



The Business Cleaning Company Inc. Subcontractors

The Business Cleaning Company Inc. knows that the success of our projects and delivery of a high level of service to each of our clients rely on the quality of our subcontractors. We constantly recruit new subcontractors to partner up with our team and focus on their expertise to carry out the various disciplines of each cleaning project. The Business Cleaning Company Inc. has a prequalification process to determine that subcontractors have the necessary experience, commitment to safety and quality, and financial resources to ensure the best performance on our cleaning assignments.

Please follow the below steps to start the prequalification process: Please email your completed Subcontractor Qualification Form and your Subcontractor Requirements to info@tbcccorp.com with any qualifications or certifications that your company may have.

If you have any questions please feel free to contact Dora Vasquez at dora@tbcccorp.com, or call us at: 800-317-2636.





12310 World Trade Dr, #102
San Diego, CA 92128

SUBCONTRACTOR REQUIREMENTS

- ☐ Business License Certificate
- ☐ Certificate of Insurance
 - Liability Insurance
 - Liability Limits:
 - a. \$1,000,000 per occurrence
 - b. \$2,000,000 general aggregate
 - c. \$2,000,000 products –completed operations aggregate

Add The Business Cleaning Company, Inc. as an additional insured, with form CG 2010 11/85 wording or its equivalent,
Include "primary" and non-contributory wording,
Include a "waiver of subrogation."

- ☐ Workers Compensation Insurance,
Statutory Limits
Include a "waiver of subrogation"
- ☐ Hold Harmless agreement
- ☐ Auto Insurance with a minimum coverage of \$25,000 bodily injury/\$50,000 property damage/\$50,000 uninsured motorist
- ☐ A company business card or other advertisement about your company
- ☐ As a subcontractor, your company must provide all equipment and supplies to perform the services in your contract. We will require a list of your available equipment and supplies you use
- ☐ A recommendation letter from other customers to whom you provide services
- ☐ Background checks must be allowed to be conducted on all workers

Please call The Business Cleaning Company at (858) 689-8966 to schedule your appointment.

My appointment is with: _____

Date: _____ Time: _____

To be considered as a subcontractor and provide services for The Business Cleaning Company, Inc., your company must provide the following:

Once you have obtained all of the above, you may call our office to schedule an appointment. You must bring all of these documents in ORIGINALS, CURRENT, AND UNEXPIRED. We will not accept copies. Upon completing the review of your documents, we will keep your documents on file and we will call you when we have available accounts for your company. We do not guarantee any specific number of accounts will be given to you.



HOLD HARMLESS AGREEMENT

_____ agrees to indemnify and hold harmless The Business

(subcontractor's name)

Cleaning Company, Inc. for any claims, demands, or expenses because of bodily injury, personal injury, emotional distress, wrongful death, property damage, loss of use of property, or other related expenses arising out of or in any way related to work performed by _____ for The Business Cleaning Company, Inc., save and

(subcontractor's name)

except those claims due to the sole negligence or willful misconduct of The Business

Cleaning Company, Inc.

Signed _____ Date _____

(for subcontractor)

Print Name _____

Title _____

TBCCCorp Sub Pre-Qualification Form (PQF)

GENERAL INFORMATION

1. Company Name:		Telephone:	Fax:
Street Address		Mailing Address	
State	Zip Code	State	Zip Code
2. Officers Years with company			
President:			
Vice President:			
3. How many years doing business under firm name?		EIN #	
4. Services Provided by your company: (Circle Yes or No) And a quick description, i.e. Carpet Cleaning: Truck Mounted, Encapsulation, Bonnet, etc.			
Carpet Cleaning ? : Y/N		Please describe:	
Floor Care ? : Y/N		Please describe:	
Window Washing ? : Y/N		Please describe:	
Pressure Washing ? : Y/N		Please describe:	
After Construction ? : Y/N		Please describe:	
Other:		Please describe:	
5. Areas of Service Coverage:			
6. Contact for Insurance Information: (See Coverage under Subcontractor Requirements)			
Name:	Title:	Telephone:	Fax:
7. Insurance Carrier (s):			
Name:	Type of Coverage		Telephone
8. Are you self insured for Worker's Compensation Insurance? Y/N			
9. Name of Contact for Requesting Bids:		Email:	Telephone:
9. PQF form completed by :		Email:	Telephone:

www.tbcccorp.com

12310 World Trade Drive, Ste. 102, San Diego, CA 92128 Ph. 800-317-2636

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should 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 FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	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.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ►

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.

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, later.

ACH CREDIT OR DEBIT AUTHORIZATION AGREEMENT

COMPANY NAME	COMPANY IDENTIFICATION NUMBER
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☐ **PRE AUTHORIZED PAYMENTS**

I (We) hereby authorize _____ hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below and the depository institution named below, hereinafter called DEPOSITORY, to debit the same to such account.

☐ **AUTOMATIC DEPOSITS**

I (We) hereby authorize _____ hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) ☐ Checking ☐ Savings account (select one) indicated below and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY NAME	BRANCH
CITY	STATE
TRANSIT/ABA NUMBER	ZIP CODE
ACCOUNT NUMBER	

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) (Please Print)	IDENTIFICATION NUMBER	
DATE	SIGNATURE	SIGNATURE