SMALL ORDER BID NO. 2017-309
Title: Moving /Relocation Services
Bid Due Date: December 8, 2017

Fort Worth Housing Solutions (FWHS), is seeking quotes from qualified moving companies to assist in the relocation of our residents.

I. SCOPE OF SERVICES

FWHS is looking for one or more licensed and bonded moving companies to move up to 27 families and their belongings that include furniture, clothes and all household items from one apartment complex to another complex within the city limits of Fort Worth TX. Moves will occur in phases over the next six (6) months until all families have been relocated.

FWHS will provide the selected vendor in advance with a schedule of moves. FWHS would be looking to "lock" actual move dates approximately 30 days prior to the actual moves. To the greatest extent possible, we will attempt to schedule multiple moves on the same day.

In coordination with contract execution a Master Schedule will be developed to be used as the baseline. Households will be informed of a "preliminary" move date approximately 90 days prior to the date and 30 days to initiate the packing and organizational process. At that time, the household will be provided with packing materials and any final form of packing assistance will be identified. Below is a list of rooms to be included in the move:

1 bedroom, kitchen and living room
2 bedroom, kitchen and living room
3 bedroom, kitchen and living room
4 bedroom, kitchen and living room

FWHS's relocation staff will coordinate the relocations with the moving company(s) and assist with communication with households to be moved. This would include any language translation issues that arise.

Moving services specified herein will be ordered on an as-needed basis. Moving services may be ordered for any of the twenty-seven (27) residential units.

* Addresses are, in some cases, general locations predominantly based on management office locations.

II. ESTIMATED UNIT SPACES

It is estimated that the Authority will require 27 residential moves over an estimated six (6) month period. This is only an estimate and shall not be construed as specifying, implying and/or guaranteeing any specific quantity of moves during the estimated six (6) months.

Below are the estimated square footages of the unit spaces

1. Family Unit Spaces
   a. One (1) bedroom – 422 Square Feet
   b. Two (2) bedroom – 832 Square Feet
   c. Three (3) bedroom – 960 Square Feet
   d. Four (4) bedroom – 1563 Square Feet
2. All units include a living room, kitchen, 1 to 2 bathrooms, and in some cases, dining rooms.

III. MOVING SERVICES ONLY

Residential moving efforts will be coordinated by the resident's current community Relocation Coordinator.

Residents are required to pack to pack and unpack their own goods for relocation. If packing materials are needed, the Contractor shall deliver the requested packing materials to the household being moved. If the resident is not at home, the Contractor shall leave notification on the door and deliver the packing materials to the resident's rental office.

Moves may not begin before 8:00 a.m. and must be completed by 8:00 p.m. the same day. All "move only" services must be completed the same day the move begins unless otherwise approved by the FWHS Relocation Coordinator.

The Contractor may be required to move appliances as needed, (refrigerators, freezers, stoves, washers and/or dryers). The Authority or resident will be responsible for reconnecting all appliances.

All appliances being moved must be empty. The Contractor shall not be responsible for removing any items from refrigerators, freezers and/or washers and dryers.

1. Packing, moving and unpacking services shall take no more than two days to complete.

2. Moves may not begin before 8:00 a.m. and must be stopped and/or completed by 8:00 p.m. the same day unless otherwise approved by the FWHS Relocation Coordinator.

IV. MOVING SERVICES ORDER PROCESS

Charges for cancellation of a scheduled move shall not apply if the Contractor is given at least a 24 hour-advance notice to cancel the move.

No residential moving services shall be commenced without prior approval from the FWHS Relocation Coordinator.

Situations may arise that will require less than a 72 hour notice, (i.e. emergency moves). The Contractor shall conduct a walk-thru and forward a quote to the resident's property manager within 24 hours. A verbal or email notice to proceed from the FWHS Relocation Coordinator or an approved administrator may be given to the Contractor to commence the scheduled move.

When the move is completed, the Contractor shall obtain the signature and date on the bill of lading or move receipt from the resident in which the services were rendered. The signed and dated bill of lading or move receipt shall be submitted along with the Contractor's invoice for payment.

