



TO: Better Barns Construction Sub-Contractors:

We are pleased that you have agreed to work with WBM Operations LLC dba Better Barns.

We have prepared this packet to streamline the collection of information we need to fulfill our legal and insurance requirements -- and to get you paid as quickly as possible.

BEFORE YOU ARE ALLOWED TO WORK ON OUR CLIENT SITES AND BEFORE YOU ARE COMPENSATED FOR ANY WORK, the following must be completed and accepted by our accounting department:

- (1) **Contractor Data Sheet.**
- (2) **IRS W-9** form.
- (3) **HOLD HARMLESS** agreement.
- (4) **Certificate of Insurance** – showing General Liability limits of insurance of \$1,000,000 for each occurrence. \$1,000,000 for the General Aggregate, and \$1,000,000 for the Products-Completed Operations Aggregate.  
  
*- Your General Liability insurance must list WBM OPERATIONS LLC as an Additional Insured either by endorsement or by written contract.*
- (5) Proof of **Worker's Compensation insurance** or **Affidavit of Exempt Status** in compliance with Oklahoma statutes.
- (6) Copy of **Current License** for licensed contractors (plumbers, electricians, etc.).
- (7) **Direct Deposit Form** may be submitted for direct bank payments. (Optional)

Please email these documents to [accounting@betterbarns.net](mailto:accounting@betterbarns.net).

Should you have any questions, do not hesitate to call us.

Thank you,

Vance Wright  
Better Barns



## Contractor Data Sheet

Legal Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

FEIN or SSN \_\_\_\_\_

Email Address \_\_\_\_\_

Office Phone \_\_\_\_\_

Mobile Number \_\_\_\_\_

### Office Use Only:

___	W-9		
___	Hold Harmless		
___	Liability COI	Exp	_____
___	Work Comp COI	Exp	_____
___	Work Comp Waiver	Exp	_____
___	License	Exp	_____
___	Direct Deposit		

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	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.)	
	<b>2</b>	Business name/disregarded entity name, if different from above.	
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> 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) _____ <b>Note:</b> 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) _____	<b>4</b> 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>
	<b>3b</b>	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"/>	
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
	<b>6</b>	City, state, and ZIP code	
	<b>7</b>	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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

	Social security number					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-			
	<b>or</b>					
	Employer identification number					
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; border: 1px solid black; text-align: center;">-</td> <td style="width: 85%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-					

**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.

<b>Sign Here</b>	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](http://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

## HOLD HARMLESS AGREEMENT

This Agreement is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between WBM Operations LLC, an Oklahoma limited liability company, (the “Company”), and \_\_\_\_\_, (the “Contractor”).

### WITNESSETH

WHEREAS, in consideration of the mutual exchange of promises herewith, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. Assumption of Risk: Contractor hereby assumes full liability for injuries sustained by its employees, bystanders or third parties.
  
2. Release: Contractor forever releases, waives, discharges, and relinquishes Company, its employees, agents, and representatives from any and all actions, causes of action, claims, charges, demands, losses, damages, costs, attorney fees, judgments, liens, indebtedness, and/or liability of every kind and character, whether known or unknown, from foreseen or unforeseen bodily injury and personal injuries, death, and property damage that may be sustained due to or arising out of Contractor’s services to Company.
  
3. Indemnity: Contractor agrees to indemnify, defend, and hold harmless Company from and against any and all claims or losses, based upon, in connection with, or relating to work performed by Contractor on the Company’s behalf.
  
4. The terms of this Agreement shall control and be added to the terms of any written agreement covering work to be performed between the parties.

IN WITNESS WHEREOF, the parties have executed and delivered this Agreement effective as of the date first above written.

**CONTRACTOR**

**COMPANY**

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Dallen Wright, member/manager



## **Sub-Contractor Insurance Requirements**

Our insurance requires our sub-contractors to provide proof of their general liability insurance and workers comp insurance (or waiver). They also require that we be an Additional Insured on the general liability policy.

WBM Operations LLC  
Dba Better Barns  
PO Box 910  
Pauls Valley OK 73075

Please have your insurance agent send us a Certificate of Insurance showing the following:

General Liability limits of insurance of \$1,000,000 for each occurrence. \$1,000,000 for the General Aggregate, and \$1,000,000 for the Products-Completed Operations Aggregate.

WBM OPERATIONS LLC as an Additional Insured.

Proof of Worker's Compensation insurance or Affidavit of Exempt.

Certificates can be emailed to [accounting@betterbarns.net](mailto:accounting@betterbarns.net).

# AFFIDAVIT OF EXEMPT STATUS UNDER THE WORKERS' COMPENSATION ACT

State of Oklahoma

County of \_\_\_\_\_)

I, \_\_\_\_\_ state under oath as follows:

