



3001 Long Prairie, Suite 100 | Flower Mound, TX 75022  
(817) 773-6694 | [www.DallasRoofer.com](http://www.DallasRoofer.com)

Welcome to the T Rock contracting team. To ensure timely payments and accurate year end statements the following pages need to be completed and sent to [ap@trockcontracting.com](mailto:ap@trockcontracting.com)

- 1) TIN-EIN-SSN Authorization Form
- 2) W-9 - This form will need to be updated each year
- 3) ACH - Authorizes direct deposit of payments to designated bank account
- 4) Workers Compensation
- 5) Subcontractor Release and Waiver of Liability Form

Once approved as a T Rock contractor:

- Invoices need to be submitted directly to the project manager that scheduled the work.
- Invoices received by no later than noon on Wednesday
- Payments occur weekly on Friday.



## Vendor Authorization for EIN Verification

### Vendor/Payee Information

Name as shown on your income tax return:

Business name, if different than above:

Address:

City, state and zip code:

### Authorization Statement:

I, the undersigned, hereby authorize T-Rock Roofing & Contracting to verify the validity of our Employer Identification Number (EIN)/Social Security Number (SSN) with the appropriate authorities. I understand that if the EIN is found to be invalid, T-Rock Roofing & Contracting will not be permitted to engage in business with the above named company. This verification is a requirement for maintaining compliance and ensuring accurate records.

### Declaración de Autorización:

Yo, el firmante, autorizo a T-Rock Roofing & Contracting a verificar la validez de nuestro Número de Identificación de Empleador(EIN/Número de Seguro Social(SSN)) con las autoridades correspondientes. Yo, entiendo que si se determina que el EIN no es válido. A T-Rock Roofing & Contracting no se le permitirá realizar negocios. Esta verificación es un requisito para mantener el cumplimiento y garantizar registros precisos.

EIN/SSN:

Authorized Signature:

Printed Name:

Title:

Date:





## Vendor ACH/Direct Deposit Authorization Form

### 1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

### 2. Vendor/Payee Information

Name:

Address:

A/R Contact Name (if other than payee):

Telephone Number:

Email Address:

### 3. Financial Institution Information

Account Owner:

Type of Account:

Checking

Savings

Bank Nine-Digit Routing/Transit Number (ABA):

Bank Account Number:

Ownership Type:

Personal

Business

Bank Name:

Bank Address:

Bank Phone Number:

### 4. Approvals/Authorizations

- I certify that the information provided on this form is correct, and I hereby authorize the T-Rock Roofing & Contracting Accounts Payable to electronically deposit payments to the bank account designated above. It is my responsibility to notify AP at [ap@trockcontracting.com](mailto:ap@trockcontracting.com) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify T-Rock Roofing & Contracting AP in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until T-Rock Roofing & Contracting AP has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION  
7551 Metro Center Drive, Suite 100  
Austin, Texas 78744

If you are not certain whether all parties meet the requirements for entering into this agreement, you may wish to consult an attorney.

Texas Workers' Compensation Act, Texas Labor Code, Section 406.141(2) defines "independent contractor" as follows: (2) "Independent contractor" means a person who contracts to perform work or provide a service for the benefit of another and who: (A) is paid by the job, not by the hour or some other time-measured basis; (B) is free to hire as many helpers as he desires and to determine what each helper will be paid; and (C) is free to work for other contractors, or to send helpers to work for other contractors, while under contract to the hiring employer.

CHECK  BOX OF STATEMENT THAT APPLIES

**JOINT AGREEMENT TO AFFIRM INDEPENDENT  
RELATIONSHIP FOR CERTAIN BUILDING  
AND CONSTRUCTION WORKERS**

Notice of Declaration

The undersigned Hiring Contractor and the undersigned Independent Contractor hereby declare that the Independent Contractor meets the qualifications of an Independent Contractor under Texas Workers' Compensation Act, Texas Labor Code, Section 406.141, that the Independent Contractor is not an employee of the Hiring Contractor, and that:

- (A) the Independent Contractor and the Independent Contractor's employees shall not be entitled to workers' compensation coverage from the Hiring Contractor; and
- (B) the Hiring Contractor's workers' compensation insurance carrier shall not require premiums to be paid by the Hiring Contractor for coverage of the Independent Contractor or the Independent Contractor's employees, helpers, or subcontractors.

