



## **New Vendor Registration - Information Pack**

To become an approved vendor PMI (Piecemanagement, Inc.) requires the following documentation:

1. Executed / signed: Indemnification Letter (requires annual renewal)
2. Executed / signed: W9 form
3. Certificate of General Liability Insurance Policy (requires annual renewal)
  - a. Coverage requirements are noted on the attached sample
  - b. See attached sample for "Certificate Holder" and "Additionally Insured" requirements
4. Certificate of Workman's Comp. Insurance Policy (requires annual renewal)

Copies of the above documentation can be emailed to "[info@piecemanagement.com](mailto:info@piecemanagement.com)" or faxed to 516-326-0405.

Note: We require an original, signed, hard-copy of the Indemnification Letter, which should be mailed to our Corp. office (see attached instructions for Indemnification Letter).

### **PIECE MANAGEMENT, INC.**

Tri-State/NYC Metro: 117 South Second Street • New Hyde Park, New York 11040 • (516) 326-0400 • (516) 326-0405 Fax  
South Jersey/Philadelphia: 8015 Route 130 South • Delran, New Jersey 08075 • (609) 261-5300 • (609) 261-8247 Fax  
DC Metro: 11B Irongate Drive • Waldorf, Maryland 20602 • (301) 392-1550 • (301) 705-5661 Fax  
New England: 230 Ballardvale Street Unit#A • Wilmington, Massachusetts 01887 • (978) 485-0207 • (978) 742-9810 Fax

Piece  
Management  
Inc.

---

---

---

---

To our Valued Partner:

Beginning February 1, 2019 **PIECE MANAGEMENT, INC.** will need the **ORIGINAL** following contract and insurance requirements for your company to do business with ours.

Please insert your company's name on the first page, initial the first three pages and sign the last page of contract before returning to our corporate office:

**PIECE MANAGEMENT, INC.**  
117 South Second Street  
New Hyde Park, NY 11040

Upon receipt, we will in turn sign and forward you a copy of the fully executed contract. **Payment will not be issued until the original indemnity contract is received in our office. A fax or email is not sufficient for payment.**

Looking forward to a great year and continuing a wonderful relationship as we have in the past. **Keep in mind we will ask for this yearly.**

Sincerely,

Michael R. Sumersille  
President

MS/JF

**PIECE MANAGEMENT, INC.**

Tri-State/New England: 117 South Second Street • New Hyde Park, New York 11040 • (516) 326-0400 • (516) 326-0405 Fax  
South Jersey/Philadelphia: 8015 Route 130 South • Delran, New Jersey 08075 • (609) 261-5300 • (609) 261-8247 Fax  
DC Metro: 11B Irongate Drive • Waldorf, Maryland 20602 • (301) 392-1550 • (301) 392-1560 Fax • Massachusetts: 230 Ballardvale Street  
Unit A • Wilmington, Massachusetts 01887 • (978- 485-0207) Fax (978)-742-9810

here and type scope of work]



# Piece Management Inc.

against any claim. Promptly after receipt of such request, Subcontractor shall assume the defense of such claim with counsel reasonably satisfactory to the indemnified party. Subcontractor shall not settle or compromise any such claim or consent to the entry of any judgment without the prior written consent of each indemnified party and without an unconditional release of all claims by each claimant or plaintiff in favor of each indemnified party.

## 1.2 INFRINGEMENT INDEMNIFICATION

1.2.1 Subcontractor shall indemnify, defend and hold harmless Indemnified Parties as defined in Section 1 of this Agreement entitled "INDEMNIFICATION," from all Claims, as defined in Section 1 of this Agreement entitled "INDEMNIFICATION," arising from or relating to any actual or alleged infringement or misappropriation of any patent, trademark, copyright, trade secret or any actual or alleged violation of any other intellectual property rights arising from or in connection with the Services performed under this Agreement.

1.2.2 The procedures set forth in Section 1.1 of this Agreement entitled "INDEMNIFICATION," shall apply in the case of any claims of infringement, misappropriation or violation of intellectual property rights for which indemnification is sought. Without limitation of Section 1.1 of this Agreement entitled "INDEMNIFICATION," if the sale or use of Services is enjoined, Subcontractor shall, at **PIECE MANAGEMENT, INC.**'s option and at Subcontractor's expense, either:

- (i) Procure for **PIECE MANAGEMENT, INC.** the right to use the Services or products;
- (ii) Replace Services with equivalent, non-infringing Services or products;
- (iii) Modify Services or products so they become non-infringing; or
- (iv) Remove the Services or products and refund the purchase price, including transportation, installation, removal and other incidental charges.

## 2.0 INDEPENDENT CONTRACTOR

2.1 Subcontractor shall perform the Services as an independent contractor, and not as an employee, joint venturer, partner or agent of **PIECE MANAGEMENT, INC.** or any **PIECE MANAGEMENT, INC.** affiliate. Subcontractor shall not make any representation to the contrary to any person. Subcontractor may not bind, or attempt to bind, **PIECE MANAGEMENT, INC.** or any **PIECE MANAGEMENT, INC.** affiliate to any obligation with any third parties. In all of Subcontractor's activities under this Agreement, Subcontractor shall act consistently with Subcontractor's status as an independent contractor. **PIECE MANAGEMENT, INC.** does not and will not have actual, potential, or any other control over Subcontractor, or Subcontractor's employees or agents, except as is otherwise expressly set forth in this Agreement. Subcontractor shall be entirely responsible for its actions.

