

Greenfield Police Department is requesting a quote for the attached equipment list. The equipment list is a list of lights that will be needed for 2020 Ford Explorer Police Vehicle. There will be a total of 5 2020 Ford Explorer Police Vehicles that will need to be outfitted. The list provided is a complete list for one vehicle. Your quote doesn't have to be exact, but it needs to be equivalent or better than what is on the list.

The Greenfield Police Department also needs the following.

1. A copy of your company's insurance declaration page reflecting general liability coverage of at least \$1 million per incident and \$2 million in the aggregate, the existence of workers compensation insurance, as well as cyber security insurance if the project involves access to our computer system.
2. A copy of your proposed contract should you be selected as the vendor.
3. A duly executed E-Verify Affidavit.
4. A duly executed Iran affidavit.
5. A duly executed w-9 of one is not already on file with the Clerk-Treasure.

There will also be a 2020 Ford Fusion Detective Vehicle that will need to be outfitted with lights not to exceed the amount of \$2500.00. Please add this \$2500.00 to your final total.

If you are the selected bidder, you will be contacted and given the projected date of arrival for the vehicles above. All lights and equipment will need to be ordered and on hand upon delivery of the new vehicles. Upon delivery of the new vehicles, the lights and equipment will need to be installed with all vehicles being done consecutively.

The bids/quotes will need to be returned to the City of Greenfield Clerk Treasures Office ATTN: Lori Elmore located at 10 S State Street, Greenfield IN 46140 no later than 4:00pm on Monday February 24<sup>th</sup>, 2020. The bids/quotes will be opened at the Board of Works Meeting on Tuesday February 25<sup>th</sup>, 2020 at 10:00am. They will be awarded at the next Board of Works Meeting on Tuesday March 10<sup>th</sup>, 2020 at 10:00am.

If you have any questions in regards to the equipment list provided or installation, please contact Deputy Chief Hartman at 317-325-1202 or by email at [bhartman@greenfieldin.org](mailto:bhartman@greenfieldin.org).

Thanks.

## 2020 Ford Explorer Light Package Equipment List

1	ILS Low Pro	Federal Low Profile ILS Visor Light Red/Blue with take downs (2020 Ford Utility)
1	ILS Low Pro (Rear)	Federal Low Profile ILS Rear Hatch Interior Light Red/Blue for Ford Utility
1	MPSC-R	Federal MicroPulse C Series (red) Stud Mount in Grill
1	MPSC-B	Federal MicroPulse C Series (blue) Stud Mount in Grill
1	MPS600U-RR	Federal MicroPulse 600U Surface Mount (red/red) Fog Light area
1	MPS600U-BB	Federal MicroPulse 600U Surface Mount (blue/blue) Fog Light area
1	MPS6U-FPIU20FOG	Federal MPS6 Bracket for Fog Light Area 2020+ Ford Utility
1	MPSW9-RW	Federal MicroPulse Wide Angle (red/white) Under Door Mirror
1	MPSW9-BW	Federal MicroPulse Wide Angle (blue/white) Under Door Mirror
1	MPSMW9-FPIU20MIR	Federal Side Mirror Brackets for 2020+ Ford Utility (Pair)
2	XSM1-BRW	Federal XStream Single Head (Blue/Red/White) Rear Cargo Side Windows
1	HG2 Runners	HG2 Side Runners 68" Red/Blue for 2020+ Ford Utility
1	MPS600U-RR	Federal MicroPulse 600U Surface Mount (red/red) License Plate Area
1	MPS600U-BB	Federal MicroPulse 600U Surface Mount (blue/blue) License Plate Area
2	MPSM6U-SPACRKT	Kit of four 5 degrees rubber mounting wedges for MPS600U In License Plate area
1	MPS600U-RR	Federal MicroPulse 600U Surface Mount (red/red) bottom of hatch
1	MPS600U-BB	Federal MicroPulse 600U Surface Mount (blue/blue) bottom of hatch
1	FHL-TAIL	Federal Tail Light Flasher
1	295SLSA6	Whelen Siren/Switch Control

