



SUB CONTRACTOR HIRE PACKAGE

Mission Statement:

Our company began with a vision – a vision to lead the CONSTRUCTION AND RENOVATION SERVICE industry with innovative ideas and dynamic management AND TECHNICAL team to provide outstanding quality at a great price.

- Quality - Use innovation, high quality material, highly skilled supervision and very detailed QC programs.
- Safety - Everything we do based on the premise that construction incidents are not inevitable and can be totally eliminated.
- Speed - Performance beyond expectations.
- Budget - Our innovative proprietary systems insure the lower cost possible.

Visit our QSSB Program.

Contact information:

Address:

UNITED BREEZE CORPORATION

6979 NW 82ND AVENUE, MIAMI, FL 33166

Phone: 305.262.2530

Fax: 305-262-2532

E- mail: tom@unitedbreeze.com

Web: WWW.UNITEDBREEZE.COM

CONTRACTOR PACKAGE CHECKLIST

- ____ COMPLETED CONTRACTOR QUALIFICATION APPLICATION
- ____ CERTIFICATE OF INSURANCE NOTIFICATION LETTER
- ____ COMPLETED HOLD HARMLESS AGREEMENT
- ____ ACCIDENT REPORTING & RETURN TO WORK POLICY
- ____ SUBSTANCE ABUSE POLICY ACKNOWLEDGEMENT
- ____ ACKNOWLEDGEMENT AGAINST HARRASMENT & DISCRIMINATION
- ____ SAMPLE OF LIABILITY INSURANCE (CONTRACTOR TO PROVIDE US WITH ALL REQUIRED COVERAGES SET FORTH IN ATTACHED SAMPLE)
- ____ COMPLETED W-9 TAXPAYER IDENTIFICATION AND CERTIFICATION
- ____ CURRENT WORKERS COMPENSATION OR EXEMPT FORM (EXEMPTION TO BE VERIFIED)
- ____ COPY OF CURRENT LICENCES
- ____ COPY OF DRIVERS LICENSE



Contractor Qualification Information

Date: _____

Company: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact

Person: _____

Phone: _____ **Fax:** _____

Mobil: _____ **Email:** _____

Type Of Organization:

Corporation _____ **Partnership** _____ **Sole Proprietor** _____

Occupational License # (please attach copy of license):

Federal ID EIN: _____

Insurance: Liability Agent: _____ **Phone:** _____

Policy #: _____

Workers Comp. Agent: _____ **Phone:** _____ **Policy #:** _____

Trade Type: _____

Signature: _____

Name: _____

Title: _____



PLEASE PROVIDE US WITH COPIES OF THE FOLLOWING

- v VALID STATE ID
- v CURRENT LICENSES
- v 3 PROFESSIONAL REFERENCES

REFERENCE #1

NAME_____

COMPANY_____

PHONE_____

EMAIL_____

WORK PERFORMED_____

REFERENCE #2

NAME_____

COMPANY_____

PHONE_____

EMAIL_____

WORK PERFORMED_____

REFERENCE #

NAME_____

COMPANY_____

PHONE_____

EMAIL_____

WORK PERFORMED_____



UNITED BREEZE CORPORATION

6979 NEW 82ND AVENUE, MIAMI, FL 33166

To whom it may concern:

ATTN: New Vendors / Subcontractors

In order to set up your contract with UNITED BREEZE CORPORATION, we need your insurance company to submit a certificate of insurance to our office.

Insurance requirements are as follows:

1. A) General Liability: Each Occurrence for \$1,000,000 Medical Expense for \$5,000

Personal & ADV Injury for \$50,000 General Aggregate for \$2,000,000

Products Comp/OP for \$1,000,000

2. B) Workers Compensation (per statutory limits). OR Valid Exemption
3. C) Completed W-9 Forms.
4. D) Signatures on 2 forms provided to you by UNITED BREEZE CORPORATION.

“Contract Specifications Exhibit B” “Contractor-Subcontractor Hold Harmless Agreement”

Please submit all information to the following:

Attn: OPERATIONS

UNITED BREEZE CORPORATION

6979 NEW 82ND AVENUE, MIAMI, FL 33166

Phone: 305.262.2530

Fax: 305.316.1567

E- mail: ACROSS@UNITEDBREEZE.COM

Web: WWW.UNITEDBREEZE.COM

We will prepare a cost sheet along with your contract cost attached for your review and signature. Please be advised that NO PAYMENT will be made until a signed contract, certificate of insurance and w-9 form are in our files.

Sincerely,

Operations Division



CONTRACTOR SIGNATURE CARD

SIGNATURE SAMPLE #1

A large, empty rectangular box with a thick black border, intended for a signature sample.