1. I, \_\_\_\_\_ (Name of individual) operating as \_\_\_\_\_ (independent contractor's business name), have agreed to provide services to \_\_\_\_\_ (Contractor) during calendar year \_\_\_\_\_.
2. I have read, signed and attached the Exempt Status Fact Sheet and understand that an Independent Contractor is one who engages to perform certain services for another, according to his own manner, method, free from control and direction of his contractor in all matters connected with the performance of the service, except as to the result or product of the work.
3. I understand that based upon the representations in this Affidavit of Exempt Status, I am requesting \_\_\_\_\_ (Insert contractor's name) to consider my business to be that of an independent contractor; **that I am not an employee under the Workers' Compensation Act** and the policy issued by \_\_\_\_\_ (**Insurance Carrier**); and that no premium be charged for the services performed by my business during the policy year.
4. **I am an independent contractor, not an employee of the contractor. I do not want workers' compensation insurance and understand that I am not eligible for Workers' Compensation benefits.**
5. I will obtain workers' compensation and employers' liability insurance for my employees if I have employees, unless they are otherwise exempt from the requirements of the Workers' Compensation Act.
6. The information I have provided is not the result of force, threats, coercion, compulsion or duress.
7. I understand that the execution of the affidavit shall establish a rebuttable presumption that the executor is not an employee for purposes of the Workers' Compensation Act.
8. I understand that the execution of an affidavit shall not affect the rights or coverage of any employee of the individual executing the affidavit.
9. I will be responsible for any taxes, penalties, interest or liabilities assessed against the contractor if I am determined by a governmental agency to be the employee of the Contractor.
10. I understand that knowingly providing false information on an Affidavit of Exempt Status Under the Workers' Compensation Act shall constitute a felony.

## Independent Contractor (Executor) Signature

Date \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Business Name \_\_\_\_\_

## Notary Public

Signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public My Commission Expires: \_\_\_\_\_ My Commission # \_\_\_\_\_

---

This form is to be signed and notarized at the start of a job/project for this contractor and is good for the job/project or any similar job/project performed for the contractor for one year from the date of notary.

**Note: Employers who knowingly and willfully require an employee or subcontractor to execute an affidavit when the employer knows that the employee or subcontractor is required to be covered under a workers' compensation insurance policy shall be liable for a civil penalty of up to \$1,000.00 per offense. (36 OS §§924.5)**

## EXEMPT STATUS FACT SHEET

An independent contractor is defined by law as one who engages to perform certain services for another, according to his own manner and method, free from control and direction of his contractor in all matters connected with the performance of the service, except as to the result or product of the work.

**Below are statements to help you decide if you are an independent contractor. No one statement is controlling, and your status is based on all the facts in your situation. If a statement describes your situation, then check the box. If at least six of the statements below do not describe your business, you should not sign the attached Affidavit of Exempt Status Under the Workers' Compensation Act.**

- 1. The nature of the contract between you and the contractor shows you are independent from the contractor. For example: Is there a written contract where you agree that you are an independent contractor? Are you a corporation or limited liability company? Do you maintain commercial general liability insurance or other business insurance?
- 2. The contractor exercises very little control over your work. For example: By the agreement, can the contractor exercise control on the details of the work or your independence? Do you exercise control over most of the details of the work? Do you create plans or specifications for the job? Do you set your own work hours?
- 3. You are engaged in a distinct occupation or business for others. For example: Do you work for companies or individuals other than the Contractor? Do you work for competitors of the Contractor? Does your business have a logo or uniform?
- 4. Your job is the kind of occupation where the work is usually performed by a specialist without supervision, and not under the direction of the contractor. For example: Is your work supervised by the Contractor?
- 5. Your occupation requires special skills, license, education or training.
- 6. The contractor does not supply the things needed to perform your job such as the tools and the place of work. For example: Do you supply any of the materials or tools for the work? Do you operate a vehicle owned by the contractor? Was the work performed at your business or the contractor's business location or jobsite? Do you wear a uniform supplied by the contractor?
- 7. The length of the job and how long you have worked for the Contractor does not show that you are really an employee. For example: Is this a one-time job, or will you be doing this for the contractor regularly?
- 8. You are paid as a separate contractor, not as an employee. For example: Do you invoice the Contractor for your services? Are you paid by the job? Do you file a federal income tax return for your business? Do you expect to receive an IRS Form 1099 from the Contractor? Does the Contractor pay your expenses?
- 9. Your work is not the regular business of the employer. For example: Is your work customarily done in the Contractor's line of business or as part of the Contractor's daily work? Have you ever been an employee of the Contractor? Do you work with other people hired by the Contractor on the work you perform?
- 10. You do not consider yourself an employee of the contractor. For example: Will the Contractor withhold taxes or monies from your payment? Have you ever been an employee of the Contractor? Have you or your employees ever filed an insurance claim against the Contractor?
- 11. You do not have the right to terminate the relationship without liability. For example: If you quit before the job is finished, is there a penalty?

**Based upon these factors, do you believe that you are an independent contractor with exempt status?**

\_\_\_\_\_  
(WRITE YES OR NO)

Signature \_\_\_\_\_  
(INDEPENDENT CONTRACTOR/EXECUTOR)

Note: Employers who knowingly and willfully require an employee or subcontractor to execute an affidavit when the employer knows that the employee or subcontractor is required to be covered under a workers' compensation insurance policy shall be liable for a civil penalty of up to \$1,000.00 per offense. (36 OS §§924.5)



## WBM Operations LLC dba Better Barns

### VENDOR EFT PAYMENT AUTHORIZATION

Sign and complete this form to authorize WBM Operations LLC to contact your bank to confirm the information provided on this form and make EFT payments to your account.

Please complete the Information below:

#### Company / Contact Information:

Company Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

#### Bank Information:

Company Name  
on Account: \_\_\_\_\_  
Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Routing Number: \_\_\_\_\_  
Type of Account: \_\_\_\_\_

#### Authorization:

Printed Name: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_  
Date: \_\_\_\_\_