## 2020 Ford Explorer Light Package Equipment List

1	ES100C	Federal Signal 100 Watt Speaker Includes ESB-FPIU20ND
1	Rumbler-3	Federal Rumbler Low Frequency Siren
1	RB-FPIU20	Federal Rumbler Mount for 2020+ Ford Utility
1	C-VS-0618-INUT	Havis 24" Console 2020+ Ford Utility
1	C-PM-124	Havis PocketJet Printer Mount for Ford Interceptor Utility
1	C-CUP2-I	Havis 4" Internal Cup Holder
1	C-LP2-PS1-USB	Havis 2 Lighter Plug Outlet W/1 USB Cut Outs
1	C-ARM-103	Havis Flip-up Arm Rest
1	C-HDM-204	Havis Heavy Duty Side Computer Mount
1	C-HDM-303	Heavy Duty Fixed Top Offset Platform, 6" Offset
1	C-MD-204	Havis Low Profile Tilt Swivel Motion Device
1	Installation (See Note Below)	Includes all wiring, fusin, and shop material (includes installation of Body Worn Camera System)
1	Jotto Desk	Dual gun rack back seat mount. (All is needed is the base plate for 2020+ Ford Utility)

Note: Installation includes existing radars/new radars, existing gun racks, existing radios and antennas, and printer along with all power cables. Installation will need to take place at the Greenfield City Garage, or your shop if your shop is located within 30 miles from the Greenfield Police Department.

**Safety Systems**  
 4113 Turner Road  
 Richmond, IN 47374

# QUOTATION

Quote Number: 2020 Ford Utility

Quote Date: Feb 19, 2020

Page: 1

Voice: 765-935-3566  
 Fax: 765-935-9713

<b>Quoted To:</b>
Greenfield Police Department 116 S State St Greenfield, IN 46140

Customer ID	Good Thru	Payment Terms	Sales Rep
Greenfield PD	3/20/20	Net 30 Days	Corey S. Blunk

Quantity	Item	Description	Unit Price	Amount
5.00	ILS Low Pro	Federal Low Profile ILS Visor Light Red/Blue with Take Downs (2020 Ford Utility)	525.00	2,625.00
5.00	ILS Low Pro (Rear)	Federal Low Profile ILS Rear Hatch Interior Light Red/Blue for Ford Utility	525.00	2,625.00
5.00	MPSC-R	Federal MicroPulse C Series (Red) Stud Mount in Grill	75.50	377.50
5.00	MPSC-B	Federal MicroPulse C Series (Blue) Stud Mount in Grill	75.50	377.50
5.00	MPS600U-RR	Federal MicroPulse 600U Surface Mount (Red/Red) Fog Light Area	68.50	342.50
5.00	MPS600U-BB	Federal MicroPulse 600U Surface Mount (Blue/Blue) Fog Light Area	68.50	342.50
5.00	MPS6U-FPIU20FOG	Federal MPS6 Bracket for Fog Light Area 2020+ Ford Utility	48.00	240.00
5.00	MPSW9-RW	Federal MicroPulse Wide Angle (Red/White) Under Door Mirror	105.00	525.00
5.00	MPSW9-BW	Federal MicroPulse Wide Angle (Blue/White) Under Door Mirror	105.00	525.00
5.00	MPSMW9-FPIU20MIR	Federal Side Mirror Brackets for 2020+ Ford Utility (Pair)	18.60	93.00
10.00	XSM1-BRW	Federal XStream Single Head (Blue/Red/White) Rear Cargo Side Windows	84.80	848.00
5.00	HG2 Runners	HG2 Side Runners 68" Red/Blue for 2020+ Ford Utility	805.00	4,025.00
5.00	MPS600U-RR	Federal MicroPulse 600U Surface Mount	68.50	342.50
			Subtotal	Continued
			Sales Tax	Continued
			<b>TOTAL</b>	<b>Continued</b>

**Safety Systems**  
 4113 Turner Road  
 Richmond, IN 47374

# QUOTATION

Quote Number: 2020 Ford Utility

Quote Date: Feb 19, 2020

Page: 2

Voice: 765-935-3566  
 Fax: 765-935-9713

<b>Quoted To:</b>
Greenfield Police Department 116 S State St Greenfield, IN 46140

Customer ID	Good Thru	Payment Terms	Sales Rep
Greenfield PD	3/20/20	Net 30 Days	Corey S. Blunk