SIGNATURE SAMPLE #2

A large, empty rectangular box with a thick black border, intended for a signature sample.



FOR USE IN FLORIDA ONLY

CONTRACTOR-SUBCONTRACTOR HOLD HARMLESS AGREEMENT

THIS AGREEMENT is made and entered into this _____ day of _____, 20__, by and between UNITED BREEZE CORPORATION, (hereinafter referred to as " Contractor"), a Florida limited liability company with its principal office in DADE County, Florida, and _____(hereinafter referred to as "Subcontractor"), a resident of _____ County, Florida.

-W I T N E S S E T H -

WHEREAS, Contractor owns and operates a HVAC, ELECTRICAL, PLUMBING, ROOFING AND RENOVATION SERVICES COMPANY in County of DADE Florida; and

WHEREAS, Contractor does business and has customers in several counties surrounding its DADE County, Florida, principal business location; and

WHEREAS, the Contractor desires to contract for the unique experience, ability and services of Subcontractor and desires to assure the continuance of the Subcontractor's services by Contractor in an independent contractor relationship; and

WHEREAS, Contractor further agrees to pay to Subcontractor the sum of \$100.00 as additional consideration in addition to Subcontractor's contractual relationship as an independent contractor with Contractor to indicate Subcontractor's assent to the provisions of this Agreement.

NOW, THEREFORE, in consideration of the premises and the representations and agreements of the parties hereinafter set forth, the parties hereto agree as follows:

1. Contract. Contractor contracts with Subcontractor for a period of one (1) year from the date hereof, subject to automatic renewal of a period of one (1) year at the discretion of Contractor.

2. Duties. During the period of his contract, Subcontractor shall perform the following duties: ____As Required_____

Subcontractor shall devote time, attention and energies to the business of Contractor.

3. Compensation. As compensation in full for his services hereunder, the Contractor shall pay the Subcontractor upon demand as invoiced by Subcontractor for Subcontractor's services.

4. Covenant Not To Compete. During the term of Subcontractor's contract with Contractor whether pursuant to this Agreement or otherwise, and for a period of one (1) year from the date that Subcontractor ceases to have a contractual relationship with Contractor, Subcontractor shall not:

(a) Engage in the business of building construction and development, or any related business or enterprise, for any existing customer or client of Contractor for itself, or for any other person or entity; or

(b) Engage in the business of building construction and development, or any related business or enterprise for any customer or client of Contractor who established a business relationship with Contractor after the date that Subcontractor ceases to have a contractual relationship with Contractor, within a ONE HUNDRED (100) mile radius of Contractor's corporate offices in DADE County, Florida;

(c) Directly or indirectly request or advise any of the Contractor's present or future customers to withdraw, curtail or cancel their business with the Contractor; or

(d) Directly or indirectly disclose to any person, firm or other corporation the names of the Contractor's past, present or future customers; or

(e) Directly or indirectly induce or attempt to influence any Subcontractor or Subcontractor of Contractor to terminate their contractual relationship with Contractor.

If any provision contained in the foregoing restrictive covenants is held invalid or unenforceable, such portion or provision shall be severed, and the remaining portions or provisions of the covenant shall remain valid and enforceable. If a court of competent jurisdiction determines by final judgement that the scope, time period, or geographical limitations of the covenant specifically set forth herein is too broad to be capable of enforcement, it may modify such covenant and enforce such provision as to scope, time, and geographical area as it deems equitable.

Both parties recognize (1) that the services to be rendered by the Subcontractor are special, unique, and of an extraordinary character; (2) that under Florida law, the Contractor has certain legitimate business interests which justify a Covenant Not to Compete, including that (a) the Subcontractor is privy to confidential business or professional information of the Contractor; (b) that the Contractor has developed and will continue to develop substantial relationships with prospective or existing customers or clients; and (c) that customer goodwill exists as to Contractor in the several counties surrounding DADE County, Florida as to Contractor's business and services; (3) that the restraints on competition as set forth herein are reasonably necessary to protect Contractor's legitimate business interests under Florida law; (4)) that the Covenant Not to Compete as set forth herein is not unduly harsh and oppressive in curtailing the legitimate efforts of the Subcontractor to earn a livelihood; and (5) that irreparable damage will be caused to Contractor by violation of the foregoing provisions of this Covenant Not To Compete, and Subcontractor hereby consents and agrees that an Injunction may be entered by a court of competent jurisdiction enjoining any such violation, though an Injunction is not an exclusive remedy and nothing herein shall prevent Contractor from exercising any and all remedies in law or equity upon the violation of any of the foregoing provisions of this Covenant Not To Compete.

