



# WESTCOAST

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LANDSCAPE & LAWNS

## Landscape Maintenance

Proposal prepared for:



## Westbrook 6A

*QUALITY, INTEGRITY, PROFESSIONALISM, PARTNERSHIPS.  
THAT'S THE BEDROCK OF OUR BUSINESS.*



# WESTCOAST

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## LANDSCAPE & LAWNS

### **Company Bio & Training**

In 1998, cofounders Joseph Ronnlof & John Harbord had a vision to create a landscape firm in which values were the foundation to leadership. We lead by focusing on a supportive work environment where all team members feel connected and engaged, and where it is imperative that client relations come first and foremost. Our inception started with one truck and a small push mower, however, practicing these basic principles daily has excelled Westcoast to the largest landscape firm in the Tampa Bay area. Today, Westcoast has a fleet of over 120 trucks and 300 team members ready to assist at moment's notice. The future is exciting and we have been diligently working on ways to help strengthen our relationships, whether that's leading the industry with innovative technology or continuing that moral compass that has become ingrained in our company's culture. Our clients continue to inspire us to chase perfection and enhance properties to their fullest potential.

We are a fully licensed and insured company. All of our employees are e-verified and pass an extensive background check. We complete all our services in-house including mowing, trimming, fertilization, irrigation, landscaping and tree work. Our certifications and training consists of the BMP (Best Management Practices) certification for our labor employees, the FNGLA (Florida Nursery Growers and Landscape Association) certification for our account managers, CPO (Certified Pest Control Operators License) for our fertilization department and a certified Arborist to lead our tree division. Weekly safety meetings are also held for each department to limit the risk and potential for injury.

Communication is a priority to us. Every property is designated a highly trained account manager that will be on the property multiple times a month with all the crews. Each account manager is equipped with an iPad to document progress of the property and address any concerns. Work orders, reports and proposals will be sent to the desired individuals after each visit. A work order system is available on our website where board members and homeowners can submit a request to the account manager. These requests will be reviewed before the next visit, approved by the property manager or board and completed asap. We have also implemented what we call our "911 team members". These employees are not designated to any specific property and can usually be onsite within 24-48 hours to complete smaller service requests that may not need a full crew. This also allows us to complete smaller enhancements at a lesser cost and with minimal wait time.

Westcoast has properties ranging from \$5,000-\$1,000,000 annually. We have two offices, one in Sarasota and one in Pinellas County and service properties from Wesley Chapel to Punta Gorda. We would feel fully confident maintaining your property due to our experience, employees and commitment to the industry.



# WESTCOAST

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## LANDSCAPE & LAWNS

### Reference Properties

**Whitemarsh**  
Whitemarsh Cir  
Lakewood Ranch, FL  
*Commons & 72*

Contact:  
Judith Nelson (941) 928-1403

**Country Club West**  
Lakewood Ranch, FL  
*393 homes in 6 communities*  
Communities:  
Thornhill, Wexford, Lismore,  
Silverwood, Graystone, Edenmore

Contact:  
Roberta Maxfield (941) 359-1134

QUALITY, INTEGRITY, PROFESSIONALISM, PARTNERSHIPS.  
THAT'S THE BEDROCK OF OUR BUSINESS.



### Agreement for Landscape Maintenance

This agreement written, by and between Rosedale 6-A, which is responsible for the maintenance of the facilities located at 88th St E, Bradenton, FL 34211 and Westcoast Landscape and Lawns, Inc. located at 3880 76th Ave N., Pinellas Park, FL. 33781, who will perform the landscape maintenance (hereinafter referred to as ("Contractor")), in consideration of the mutual covenants, conditions and agreements attached hereto and incorporated herein, and other good and valuable consideration, it is agreed that the landscape maintenance program consists of the following service:

#### A) Mowing

The mowing of all turf areas throughout the property once each seven days in the heavy growing season. Mowing in the dormant months will be scheduled every other week. Proper height for each season will be maintained per horticultural standards. This height will vary based on species and adverse weather conditions. Typically the height will range from 3 1/2" to 5". Retention areas, and other areas too wet for proper maintenance, will be completed when the ground is firm enough to allow for normal mowing procedures.

This landscape maintenance contract is based on an estimated 40 annual visit service.

#### B) Line Trimming

The power trimming of grass areas inaccessible to mowing machinery such as post, buildings, lights, signs, trees, utility installations, lake banks and ditches.

#### C) Hard Trimming

The edging of all hard surfaces including sidewalks, streets, driveways, parking lots, curbing, headers, and retaining walls will be done in accordance with the maintenance schedule. Vertical soft edging of tree rings, shrubs beds and open beds will follow similar maintenance schedule.