Quantity	Item	Description	Unit Price	Amount
5.00	MPS600U-BB	(Red/Red) License Plate Area Federal MicroPulse 600U Surface Mount	68.50	342.50
10.00	MPSM6U-SPACRKT	(Blue/Blue) License Plate Area Kit of four 5 degree rubber mounting wedges for MPS600U in License Plate Area	15.00	150.00
5.00	MPS600U-RR	Federal MicroPulse 600U Surface Mount (Red/Red) Bottom of Hatch	68.50	342.50
5.00	MPS600U-BB	Federal MicroPulse 600U Surface Mount (Blue/Blue) Bottom of Hatch	68.50	342.50
5.00	FHL-TAIL	Federal Tail Light Flasher	44.50	222.50
5.00	295SLSA6	Whelen Siren/Switch Control	325.00	1,625.00
5.00	ES100C	Federal Signal 100 Watt Speaker includes ESB-FPIU20ND	170.00	850.00
5.00	RUMBLER-3	Federal Rumbler Low Frequency Siren	444.60	2,223.00
5.00	RB-FPIU20	Federal RUMBLER Mount for 2020 Ford Utility	30.00	150.00
5.00	C-VS-0618-INUT	Havis 24" Console 2020+ Ford Utility	355.60	1,778.00
5.00	C-PM-124	Havis PocketJet Printer Mount for Ford Interceptor Utility	152.60	763.00
5.00	C-CUP2-I	Havis 4" Internal Cup Holder	31.80	159.00
5.00	C-LP2-PS1-USB	Havis 2 Lighter Plug Outlet W/ 1 USB Cut Outs	86.06	430.30
5.00	C-ARM-103	Havis Flip-Up Arm Rest	89.37	446.85
5.00	C-HDM-204	Havis Heavy Duty Side Computer Mount	127.94	639.70
5.00	C-HDM-303	Heavy Duty Fixed Top Offset Platform, 6" Offset	30.51	152.55

Subtotal	Continued
Sales Tax	Continued
<b>TOTAL</b>	<b>Continued</b>

**Safety Systems**  
 4113 Turner Road  
 Richmond, IN 47374

# QUOTATION

Quote Number: 2020 Ford Utility

Quote Date: Feb 19, 2020

Page: 3

Voice: 765-935-3566  
 Fax: 765-935-9713

<b>Quoted To:</b>
Greenfield Police Department 116 S State St Greenfield, IN 46140

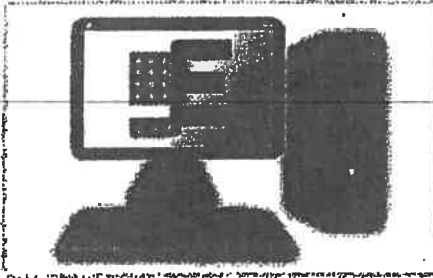
Customer ID	Good Thru	Payment Terms	Sales Rep
Greenfield PD	3/20/20	Net 30 Days	Corey S. Blunk

Quantity	Item	Description	Unit Price	Amount
5.00	C-MD-204	Havis Low Profile Tilt Swivel Motion Device	57.54	287.70
5.00	Installation	Includes all wiring, fusing, and shop materials	902.50	4,512.50
5.00		Jotto Base Mount for Vertical Gun Rack (2020 Ford Utility)	125.00	625.00
1.00		Lighting Package for 2020 Ford Fusion Detective Vehicle	2,500.00	2,500.00
			<b>Subtotal</b>	<b>31,831.10</b>
			<b>Sales Tax</b>	
			<b>TOTAL</b>	<b>31,831.10</b>



## U.S. Citizenship and Immigration Services

# What is E-Verify?



E-Verify is an Internet-based system that compares information from an employee's Form I-9, Employment Eligibility Verification, to data from U.S. Department of Homeland Security and Social Security Administration records to confirm employment eligibility.

### Why E-Verify?

Why do people come to the United States illegally? They come here to work. The public can, and should, choose to reward companies that follow the law and employ a legal workforce.

The U.S. Department of Homeland Security is working to stop unauthorized employment. By using E-Verify to determine the employment eligibility of their employees, companies become part of the solution in addressing this problem.

Employment eligibility verification is good business and it's the law.

### Who Uses E-Verify?

More than 288,000 employers, large and small, across the United States use E-Verify to check the employment eligibility of their employees, with about 1,200 new businesses signing up each week.

While participation in E-Verify is voluntary for most businesses, some companies may be required by state law or federal regulation to use E-Verify. For example, most employers in Arizona and Mississippi are required to use E-Verify. E-Verify is also mandatory for employers with federal contracts or subcontracts that contain the Federal Acquisition Regulation E-Verify clause.