5. Confidentiality. The Subcontractor shall for a period of two (2) years hold all confidential data, customer lists, financial information and trade secrets of the Contractor in confidence and shall not divulge, communicate, use to the detriment of Contractor or for Subcontractor's own account or benefit any of such confidential data, customer lists, financial information and trade secrets. All data, customer lists, financial information, trade secrets, files, records and copies of documents and other material obtained by the Subcontractor during his contractual relationship with Contractor shall be returned to Contractor upon the termination of Subcontractor's contractual relationship with Contractor for whatever reason.

The Subcontractor shall not disclose its status as Subcontractor for Contractor to any person without written consent of the Contractor at any time.

6. Insurance. Subcontractor shall obtain and maintain at its own expense until completion of the Work, workers compensation and liability insurance coverage in amounts set forth herein.

(a) Liability insurance. Prior to Subcontractor commencing any work or services contemplated by this Contract, Subcontractor shall provide Contractor with a Certificate of Insurance and additional insured endorsement, naming Contractor as an additional named insured. Subcontractor will further provide Certificates of Insurance and additional insured endorsements on an annual basis, which names the Contractor as an additional named insured, through the applicable statute of limitations period that a construction defect suit can properly be filed. The coverage available to Contractor as an additional named insured shall not be less than \$1,000,000 combined single limit per occurrence and \$1,000,000 in the general aggregate, providing for coverage for completed operations, products liability, and contractual liability. The insurance carriers must be "A-" rated or better.

2. (b) Workers compensation coverage. Prior to Subcontractor commencing any work or services contemplated by this Contract, Subcontractor shall also provide proof to Contractor of current valid workers' compensation coverage with a minimum coverage amount of \$100,000 per occurrence. Subcontractor hereby waives

Subcontractor's right of recovery against Contractor for any claims, losses, expenses, or the costs Subcontractor may sustain arising out of this Contract and shall cause the worker's compensation policy to be specifically endorsed to waive all rights of subrogation against Contractor.

3. (c) Subcontractor's property, equipment, building materials; Insurance. Subcontractor shall also maintain adequate property insurance on and security for all equipment and building materials whether on-site, or off-site until such time they are incorporated in the Work and final acceptance by Contractor. Subcontractor hereby waives Subcontractor's right of recovery against Contractor for any loss of, or damage to such equipment and building materials, including any loss of use claim, and shall cause each such property insurance policy to include a waiver of subrogation in favor of Contractor.
4. (d) Indemnity. The work performed by Subcontractor shall be at the risk of Subcontractor and its Subcontractors, exclusively. To the fullest extent permitted by law, Subcontractor shall indemnify, protect, defend (at Subcontractor's sole expense) and hold harmless Contractor, and Owner (if different from Contractor), from and against any and all claims for bodily injury or death, damage to property, demands, damages, actions, causes of action, suits, losses, judgments, obligations and any liabilities, costs and expenses (including, but not limited to investigative and repair costs, attorney fees and costs, and consultant's fees and costs), which arise or are in any way connected with the work performed, materials furnished, or services provided under this agreement, by Subcontractor or its agents. Said indemnity and defense obligations shall further apply, whether or not said claims arise out of the concurrent act, omission, or negligence of the indemnified parties, whether active or passive. Subcontractor shall, at Subcontractor's own cost, expense, and risk, defend all suits, actions, or other proceedings that may be instituted by a third party against Contractor covered by this indemnification. Subcontractor shall reimburse Contractor for any expenses Contractor incurs in enforcing this indemnification. Subcontractor shall not be obligated to indemnify or defend Contractor or Owner for claims found to be due to the sole negligence or willful misconduct of indemnified parties. Contractor shall include UNITED BREEZE CORPORATION its members, agents, and Subcontractors.

7. Termination of Contractual Relationship. The Subcontractor's contractual relationship with Contractor is to be considered "at-will" and may be immediately terminated upon the violation of any of the provisions of this Contractor-Subcontractor Agreement or for other good cause or without cause.

8. Joint Drafting. This Contractor-Subcontractor Agreement is the product of the joint efforts and agreement of Contractor and Subcontractor and is not solely drafted by either one of them. Any ambiguity created herein shall not be construed against either of the parties hereto in particular.

9. The Entire Agreement. This Contractor-Subcontractor Agreement contains the entire understanding between the parties. It may not be changed orally, but only by agreement in writing signed by the party against whom enforcement of any waiver, change, modification or discharge is sought.

10. Waiver. The failure of either party to insist in any one or more instances upon the performance of any term or condition of this Contractor-Subcontractor Agreement shall not be construed as a waiver of future performance of any such term or condition, but the obligations of either party with respect thereto shall continue in full force and effect.

11. Assignment. This Agreement shall inure to the benefit of Contractor and any entity owned or controlled by it, and their respective successors and assigns.

12. Headings. Headings in this Contractor-Subcontractor Agreement are for convenience only and shall not be used to interpret or construe its provisions.