1. Submitted invoices shall contain the following information:

    a. The contract number
    b. The residents name
    c. Type of move
    d. The "move from" address and unit type
    e. The "move to" address and unit type
    f. The date of service(s)

V. SAFETY

The Contractor shall comply with all Occupational Safety and Health Administration (OSHA), City and State Occupational Health Standards and any other applicable rules and regulations.

The Contractor shall be held responsible for the safety of its employees and any unsafe acts or conditions that may cause injury or damage to any persons or property within and/or around the work site area under the resulting contract.

The Contractor is responsible for the security of all materials, tools, and equipment used in the conduct of the work while on FWHS properties.

The Contractor shall observe all safety precautions as not to endanger tenants, the public in general and/or damage Authority property.

VI. DAMAGES

The Contractor shall notify the Authority of any damage to FWHS property or private property caused by performance of work under this contract including, but not limited to, damage to grounds, trees, shrubbery, beds, sidewalks, driveways, parking lots, vehicles, building exteriors, floors, walls, doorways, or elevators during the work. The Contractor shall be responsible for repairs to, or replacement of, damaged property and timely remediation of any water damage, at no additional cost to the Authority.

At no time, (without prior permission from the FWHS Property Manager responsible for the move or the FWHS Contracting Officer), is the Contractor allowed to park vehicles on FWHS grass or sidewalks. Any damage to FWHS or private property as a result of improperly parked vehicles will be the responsibility of the Contractor.

VII. DELAYS

In the event of any delays in service, the Contractor shall give immediate notice via email or phone call to resident's current Relocation Coordinator. Default in promised services, (without accepted reasons), authorizes the Authority to purchase services elsewhere and charge full increase in cost and handling to the defaulting Contractor.

VIII. INSURANCE

The Contractor shall have and maintain appropriate and applicable insurance.

Prior to commencing work, the Contractor shall submit a current Certificate of Insurance showing coverage.

Professional Liability	Required Limits
FWHS and its affiliates must be named as an Additional Insured and be a Certificate Holder. This is required for vendors who render observational services to FWHS such as appraisers, inspectors, attorneys, engineers or consultants.	N/A
Business Automobile Liability	**Required Limits**
FWHS and its affiliates must be named as an additional insured and as the certificate holder. This is required for any vendor that will be using their vehicle to do work on FWHS properties.	$500,000 combined Single limit, per occurrence
Workers Compensation and Employer's Liability	**Required Limits**
Workers' Compensation coverage is Statutory and has no pre-set limits. Employer's Liability limit is $500,000. Workers' Compensation is required for any vendor made up of more than two persons. A Waiver of Subrogation in favor of	N/A.

FWHS must be included in the Workers' Compensation policy. ****FWHS and its affiliates must be a Certificate Holder.****	
Commercial General Liability	Required Limits
This is required for any vendor who will be doing hands on work at FWHS properties. FWHS and its affiliates must be named as an Additional Insured and as the Certificate Holder.	$500,000 per accident $1,000,000 aggregate

The Contractor shall be responsible for the protection of property of both the FWHS and its residents. Any damages to FWHS lawns, curbs, sidewalks, shrubs, or other structures and any damages to residents' personal belongings shall be repaired and/or replaced at the Contractor's expense.

CONTRACT TERMS

It is anticipated that moving and transfer services will begin on or about **December 1, 2017 and continue on thru May 1, 2018**. However, it should be understood that pricing must remain in effect until all residents are relocated.

The Contract may be terminated by the FWHA or the Moving Contractor provided that a thirty (30) day written notice is given to the other party of the Contract.

GENERAL REQUIREMENTS

SAFETY

The Contractor shall be completely familiar with, and shall enforce all City of Fort Worth, State of Texas and Federal OSHA regulations and requirements as applicable for services performed under this Contract.

The Contractor shall be responsible for the proper operation and maintenance of all safety equipment associated with the lawn care services.

Contractor shall observe all safety precautions as not to damage or endanger tenants, employees, property or the public in general.

The bids submitted must remain open for a period of 90 days from the date of the opening of bids.