2.2 Subcontractor is responsible for supervising and directing the work of Subcontractor's employees and subcontractors and for ensuring that all of Subcontractor's employees, and subcontractors comply with the terms and conditions of this Agreement, and any other agreements entered into between contractor and subcontractor.

2.3 Persons Furnished by Subcontractor. Subcontractor shall be responsible for the performance and actions of Subcontractor's employees, Subcontractor's suppliers and others acting at Subcontractor's direction or on Subcontractor's behalf. Subcontractor will be deemed to have performed any act or omission of such persons under this Agreement and **PIECE MANAGEMENT, INC.** shall be entitled to all remedies available under this Agreement or at law or equity. Nothing in this Section shall be construed to prohibit **PIECE MANAGEMENT, INC.** or its affiliates from also seeking remedial action against the Subcontractor or Subcontractors or employee for its act or omission.

Subcontractor Initials \_\_\_\_\_

# Piece Management Inc.

2.4 Subcontractor is responsible for assuring that persons furnished by Subcontractor under this Agreement and subcontractors are paid in a timely manner. **PIECE MANAGEMENT, INC.** may withhold payment if Subcontractor fails to pay its suppliers. Subcontractor is also responsible for withholding or causing Subcontractor's suppliers (if any) to withhold, all federal, state and local income, social security, unemployment, excise, payroll and all other taxes or charges required by law to be withheld from compensation of such individuals performing Services. Subcontractor is also responsible for all employment taxes and withholdings. Subcontractor shall timely pay or cause to be paid such taxes or charges to the appropriate governmental agencies. Subcontractor is also responsible for all Workers' Compensation benefits, premiums and other similar charges. Persons furnished by Subcontractor under this Agreement shall not be entitled to any benefits that **PIECE MANAGEMENT, INC.** provides to its own employees and Subcontractor shall indemnify, defend and hold harmless **PIECE MANAGEMENT, INC.** against any claims alleging that any of Subcontractor's employees or subcontractors are employees of **PIECE MANAGEMENT, INC.** or are entitled to **PIECE MANAGEMENT, INC.** benefits.

### **3.0 INSURANCE AND LIMITATION OF LIABILITY**

3.1 Subcontractor shall secure and maintain at its expense during the term of this Agreement, prior to the initiation of any work operation:

- (i) Workers' Compensation – Statutory limits and Employers Liability with limits of not less than \$1,000,000;
- (ii) Commercial General Liability insurance, including but not limited to premises operations, products liability and completed operations, personal and advertising injury, contractual liability, independent contractor, for a combined single limit of no less than \$1,000,000 per occurrence, / 2,000,000 general aggregate (per project) /1,000,000 products/ completed operations.
- (iii) Commercial Automobile Liability insurance covering all owned, non-owned and hired vehicles for a minimum combined single limit of \$1,000,000 per occurrence.
- (iv) Commercial Umbrella with limits of at least 1,000,000.

All insurers must be licensed to do business in the state in which the work is performed. Subcontractor agrees to include **PIECE MANAGEMENT, INC.** and its subsidiaries and affiliates, as additional insured(s) on (ii,iii,) and deliver a certificate of insurance evidencing the above prior to the work being performed. Subcontractor to provide duly executed authorization permitting **PIECE MANAGEMENT, INC.** to contact each insurance company to ascertain that each of the policies is in full force and effect. It is also agreed that the above insurance coverage is primary and must be kept in force during the term of this Agreement. Furthermore, **PIECE MANAGEMENT, INC.** must receive at least sixty (60) days notice of cancellation or modification of the above insurance.

3.2 Subcontractor is responsible for determining whether the above minimum insurance coverages are adequate to protect its interests. The above minimum coverages do not constitute limitations upon Subcontractor's liability.

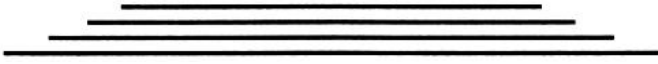
3.3 The policies referred to above shall contain an endorsement naming **PIECE MANAGEMENT, INC.** and owner as an Additional Insured on a primary and non-contributory basis including products/completed operations and eliminating and removing any exclusion of liability for (i) injury, including bodily injury and death to an employee of the insured or of **PIECE MANAGEMENT, INC.** or (ii) any obligation of the insured to indemnify, hold harmless, defend, or otherwise make contribution to **PIECE MANAGEMENT, INC.** because of damage arising out of injury, including bodily injury and death, to an employee of **PIECE MANAGEMENT, INC.**

3.4 Subcontractor's insurance shall be primary and not contributing to any insurance available to **PIECE MANAGEMENT, INC.**, and its subsidiaries, affiliates & owners & their agents; insurance shall be in excess thereof. In no event shall the limits of such insurance be considered as limiting the liability of the Subcontractor under this agreement. Subcontractor is responsible for determining whether the above minimum coverages are adequate to protect its interests.