#### D) Shrub/Tree Trimming Up To 15'

All shrubs, hedges and trees up tp 15' will be sheared in a consistent manner to maintain optimum shape and size as growth habit dictates. All trimmings and clippings will be collected and removed from property to a waste site.



### E) Weed Control

The weeding of all plant beds will be performed at least once a month. Weeds will be kept clear of all plant beds, tree rings, joints in sidewalks and driveways using appropriate manual (hand pulling), or chemical control methods (herbicides).

### F) Clean Up

The Contractor will blow off all hard surfaces such as sidewalks, driveways, parking lots, recreational courts, patios and other non-landscape areas littered in the maintenance process.

<b>A THRU F SUBTOTALS</b>	<b>\$2,760.00</b>	<b>MONTHLY</b>
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### G) Irrigation

The Contractor will inspect all rotors, pop-ups and control panels throughout the property once a month. This inspection consists of adjustments to any rotors or spray heads needed to provide adequate water to existing irrigated areas. A written summary can be provided upon request. Repairs to the irrigation system caused by conditions under which Westcoast is not directly responsible will be invoiced separately at an approved time and a material rate. All repairs will require pre-approval from property representative.

<b>G SUBTOTAL</b>	<b>\$300.00</b>	<b>MONTHLY</b>
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Westcoast also proposes a service plan to supplement the above mentioned inspection. This proposed 'not to exceed' plan shall be for the amount listed below on a monthly basis. This service is not included in the monthly agreement of the irrigation check for the property. This program will allow Westcoast to repair faulty components on site without a written estimate or board approval. If no repairs are needed at the time of the monthly inspection, no additional charges will be made. This amount is only an estimated budget, it may be decreased or increased based on completed 1st analysis and or Board/Managers direction. Hr rate for repairs will be \$75 and there will be no \$90 service call applied.

<b>Repairs "Not to Exceed" Amount:</b>	<b>\$250.00</b>	<b>MONTHLY</b>
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### H) Fertilization

Contractor intends to fertilize or inspect all turf areas as well as the ornamental plant material with each application. All applicators have required GI-BMP and or FNGLA certifications. (Detailed specifications summary on pages 3 & 4)

<b>H SUBTOTAL</b>	<b>\$360.00</b>	<b>MONTHLY</b>
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# Lawn & Ornamental Care Specifications

## TURF FERTILIZATION

In compliance with the statewide Best Management Practices (GI-BMP) ordinance, all turf areas shall be fertilized as per the maintenance specifications attached. No fertilizer shall be applied within 10 feet of any service water, landward edge of the top of a seawall, designated wetland or wetland as defined by the Florida Department of Environmental Protection. Fertilizer will be removed off all impervious surfaces onto lawns or ornamental beds. After fertilization, a minimum of 1/4 inch of water will be applied by the client. Complete fertilizers will be a custom blended mix in a granular or liquid composition and contain a minimum of 50% of the nitrogen in a slow or controlled release form. All fertilizer formulations will have Nitrogen to Potassium ratio of 1:1 or 2:1 for a complete fertilizer formulation. No phosphorus will be added or applied to any turf areas without first having a soil sample from a State of Florida approved lab showing a creditable deficiency of Phosphorus availability in the soil. They shall contain a complete micronutrients package including magnesium, manganese, iron, zinc, copper, etc. for optimal health and color.

## TURF PEST CONTROL

The technician will inspect all lawn areas each visit for indications of pest problems such as insects, disease, weeds, etc. and advise the client or representative of such problems. The technician will be executing Integrated Pest Management (IPM) practices. Upon confirmation of a specific infestation or concern requiring a pesticide treatment, pesticides will be applied on an as needed or spot treatment basis, whenever possible, using the least toxic, effective means of control. In some cases control of a disease or insect infestation may require a more aggressive treatment approach to reach a manageable status. A separate proposed agreement will be provided if a disease or insect infestation compromises the overall health or appearance of the turf.

## ORNAMENTAL FERTILIZATION

In compliance with the statewide Best Management Practices (GI-BMP) ordinance all shrub beds and ground cover areas shall be fertilized as per the maintenance specifications attached. No fertilizer shall be applied within 10 feet of any service water, landward edge of the top of a seawall, designated wetland or wetland as defined by the Florida Department of Environmental Protection. Fertilizer will be removed off all impervious surfaces onto lawns or ornamental beds. After fertilization, a minimum of 1/4 inch of water will be applied by the client. Complete fertilizers shall be a custom blended mix in granular or liquid composition and contain a minimum of 50% of the nitrogen in a slow or controlled release form. No phosphorus will be added or applied to any landscape plantings without first having a soil sample from a State of Florida approved lab showing a creditable deficiency of Phosphorus in the soil. They shall contain a complete micronutrients package including magnesium, manganese, iron, zinc, copper, etc. for optimal health and color.