The bid prices shall be included in the bid. All prices shall be on a firm fixed price and are not subject to adjustment based on costs incurred.

All blanks in the bid package must be completed and the bid must be signed by the authorized representative.

Bids must be made in the form provided in the bid package.

Contractor shall only take directions from the F W H S Staff. If the contractor's actions cause an unapproved increase to the contract price, the contractor will be solely responsible for such an increase.

The FWHS reserves the right to accept any item or combination of items.

The FWHS by written notice to the Contractor, at anytime during the term of the contract, may add or delete like or similar locations and/or services to the list of locations and/or services to be performed.

The FWHS will only make payments to the contractor after completion and acceptance of all or any of the work by FWHS staff.

AWARD/CONTRACT TERM(S)

A purchase order and/or (service agreement) may be awarded to the vendor presenting a bid that is determined to be the "best value" to the Housing Authority. The criteria for determining "best value" will include the following:

1. The cost of the service
2. The reputation of the Contractor's goods and services
3. The quality of the Contractor's goods and services
4. The extent to which the goods and services meet the FWHS's need(s)
5. The impact on the ability of FWHS to comply with laws and rules relating to contracting with historically underutilized business and non-profit organizations employing persons with disabilities;

SUBMITTALS REQUIRED

1. Business References **(Exhibit A)**
2. Non-Collusive Affidavit **(Exhibit B)**
3. Conflict of Interest Questionnaire **(Exhibit C)**
4. Profile of Firm **(Exhibit D)**
5. (Sample) Cert of Insurance **(Exhibit E)**
6. W-9 Form **(Exhibit F)**

PAYMENT

The Fort Worth Housing Solutions will process payment within thirty (30) calendar days after receipt of acceptable invoice(s) completed in accordance with the terms specified herein, and **all supporting documentation** necessary for the FWHS to verify the services invoiced. Please

remit to FWHS at invoices@fwhs.org or mail to Accounts Payable Dept. 1201 E. 13th St, Fort Worth, TX 76102.

HUD TABLE 5.1

Mandatory Contract Clauses for small purchases other than construction.

If you are in agreement and will comply with the requirements, please sign below and return **ALL** applicable forms. Please **email** to **procurement@fwhs.org** **or** fax your response to **(817) 333-3594,** attention Brian Hogan.

All bids must be received no later than December 8, 2017 at 11:00 a.m. Local Time.

BID FORM

Company Name: _____

The Bidder hereby agrees to provide pricing inclusive of all material, equipment, transportation, supervision and incidentals in accordance with the conditions of the bid and specifications for the location(s) listed below.***All units include a living room, kitchen, one (1) to three (3) bathrooms units, and in some cases, dining rooms.***

Moving Services Only (no packing or unpacking)

	Square Footage	**Cost Per Unit**	**Estimated # of Units**	**Total Cost**
Family Unit				
One (1) Bedroom	442		**9**	
Two (2) Bedroom	832		**9**	
Three (3) Bedroom	960		**9**	
Four (4) Bedroom	1563		**0**	

Description	**Cost Per Item**
Small Box 16”x12”x12”	
Medium Box “18 x 16” x	
Large Box “24 x 18” x 18”	
Dish Pack Double Wall	
Wardrobe Box with Rod	
Packing Paper 10lb	
Tape	

Appliance Move (refrigerators, freezers, stoves, washers, dryers)

Description	**Cost Per Item**	**Estimated Usage**	**Total Cost**
As noted above			

Pricing shall be all inclusive of labor, travel, overhead and fees. No other charges are applicable to the resultant contract and thus disapproved on all invoices.

ALL DEVIATIONS FROM THE SPECIFICATIONS ARE TO BE NOTED IN THE BID RESPONSE.

_____

Name of Firm

_____

Authorized Signature

_____

Email Address

_____

Phone Number

_____

Date

FWHS FORMS

a) Business References
b) Non-Collusive Affidavit
c) Conflict of Interest Questionnaire
d) Profile of Firm
e) Sample Certificate of Insurance
f) W-9

EXHIBIT A

BUSINESS REFERENCES

Please provide a minimum of three (3) references and a brief description of the business relationship. Additional pages may be used, if necessary.