3.5 No Subrogation. Subcontractor shall waive its rights of subrogation against **PIECE MANAGEMENT, INC.** and owner for Workers' Compensation and general liability claims. Subcontractor shall, prior to rendering such services, furnish to the address specified in and General Liability claims. Notices provision of this Agreement as outlined in subsection 3.7,

Subcontractor Initials \_\_\_\_\_

# Piece Management Inc.



certificates or evidence of the foregoing insurance indicating the amount and nature of such coverage, the expiration date of each policy, and stating that no material change or cancellation of any such policy shall be effective unless sixty (60) days prior written notice is given to **PIECE MANAGEMENT, INC.**

- 3.6 Subcontractor's subcontractors suppliers shall have the following coverages and limits:
- (i) Workers' Compensation – Statutory limits and Employers Liability with limits of not less than \$1,000,000;
  - (ii) Commercial General Liability insurance, including but not limited to, products liability and completed operations, contractual liability, independent contractor, for a combined single limit of no less than \$1,000,000 per occurrence for bodily injury and property damage with a minimum policy aggregate of \$1,000,000;
  - (iii) Comprehensive Automobile Liability insurance covering all owned, non-owned and hired vehicles for a minimum combined single limit of \$1,000,000 per occurrence.

Subcontractor's subcontractors must name **PIECE MANAGEMENT, INC.** as an additional insured, on the liability policies and provide evidence of insurance on **PIECE MANAGEMENT, INC.**'s request, and meet the same requirements as the Subcontractor as specified in the subsections 3.1 through 3.5 of this Section 3 entitled "INSURANCE AND LIMITATION OF LIABILITY".

3.7 Notices. All notices of insurance coverages shall be delivered to: **PIECE MANAGEMENT, INC.**, 117 South Second Street, New Hyde Park, New York 11040

**4.0 CELL PHONE USAGE**

4.1 Piece Management provides cellular telephone and/or PDA's to some employees as a business tool. We are aware that many of our contractors/subcontractors do the same. These phones are provided to assist employees in communicating with management and other employees, their clients, associates, and others with whom they may conduct business. This communication may be in the form of voice text and email. Cell phone usage is primarily intended for business related calls. Employees/contractors/subcontractors may have access to a cell phone while in their cars/trucks and should remember that their primary responsibility is driving safely and obeying the rules of the road. Employees/contractors/subcontractors are prohibited from using cell phone without hands free headset while driving and should pull off the road and come to a complete stop before dialing or talking on the phone. Employees/contractors/subcontractors are not to text or email while driving a motor vehicle.

**5.0 SEVERABILITY**

5.1 If any of the provisions of this Agreement shall be invalid or unenforceable, then such invalidity or unenforceability shall not invalidate or render unenforceable the entire Agreement. The entire Agreement shall be construed as if not containing the particular invalid or unenforceable provision or provisions, and the rights and obligations of Subcontractor and **PIECE MANAGEMENT, INC.** shall be construed and enforced accordingly.

PIECE MANAGEMENT, INC.

**Subcontractor**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
**Printed Name and Title**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Date**

# 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.

Name		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
City, state, and ZIP code		
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** 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 2.

Social security number								
or								
Employer identification number								

**Note:** If the account is in more than one name, see the chart on page 2 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. person (including a U.S. resident alien).

**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 2.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

### Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**Use Form W-9 only if you are a U.S. person** (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**If you are a foreign person, use the appropriate Form W-8.** See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.



## Specific Instructions

**Name.** If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Exempt from backup withholding.** If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**Note:** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

## Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an LLC that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

**Note:** See the chart on this page for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship	The owner <sup>3</sup>
For this type of account:	Give name and EIN or:
6. Sole proprietorship	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/2/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Your agents name and address	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED Name and address of subcontractor	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Insurance carrier name	
	INSURER B: Insurance carrier name	
	INSURER C: Insurance carrier name	
	INSURER D: Insurance carrier name	
INSURER E:		
INSURER F:		

Required Coverages and limits

COVERAGES CERTIFICATE NUMBER: CL154200690 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	Y	policy number			EACH OCCURRENCE \$ 100000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5000 MED EXP (Any one person) \$ 500 PERSONAL & ADV INJURY \$ 100000 GENERAL AGGREGATE \$ 200000 PRODUCTS - COMP/OP AGG \$ 100000 Property damage-single limit \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	Y	policy number			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	Y	policy number			EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y	policy number			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Piece Management Inc. it subsidiaries and affiliates are named as an additional insureds on a primary and non contributory basis. Waiver of subrogation clause applies.

Additionally Insured: must be as shown

<b>CERTIFICATE HOLDER</b> Piece Management Inc. 117 South Second Street New Hyde Park, NY 11040	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCR... BEFORE DATE THEREOF, NOTICE WILL BE DELIVERED IN THE POLICY PROVISIONS.
	Certificate Holder: must list PMI as shown