THIS DECLARATION TAKES EFFECT UPON RECEIPT BY THE TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION. THIS DECLARATION APPLIES TO ALL HIRING AGREEMENTS EXECUTED BY THE HIRING CONTRACTOR AND THE INDEPENDENT CONTRACTOR DURING THE YEAR AFTER THIS DECLARATION IS FILED UNLESS A SUBSEQUENT HIRING AGREEMENT IS MADE TO WHICH THE DECLARATION DOES NOT APPLY. IN THE EVENT THAT A HIRING AGREEMENT TO WHICH THIS DECLARATION DOES NOT APPLY IS MADE, THE HIRING CONTRACTOR AND INDEPENDENT CONTRACTOR SHALL SO NOTIFY THE TEXAS DEPARTMENT OF INSURANCE, DIVISION OF WORKERS' COMPENSATION AND THE HIRING CONTRACTOR'S WORKERS' COMPENSATION INSURANCE CARRIER (IF ANY) IN WRITING WITHIN 10 DAYS AFTER THE NON-APPLYING AGREEMENT IS MADE. ONCE THIS AGREEMENT IS SIGNED, THE SUBCONTRACTOR AND THE SUBCONTRACTOR'S EMPLOYEES SHALL NOT BE ENTITLED TO WORKERS' COMPENSATION COVERAGE FROM THE HIRING CONTRACTOR UNLESS A SUBSEQUENT WRITTEN AGREEMENT IS EXECUTED, AND FILED ACCORDING TO WORKERS' COMPENSATION RULES, EXPRESSLY STATING THAT THIS AGREEMENT DOES NOT APPLY.  
Texas Labor Code, Texas Workers' Compensation Act, Section 406.145.

**AGREEMENT TO ESTABLISH EMPLOYER-  
EMPLOYEE RELATIONSHIP FOR CERTAIN  
BUILDING AND CONSTRUCTION WORKERS**

Notice of Agreement

The undersigned Hiring Contractor and the undersigned Independent Contractor hereby agree that the Hiring Contractor  will withhold  will not withhold the cost of workers' compensation insurance coverage from the Independent Contractor's contract price and that the Hiring Contractor will purchase workers' compensation insurance coverage for the Independent Contractor and the Independent Contractor's employees. Once this agreement is signed, for the purpose of providing workers' compensation insurance coverage, the Hiring Contractor will be the employer of the Independent Contractor and the Independent Contractor's employees. This agreement makes the Hiring Contractor the employer of the Independent Contractor and the Independent Contractor's employees only for the purposes of workers' compensation laws of Texas and for no other purpose.

TERM (DATES) OF AGREEMENT: FROM: \_\_\_\_\_  
TO: \_\_\_\_\_

LOCATION OF EACH AFFECTED JOB SITE (OR STATE WHETHER THIS IS A BLANKET AGREEMENT):  
\_\_\_\_\_  
\_\_\_\_\_

ESTIMATED NUMBER OF EMPLOYEES AFFECTED: \_\_\_\_\_

THIS AGREEMENT SHALL TAKE EFFECT NO SOONER THAN THE DATE IT IS SIGNED.

Texas Labor Code, Texas Workers' Compensation Act, Section 406.144.

**Hiring Contractor's Affirmation**

If the Hiring Contractor's workers' compensation carrier change during the effective period of coverage, it is advisable for the Hiring Contractor to file this form with the new insurance carrier.

46-1389021

Federal Tax I.D. Number

Signature of Hiring Contractor \_\_\_\_\_ Date \_\_\_\_\_

T-Rock Roofing & Contracting LLC

Printed Name of the Hiring Contractor

3001 Long Prairie Rd

Address (Street)

Flower Mound, TX 75022

Address (City, State, Zip)

**Independent Contractor's Affirmation**

Federal Tax I.D. Number

Signature of Independent Contractor \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of the Independent Contractor

Address (Street)

Address (City, State, Zip)

**The Hiring Contractor should retain the original.** Legible copies of this agreement should be filed with the hiring contractor's workers' compensation insurance carrier and the Division within 10 days of the date of execution. An agreement is not considered filed if it is illegible or incomplete. Filing may be accomplished by mail or facsimile transmission. The Independent Contractor should also retain a copy of the agreement.

Division Date Stamp Here



**Subcontractor Release and Waiver of Liability Form**

This Release and Waiver of Liability (the "release") executed on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ ("Subcontractor") release the T Rock Roofing & Construction, Aaron Sadler (Trock) and each of its successors, assigns, libraries, directors, officers, employees, agents and Subcontractors. Now therefore, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

The Subcontractor desires to provide services to TROCK and engage in activities related to such service.

Subcontractor understands that he/she is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of services provided to TROCK.

1. Waiver and Release: I, the Subcontractor, for myself and my heirs, executors, administrators and assigns, hereby release, waive, discharge and hold harmless, TROCK and its successors, assigns, libraries, directors, officers, employees and agents from any and all liability, claim and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to TROCK. I understand and acknowledge that this Release discharges TROCK from any liability or claim that I may have against TROCK with respect to bodily injury, personal injury, illness, death, property damage, or any other claim that may result from the services I provide to TROCK or occurring while I am providing services.
2. Insurance: Further, I understand that TROCK does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, workers compensation, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of TROCK beyond what may be offered freely by TROCK in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby release and forever discharge TROCK from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a Subcontractor with TROCK.
4. Assumption of Risk: I understand that the services I provide to TROCK may include activities that may be hazardous. As a Subcontractor, I hereby expressly assume risk of injury or harm from these activities and release TROCK from all liability.
5. Other: As a Subcontractor, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

\_\_\_\_\_ Date

Witness

\_\_\_\_\_ Date