SUBCONTRACTOR SET-UP FORM

DIAMOND EDGE CONSTRUCTION

- DO NOT HANDWRITE, TYPE INTO FORM.
- COMPLETE ALL BLUE FIELDS OR FORM WILL BE SENT BACK TO YOU.
- SEND 1) FORM 2) COI 3) W9 BACK AS 3 SEPARATE PDF ATTACHMENTS VIA EMAIL (NO PICTURES / NO JPEGS)

Return documents to: **danna@diamondedgebuilders.com**

DATE:		DESCRIPTION OF WORK YOU PERFORM:				
COMPANY LEGAL NAM E / DBA AND ADDRESS						
COMPANY LEGAL NAME :						
COMPANY DBA NAME :						
COMPANY ADDRESS:	STREET:					
	CITY:		ST:		ZIP:	
COMPANY PHONE NUMBER:		COMPANY EMAIL:				
COMPANY WEBSITE:		CONTACT NAME:				
CONTACT PHONE:		CONTACT EMAIL:				

MASTER AGREEMENT INSTRUCTIONS			
1. WILL BE EMAILED VIA DOCUSIGN. PROVIDE NAME OF COMPANY REPRESENTATIVE LEGALLY AUTHORIZED TO SIGN AGREEMENT.			
NAME:		EMAIL:	

CERTIFICATE OF INSURANCE (COI) INSTRUCTIONS	
1. GENERAL LIABILITY AND WORKERS COMP COVERAGE ARE REQUIRED.	
2. COI INSURED FIELD MUST MATCH ABOVE COMPANY LEGAL NAME / DBA AND ADDRESS.	
3. PROVIDE YOUR INSURANCE AGENT WITH TEXT BELOW FOR THE COI CERTIFICATE HOLDER FIELD:	Diamond Edge Construction LLC 111 Seminola Blvd Casselberry FL 32707
4. COI AUTHORIZED REPRESENTATIVE FIELD MUST HAVE A HANDWRITTEN SIGNATURE, NO TYPED OR DIGITAL SIGNATURES.	

W9 INSTRUCTIONS
1. W9 MUST MATCH ABOVE COMPANY LEGAL NAME / DBA AND ADDRESS AND HAVE A HANDWRITTEN SIGNATURE, NO TYPED OR DIGITAL SIGNATURES.

CORPORATE OFFICE USE ONLY

TASK	DATE	TASK	DATE
SET UP FORM RECD:		SET UP FORM EMAILED:	
MASTER AGREEMENT SIGNED:		MASTER AGREEMENT EMAILED:	
IND REL AGREEMENT SIGNED:		IND REL AGREEMENT EMAILED:	
COI RECD:		COI REJECTED:	
COI IN DROPBOX:		COI EMAILED TO WHORTON:	
W9 RECD:		W9 REJECTED:	
ADDED TO CONTACT LIST :		**EMAILED Owner WITH APPROVAL:**	
UPDATED YARDI:		UPDATED KNOWIFY: MASTER AGREEMENT INDEPENDENT REL AGREEMENT SET UP FORM COI W9	

REVISED 3-23-2026