IN WITNESS WHEREOF, UNITED BREEZE CORPORATION, has caused its duly authorized members to execute this Agreement, and _____ has hereunto set his hand and seal, the day and year first above written.

CONTRACTOR:

UNITED BREEZE CORPORATION

By: _____

By: _____

AS TO UNITED BREEZE CORPORATION Signed, Sealed and Delivered in the presence of:

_____ Witness

SUBCONTRACTOR:

_____ (L.S.) Printed Name: _____

AS TO SUBCONTRACTOR

Signed, sealed and delivered in the presence of:

_____ Witness



ACKNOWLEDGE REGARDING ACCIDENT REPORTING AND RETURN TO WORK POLICIES

I understand that the company has procedure that I should follow in the event of on-the-job injury.

I agree to:

1. Immediately notify my supervisor of any on-the-job injury, no matter how minor;
2. Seek medical treatment according to the instructions/information listed on posted panels found on the company bulleting board
3. For injuries that do not permit me to return to my pre-injury job, I will cooperate with my treating physician, the workers compensation insurance company, and my supervisor to return to work in temporary transitional duty until or not at all until my physician releases me to full, regular work in writing.

I understand that if I have any questions or concerns, I should discuss them with my supervisor or human resources or operations representative for the company.

Employee's Signature _____ Date____/____/____

Supervisor's Signature _____ Date____/____/____



ACKNOWLEDGEMENT OF SUBSTANCE ABUSE POLICY

United Breeze Corporation is committed to providing a safe work environment and to fostering the well-being and health of its employees. That commitment is jeopardized when an employee illegally uses drugs or alcohol on or off the job, comes to work under the influence, possesses, distributes, or sells drugs or alcohol in the workplace or abuses alcohol on the job. Therefore, the following policy has been established:

1. It is a violation of company policy for any employee to use, possess, sell, trade, offer for sale, or offer to buy illegally drugs or otherwise engage in illegal use of drugs on or off the job.
2. It is a violation of company policy for any employee to report to work under the influence of illegal drugs, while possessing in his or her body, blood, or urine illegal drugs in any detectable amount.
3. It is a violation of company policy for any employee to report to work under the influence of or impaired by alcohol
4. Any employee that operates company equipment or vehicles while under the influence of drugs or alcohol and is involved in an accident on or off company property will be held entirely liable for all damages, insurance premium increases, injury to body or property prior to such incident being held against company or insurance carrier
5. It is a violation of company policy for any employee to use prescription drugs, which have not been obtained legally by prescription in their name to be used in the manner prescribed. It is prohibited to sell personal medication to any person(s)
6. Employees that violate this policy are subject to disciplinary action up to and including termination and legal and criminal charges.
7. Employees understand and agree that there is no expectation of privacy on company computers, emails, cell phone, lockers or any other company owned device or space and that all said items are subject to search without consent or notification at any time. This extends to motor vehicles, personal or otherwise parked on company premises.

DO NOT SIGN THIS ACKNOWLEDGEMENT FORM UNTIL YOU READ, UNDERSTAND AND AGREE TO COMPLY WITH THE POLICY PROVISION LISTED ABOVE,

Employee Signature _____ Date ____/____/____

Supervisor Signature _____ Date ____/____/____



ACKNOWLEDGEMENT OF POLICY AGAINST HARASSMENT AND DISCRIMINATION

If you feel that you are being harassed by another employee or by anyone else, you should tell the individual how you feel and to stop the harassment. You must immediately report the matter to your supervisor or HR Department. The report will be investigated and, where appropriate, take disciplinary action.

If the problem involved a supervisor or member of management or ownership, or if you do not feel that the matter can be discussed with your supervisor, you should report the problem to Human Resources or operations Manager, You will not be penalized or retaliated against in any way for reporting improper conduct, harassment, or discrimination.

United Breeze Corporation is an Equal Opportunity Employer.

We at United Breeze are serious about creating a safe and comfortable-working environment. Acts of harassment, abuse, or discrimination are not tolerated.

I ACKOWLDDGE THAT I HAVE READ THE POLICY AGAINST HARASSMENT AND DISCRIMINATION AND WILL COMPLY WITH IT. IF I BELIEVE THE POLICY IS BEING VILATED IN ANY WAY, I WILL REPORT IT IMMEDITATELY TO ONE OF THE INDIVIDUALS MENTIONED ABOVE. I UNDERTAND THAT ANY VIOLATIONS OF THIS POLICY MAY BE GROUNDS FOR DISMISSAL.

Signature of Employee_____

Date____/____/____

Signature of Supervisor _____

Date____/____/____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employee must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



requester. Do not
send to the IRS.

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

- 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)

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.