

**CHAGRIN VALLEY PAVING, INC**  
**2016 Broker Packet**

**Please submit the following required information in order for Chagrin Valley Paving, Inc to use your services:**

- ✓
- Certificate of Insurance**
  - The certificate must be made out to Chagrin Valley Paving, Inc as **ADDITIONALLY INSURED**. Please review the requirements stated under Insurance found on the Broker Agreement.
- BWC**
  - Evidence of Workman's Compensation Certificate or a verification letter stating you do not have Workman's Compensation due to being self-insured
- Vehicle Information Form**
- Broker Agreement**
- Contact Information**
- Minority Status (if applicable)**
  - Please provide a copy of any Certifications for Minority Status (FBE, WBE, DBE, MBE, EDGE)

**NOTICE TO ALL BROKERS OF CHAGRIN VALLEY PAVING, INC.**

- ❖ Payments for brokers will be sent out approximately every 2 weeks
- ❖ All loads hauled are to be recorded with the material ticket number and the In and Out times at plant and at the job
- ❖ You are permitted to use your own tickets. If you do not have your own tickets please contact Chagrin Valley Paving for a ticket book
- ❖ All tickets must be submitted and should be clearly labeled with Chagrin Valley Paving's Name, Job, and location and must be signed by a Chagrin Valley Paving representative

**Please send the above information to:**

**Mail:** Chagrin Valley Paving, Inc.  
17290 Munn Road  
Chagrin Falls, OH 44023

**Email:**

**Fax:** (440) 543-2281

If you have any question, don't hesitate to contact us at (440) 543-2253  
Thank you for your continued support!



**Broker and Indemnity Agreement and Conditions**

I understand that I operate solely as a broker, have the right to take or refuse any work that is offered, I am not an employee of Chagrin Valley Paving, Inc and that I am responsible for my own Social Security, Federal and State taxes. I am also responsible for the cost of and maintenance of my equipment and tools. I understand that all truck related expenses including but not limited to truck insurance, liability or full coverage are my responsibility. I further understand that as a non-employee, I am not entitled to any benefits whatsoever, including but not limited to Unemployment, Worker's Compensation, Health Insurance or any other coverage benefits. It is further understood that I will be receiving a 1099, if required, rather than W-2 for the monies received in 2016.

You (as a payee) are required by law to provide us (as payer) with your correct taxpayer identification number. If you are an individual, your tax payer identification number is your social security number.

I, the undersigned, the duly authorized representative of \_\_\_\_\_ (Hereinafter to be referred to as "Carrier") Carrier, do hereby agree to accept as a specific condition of the Carrier being engaged by Chagrin Valley Paving, Inc as an independent contractor to perform various hauling jobs together with all other services rendered or work performed to the following conditions:

The Carrier herein covenants and agrees to indemnify, save harmless and defend said Chagrin Valley Paving Inc from and against any and all claims for loss, damage or injury together with any and all lawsuits, causes of actions and legal proceedings of every kind which may be brought against Chagrin Valley Paving, Inc, its employees, officers, and/or directors for or because of any loss or damage to property of any individual person, firm or corporation or due to any injury to any person or persons or because of the death of any person or persons resulting from injuries which may be sustained in any manner either directly or indirectly in connection with the performance of any hauling or other related work or services rendered by the Carrier to Chagrin Valley Paving, Inc.

The Carrier further covenants and agrees to assume at its exclusive expense, the defense and/or settlement of all suits or legal proceedings of any kind which may be brought to enforce any claims herein enumerated. The Carrier further agrees to pay any and all judgments rendered against Chagrin Valley Paving, Inc, its employees, agents or assigns from or as a result of any such suit or proceedings at law or at equity, together with all costs, attorneys' fees, and other expenses incurred in connection therewith. In furtherance of the above covenants, but in way of limiting the same, the Carrier shall carry a policy or policies of liability insurance in a company and/or companies satisfactory to Chagrin Valley Paving insuring the Carriers liability and the liability of Chagrin Valley Paving, if any, due to any damage to property, injury or death to persons resulting from such injuries which may be sustained in connection with the performance of the Carriers hauling service. Said policy or policies and insurance shall provide a combined single limit of public and auto liability insurance of a minimum of 1 million dollars per occurrence. The Carrier shall furnish Chagrin Valley Paving with such evidence of said liability insurance coverage as will satisfy Chagrin Valley Paving as to the adequacy of such coverage.

\_\_\_\_\_  
Employer Identification or Social Security Number

\_\_\_\_ Individual \_\_\_\_\_ Partnership or \_\_\_\_\_ Corporation

*Under penalties or perjury, I certify that the number shown above is my correct Taxpayer Identification Number and that I am not subject to backup withholding because I have not been notified by the Internal Revenue Service, and that I agree to the terms and conditions as outlined above as a broker for Chagrin Valley Paving, Inc.*

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Carrier Signature and Position

## CONTACT INFORMATION

**Owner:**

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

Email: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

**Dispatch:**

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

Email: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

**Mail Payments To:**

Pay To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

OH

State: \_\_\_\_\_

Zip: \_\_\_\_\_

*Check here if you wish to pick up payments*

## 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 <b>one</b> 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. 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) ▶ _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	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.)	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 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				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> </table>				

OR				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> <td style="width: 25%; border: 1px solid black;"> </td> </tr> </table>				

**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.

<b>Sign Here</b>	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/irs](http://www.irs.gov/irs).

#### 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.

# Get Job and Plant Updates!

Simply sign up for our vip text list!

Text  
**"cvp"**  
to 31996

*Or SCAN this  
to join!*



**Chagrin Valley Paving, Inc**

Start your own text marketing campaign at [SlickText.com](http://SlickText.com)