## ORNAMENTAL PEST CONTROL

The technician will inspect all shrub bed areas each visit for indications of pest problems such as insects, disease, etc. and advise the client or representative of such problems. The technician will be executing Integrated Pest Management (IPM) practices. Upon confirmation of a specific infestation or concern requiring a pesticide treatment, pesticides will be applied on an as needed or spot treatment basis, whenever possible, using the least toxic, effective means of control. First choice will be insecticidal soaps, horticultural oils etc. In some cases control of a disease or insect infestation may require a more aggressive treatment approach to reach a manageable status. A separate proposed agreement will be provided if a disease or insect infestation compromises the overall health or appearance of the shrub material or ground cover.

## ADDITIONAL SERVICES

All pest control services in addition to the basic contract agreements will be billed on a per job basis based on materials cost plus labor. The cost will be agreed on by client and contractor before such service is rendered. Pesticide applications will be made in accordance with its label and in accordance with the Environmental Protection Agency. Posting and notification of pesticide sensitive persons will be done. All applicators and technicians are trained and certified in the Florida Green Industry Best Management Practices (GI-BMP) program.

# Lawn & Ornamental Treatment Summary

<b>Turf grass fertilization Granular/liquid in composition</b>	<b>Performed <u>5</u> times annually</b>
<b>Turf grass insect control*</b>	<b>Monthly inspections. Spot treat as needed.</b> (Excludes Mole Cricket, Grub infestations, available in additional services)
<b>Fire ant control*</b>	<b>Monthly inspections. Spot treat as needed.</b>
<b>Turf disease control*</b>	<b>Monthly inspections. Spot treat as needed.</b>
<b>Broadleaf weed control*</b>	<b>Monthly inspections. Spot treat as needed.</b> (Sedge weed control not included, but available in additional services)
<b>Shrub fertilization Granular/liquid in composition</b>	<b>Performed <u>2</u> times annually</b>
<b>Shrub insect control*</b>	<b>Monthly inspections. Spot treat as needed.</b>
<b>Shrub disease control*</b>	<b>Monthly inspections. Spot treat as needed.</b>
<b>Palm tree &amp; hardwood trees Fertilization, disease &amp; insect control</b>	<b>Not included but available in additional services</b>
<b>Customer concern calls</b>	<b>INCLUDED</b>

\*Blanket treatments are not included but available as additional services.

## Detailed Scope of Work

Any contractual work orders provided to Contractor will be done in a timely manner. (One to two week completion time under ordinary circumstances).

## Initial Clean Up

Should the quality of the current maintenance deteriorate between the time this contract is submitted and signed, a clean up fee may be proposed.

## Property Damage

Contractor assumes full responsibility for any damage, including irrigation components, light poles, cable box, etc. that may occur in the maintenance process. Contractor is not responsible for the condition of the landscape due to drought, freeze or storm damage. Contractor shall repair, or at its option pay for, the repair of any damage caused by Contractor's neglect, provided however, that such damage must be promptly reported to Contractor's office and Owner and administrative representative of Contractor have inspected the damage to determine without doubt who caused the damage. Cost of the repairs performed by others that have been accepted by the Contractor shall be billed to the Contractor directly and will not be deducted from sums owed to the Contractor by the Owner.

## Catastrophic or Natural Events

Work schedules may be interrupted by weather conditions to the point that scheduled activities, i.e., mowing, pruning, edging etc., may be temporarily halted. Acceptable horticultural practices call for minimal pruning of freeze damaged material until the threat of future freezes has passed. Special clean ups and/or pruning due to storms, freezes, drought, human initiated events by other than the Contractor, or other Acts of God are not included and will require extra charge based on time, material and disposal fees.

## Severability and Waiver

If any section, subsection, sentence, clause, phrase or word of this Contract be and is, for any other reason held or declared by a court of competent jurisdiction to be inoperative or void, such holdings shall not affect the remaining portions of this agreement. It shall be construed to have been the intent of the parties hereto to have agreed without such inoperative or invalid part being contained herein so that the remainder of this contract, after exclusion of such inoperative or invalid part, shall be deemed and held to be as valid as if such excluded part had never been included herein.

The failure of either party hereto to insist, in any one or more instances, upon the performance of any of the terms, covenants or conditions of this agreement, or to exercise any right herein, shall not be construed as a waiver or relinquishment of such terms, covenant, condition or right as respects further performance.



