exclusion / Independent Contractor Statement (see attached)**

Insurance Company: _____ **Phone:** _____

Please note:

- Checks may be held if proper insurance coverage is not in place and current at the time work is performed and checks are processed.
- All 1099 eligible Companies/Individuals will receive a yearly 1099 from Infrastructure Alternatives, Inc.
- Per our accounts payable policy, please submit a completed IRS Form W-9 with this document.
- Proof of General Liability and Worker's Compensation insurance is required to be submitted along with this setup form. Failure to maintain general liability & worker's comp insurance (if required) will result in termination of your services.

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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 FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	
	City, state, and ZIP code	
	7 List account number(s) here (optional)	

Requester's name and address (optional)
Infrastructure Alternatives, Inc.
 7888 Childsdale Ave, Rockford, MI 49341
 ap@infralt.com / 616.866.1611

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 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.

Social security number									

or

Employer identification number									

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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 on page 3.

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. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
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, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

MICHIGAN WORKERS' COMPENSATION PLACEMENT FACILITY
INDEPENDENT CONTRACTOR WORKSHEET

TO BE COMPLETED BY THE INDEPENDENT CONTRACTOR

Policyholder Name form is being filled out for: _____

Subcontractor Name: _____

Doing Business As (DBA): _____

If DBA is filed, attach a copy.

1. I operate as a : Sole Proprietor Partnership Corporation Limited Liability Company

Note: If indicating Partnership, Corporation or Limited Liability Company, a **Certificate of Workers' Compensation Insurance or a properly filed Form BWC-337 must be submitted.**

2. The type of work I perform can be described as: _____

3. I hire employees or casual laborers to complete work for the named policyholder:

Yes _____ Number hired (Attach Certificate of Workers' Compensation Insurance)

No Form 1040 SCHEDULE C (Profit or Loss from Business) may be provided as verification.

4. I hire subcontractors to complete work for the named policyholder: Yes No

If yes, additional information may be required.

5. I have General Liability coverage: Yes No

If yes, a Certificate of General Liability Insurance is required.

6. To validate my standing as an independent contractor, I state that I do not exclusively depend upon the payments of the named policyholder and have worked for the following general contractors or clients during the past twelve months.

	NAME	CITY	TELEPHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I acknowledge that as a sole proprietor, I am by law not covered by or subject to the Workers' Disability Compensation Act.

I certify the above represents a true and complete statement of my status as an Independent Contractor. I understand a company representative may verify this statement at any time. If requested, I agree to provide documentation to verify my status as a sole proprietor.

Signed: _____ Date: _____
(Independent Contractor)

Phone Number: _____ Email Address : _____
(Required)

This form is utilized as a test of the above individual's independent status. By completing this form, it does not automatically remove the above individual's exposure from the audit of the policy period in question. **Additional information may be required.** If independent status is proven, the exposure will not be charged.