Company Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Description: _____

_____

Company Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Description: _____

_____

Company Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Description: _____

_____

Exhibit B

FORM OF NON-COLLUSIVE AFFIDAVIT
(PRIME BIDDER)

State of_____

County_____,being first duly sworn, deposes and says:

That he/she is _____, the party making the foregoing proposal or bid, and attests to the following:

(1) That affiant employed no person, confirmation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction of the public building or project in securing the public contract were in the regular course of their duties for Affiant; and

(2) That no part of the contract price received by Affiant was paid to any person, corporation, firm, association or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction of the public building or project were in the regular course of their duties for Affiant.

(3) That such proposal or bid is genuine and not collusive or sham; that said Bidder has not colluded, conspired, connived, or agreed, directly or indirectly, with any Bidder or person, to put in a sham bid or try to refrain from bidding, and has not in any manner directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the bid price of Affiant or of any other Bidder, or to fix any overhead, profit, or cost element of said bid price, or of that of any other Bidder, or to secure any advantage against the Housing Authority or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

_____
Signature*

*Bidder if the Bidder is an individual; all partners if Bidder is a partnership; officer if the Bidder is a corporation.

SUBSCRIBED AND SWORN TO before me, this the _____day of _____, 20____.

_____
NOTARY PUBLIC

My Commission Expires: _____, 20_____

Exhibit C

CONFLICT OF INTEREST QUESTIONNAIRE FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.00 (1-a) with a local governmental entity and the person meets requirements under Section 176.006 (a).

By law this questionnaire must be filed with the record administrator of the local Governmental entity not later that the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY
Date Received

1. Name of person who has a business relationship with local governmental entity.

2. ☐ Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an update completed questionnaire with the appropriate filing authority not Later than the 7th business day after the date the originally filed questionnaire becomes incomplete or Inaccurate.)

3. Name of local government officer with whom filer has employment or business relationship.

_____
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001 (1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

☐ Yes ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

☐ Yes ☐ No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the Local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ No

D. Describe each employment relationship with the local government officer named in this section.

4.

_____ _____
Signature of person doing business with the governmental entity Date

Note: A completed Profile of Firm Form must be submitted for each subcontractor.

Proposed Subcontractors					
Item	Company Name	Address	Phone	Specialty	W/M/BE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

I understand and agree that if awarded a contract as a result of this solicitation that the use of the above subcontractors is subject to the approval of FWHS and becomes a part of the contract. I further understand that any change in subcontractors also requires the pre-approval of FWHS.	_____ (Signature) _____ (Printed Name & Title)

Note: A completed Profile of Firm Form must be submitted for each subcontractor

PROFILE OF FIRM FORM (Page 1 of 2)

(This Form must be fully completed by all Proposers and Subcontractors)

(1) Prime ____ Joint Venture/Partner ___ Sub-contractor ____ (This form shall be completed by and for each).

(2) Name of Firm: _____ Telephone: _____ Fax: _____

(3) Street Address, City, State, Zip: _____

(4) Identify Principals/Partners in Firm

NAME	*TITLE*	*% OF OWNERSHIP*

(5) Please indicate the operating structure of your company.

☐Publicly Held Corporation ☐Privately Held Corporation ☐ Government Agency ☐ Non-Profit Organization ☐ Partnership ☐ Sole Proprietorship

(6) Respondent's Diversity Statement: You must check all of the following that apply to the ownership of this firm and enter where provided the correct percentage (%) of ownership of each:

Minority- (MBE), or Woman-Owned (WBE) Business Enterprises qualify by virtue of 51% or more Ownership and active management by one or more of the following:

☐African American	☐**Native American	☐Hispanic American	☐Asian/Pacific American	☐Hasidic Jew	☐Asian/Indian American
_____%	_____ %	_____%	_____%	_____%	_____ %

☐Woman-Owned (MBE) ☐Woman-Owned (Caucasian) ☐Disabled Veteran ☐Caucasian American (Male) ☐Other (Specify):