# Financial Agreement

Contractor agrees to maintain facilities mentioned, in the manner described, for a total of \$41,040.00, payable in monthly installments of \$3,420.00, due on the first day of the month following service. Any additional charges must be pre-approved in writing by the association and must reference the address where the work was completed. Contractor assumes no liability for damages or consequential damages caused by conditions beyond Contractors control.

Owners shall agree to pay interest in the amount of 1.5% per month on all accounts not received within 45 days past due. Further, the Owner shall be responsible for any collection costs and attorney fees incurred by Westcoast in collection of sums past due under this agreement.

This agreement shall commence \_\_\_\_\_ . The parties agree that either party may terminate this agreement upon thirty days written notice to the other party. FURTHER, contractor may, in its discretion, cease to provide services and materials pursuant to this Agreement upon nonpayment of any invoice within ten business days from the date of issuance of invoice for payment of services rendered hereunder. Upon termination of this Agreement, where nonpayment is provided herein, all monies for services that have already been rendered shall become payable in thirty days following notice provided. This Contract shall automatically renew on the anniversary date and each subsequent anniversary date thereafter for a period of one year unless written notice is provided at least thirty days prior to the anniversary date. Increase amount will be limited to 2% at time of renewal after the first year.

Contractor will maintain throughout the term of this agreement adequate general liability insurance, broad form contractual liability insurance and worker's compensation to meet its legal requirements. The contractor shall furnish a certificate of insurance describing coverage in effect and naming the said association as an additional insured. Contractor also retains all necessary Agricultural bonds required by the State of Florida.

**Respectfully submitted by:**

**Approved and accepted for:**

**JOHN SHOMO**

\_\_\_\_\_  
Westcoast Representative (print)

\_\_\_\_\_  
Property Representative (print)



5/19/2022

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DATE

## Client and Property Information

NAME:

ADDRESS:

PHONE:

CELL:

EMAIL:

COMMENTS:

## Billing Information

NAME:

ADDRESS:

PHONE:

CELL:

FAX:

EMAIL:

COMMENTS:

# Additional Services Available

(NOT INCLUDED IN TOTALS ABOVE)

## 1. Cabbage/Queen Palm Trimming Over 15'

Contractor will trim all palms mentioned in accordance to IFAS pruning recommendations. All dead or dying palm fronds will be removed and disposed to proper waste site.

    \$30.00    , per palm trimmed



SIGN

DATE

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## 2. Mulch Installation

Contractor will install mulch to all existing and or designated beds.

    \$50.00    , per yard installed



SIGN

DATE

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/16/2021

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Bouchard Insurance Inc 101 N Starcrest DR Clearwater FL 33765	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 727-447-6481      FAX (A/C, No): 727-449-1267 E-MAIL ADDRESS: certificates@bouchardinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC #	
<b>INSURED</b> Westcoast Landscape & Lawns Inc PO Box 5648 Clearwater FL 33758	WESTCOAS	
	INSURER A : Allied Property & Casualty Insurance Co      42579	
	INSURER B : Auto-Owners Insurance      18988	
	INSURER C : Southern-Owners Insurance Company      10190	
	INSURER D : Zenith Insurance Company      13269	
	INSURER E : Travelers Property Casualty Insurance C      36161	
INSURER F :		

**COVERAGES**      **CERTIFICATE NUMBER:** 1607943043      **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 type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	ACP3069526888	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	5223822800	1/1/2022	1/1/2023	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	Y	Y	5223822801	1/1/2022	1/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	Z134680805	1/1/2022	1/1/2023	<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
E	Rented/Leased Equipment			QT6605N31147ATIL22	1/1/2022	1/1/2023	Limit: 200,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate holder is additional insured as respects General, Automobile and Excess Liability only if required by written contract, and subject to the terms, conditions and limits as specified in the policy.

Coverage is primary as respects to General Liability and non-contributory as subject to the terms, conditions and exclusions of your policy.

Waiver of subrogation applies in favor of certificate holder as respects to General, Automobile, Excess Liability and Worker Compensation only if required by written contract, and subject to the terms, conditions and limits as specified in the policy.

Umbrella policy follows form of General Liability, Automobile Liability and Employers Liability (Workers Compensation).

<b>CERTIFICATE HOLDER</b>  Information Purposes Only	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Westcoast Landscape and Lawns, Inc.</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> 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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. <b>PO Box 5648</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Clearwater, FL 33758</b>	
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 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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									
2	0	-	1	8	4	8	6	9	7

### 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 for Part II, later.

**Sign Here**

Signature of U.S. person ▶

Date ▶ 01/02/2022

### 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).

#### 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, later.*