(7) Is the business 51% or more owned by a public housing resident? ____ Yes ____ No. If yes, provide name and address of the public housing facility:

Facility Name: _____

Facility Address: _____ City: _____

SWMBE Certification Number: _____

Certification Agency: _____
(Note: A CERTIFICATION/NUMBER IS NOT REQUIRED – ENTER IF AVAILABLE)

PROFILE OF FIRM FORM (Page 2 of 2)

(Form must be completed, 9-10 if applicable)

(8) Federal Tax ID Number: _____

(9) City of Fort Worth Business License No: _____

(10) State of Texas License Type and No:_____

(11) Has your firm or any member of your firm been a party to litigation with a public entity? If yes, when, with whom and state the circumstances and any resolution.

Yes ☐ No ☐

(12) Has your firm or any member of your firm ever sued or been sued by the Fort Worth Housing Solutions or its affiliated entities? If yes, when and state the circumstances and any resolution of the lawsuit.

Yes ☐ No ☐

(13) Has your firm or any member of your firm ever had a claim brought against because of breach of contract or Non-performance? If yes, when and state the circumstances and any resolution of the matter.

Yes ☐ No ☐

(14) Debarred Statement: Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any state government, the State of Texas, or any local Government agency within or without the State of Texas? If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

Yes ☐ No ☐

(15) Disclosure Statement: Does this firm or any principals thereof have any current, past, personal or Professional relationship with any Commissioner or Officer of FWHA? If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

Yes ☐ No ☐

(16) Verification Statement: The undersigned Offeror hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if the FWHS discovers that any information entered herein is false, that shall entitle the FWHS to not consider nor make award or to cancel any award with the undersigned party.

_____	_____	_____	_____
Signature	**Date**	**Printed Name**	**Company**

EXHIBIT E

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

THIS CERTIFICATE IS ISSUED AS MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Date the Certificate is issued

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

1 This block identifies the Agent or Broker and their address.

2 This block may include contact information for the broker / agency. It's often helpful to contact the broker directly for clarification, revision requests or renewal certificates. Some agencies will only communicate with their insureds and do not allow or respond to 3rd requests.

INSURER(S) AFFORDING COVERAGE

3 The insurance company will be identified here. The insurer letter appears again in the left-hand margin near the center of the page **(*3)** to show which insurer provides which type of coverage.

INSURER A:
INSURER B:
INSURER C:
INSURER D:
INSURER E:

INSURED

4 The **Insured** is Vendor, Contractor or lessee (the policy holder).

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
*3	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE / OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT				EACH OCCURRENCE FIRE DAMAGE (Any one fire) MED EXPENSE (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS-COMP/OP AGG	$ $ $ $ $ $
*3	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $ $ $
	GARAGE LIABILITY ANY AUTO				AUTO ONLY-EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC / AGG	$ $ $
*3	EXCESS LIABILITY OCCUR / CLAIMS M DEDUCTIBLE RETENTION $				EACH OCCURRENC AGGREGATE	$ $
*3	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY				WC STATU-TORY LIMITS / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE – EA EMPLOYEE E.L. DISEASE – POLICY LIMIT	$ $ $
	OTHER					

5 These sections show only the coverages provided through the agent or broker identified in "1" above. If the insured uses more than one broker, a separate certificate is needed to show those coverages.

6 These two column shows inception and expiration dates for policies identified. Pay special attention that coverage does not expire before or during your project or lease.

The coverages & limits required in the solicitation, or those which are appliciable to the projects scope of work MUST be included on the certificate.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL/PROVISIONS

7 Forth Worth Housing Solutions is endorsed as additional insured on the general and auto liability policies on a primary and non-contributory basis.

CERTIFICATE HOLDER

8

[Firm Name]
[Address]

ATTN: PM contact or Procurement Team

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

9 Must be signed by an authorized representative of the brokerage agency.

Exhibit F

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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 **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ 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.
☐ 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)
(Applies to accounts maintained outside the U.S.)

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.

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.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
☐☐ – ☐☐☐☐☐☐☐

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.

Sign Here **Signature of U.S. person ▶** **Date ▶**

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/fw9*.

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.