*This page provides general information about E-Verify and is meant to provide an overview of the program. For instructions and policy guidance, visit the For Employers and For Employees sections of the website.*

## CLAUSE FOR CONTRACTS

### **Employment Eligibility Verification**

The Contractor affirms under the penalties of perjury that he/she/it does not knowingly employ an unauthorized alien.

The Contractor shall enroll in and verify the work eligibility status of all his/her/its newly hired employees through the E-Verify program as defined in IC 22-5-1.7-3. The Contractor is not required to participate should the E-Verify program cease to exist.

---

~~Additionally, the Contractor is not required to participate if the Contractor is self-employed and does not employ any employees.~~

The Contractor shall not knowingly employ or contract with an unauthorized alien. The Contractor shall not retain an employee or contract with a person that the Contractor subsequently learns is an unauthorized alien.

The Contractor shall, prior to performing any work, require his/her/its subcontractors, who perform work under this contract, to certify to the Contractor that the subcontractor does not knowingly employ or contract with an unauthorized alien and that the subcontractor has enrolled and is participating in the E-Verify program. The Contractor agrees to maintain this certification throughout the duration of the term of a contract with a subcontractor.

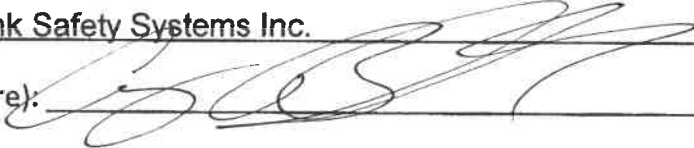
The Owner may terminate for default if the Contractor fails to cure a breach of this provision no later than thirty (30) days after being notified by the Owner. If Contractor employs or contracts with an unauthorized alien but the Owner determines that terminating the contract would be detrimental to the public interest or public property, the Owner may allow the contract to remain in effect until the Owner procures a new Contractor. If Contractor violates the terms of this provision, the Owner shall require Contractor to remedy the violation no later than thirty (30) days after Owner notifies Contractor of such violation. If Contractor fails to remedy the violation within the thirty (30) day period, Owner shall terminate the contract for breach of contract. If Owner terminates the contract, Contractor shall, in addition to any other contractual remedies, be liable to Owner for actual damages incurred due to said breach of contract. There is a rebuttable presumption that Contractor did not knowingly employ an unauthorized alien if Contractor verified the work eligibility status of the employee through the E-Verify program and documented said verification to Owner immediately upon notice of alleged violation.



**AFFIDAVIT REGARDING CONTRACTOR DOING BUSINESS WITH THE  
GOVERNMENT OF IRAN**

Pursuant to Indiana Code 5-22-16.5, the Contractor entering into a Contract with the Owner is required to certify they are not engaged in business with the Government of Iran, as defined in IC 5-22-16.5.

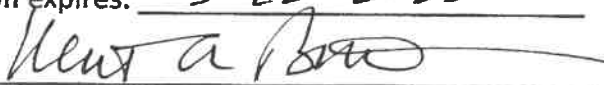
The undersigned, on behalf of the Contractor, being first duly sworn, deposes and states that the Contractor is not disqualified because of the requirement of IC 2-22-16.5.

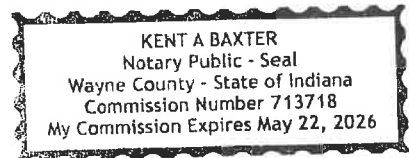
(Contractor): Blunk Safety Systems Inc.  
By (Written Signature):   
(Printed Name): Corey Blunk  
(Title): Vice President

Important – Notary Signature and Seal Required in the Space Below

STATE OF Indiana  
COUNTY OF Wayne

Subscribed and sworn to before me this 18 day of FEBRUARY,  
2020.

My commission expires: 5-22-2026  
(Signed) 

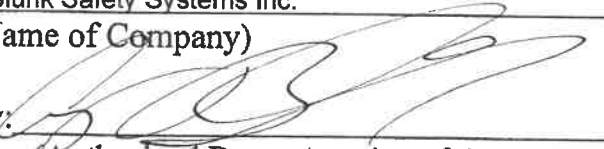


**INDIANA LEGAL EMPLOYMENT DECLARATION**

The State of Indiana has enacted a law (I.C. 22-5-1.7) requiring all state agencies and political subdivisions request verification from their contractors that their employees are legally eligible to work in the United States. This Declaration serves as notice that all Contractors doing business with the City of Greenfield must, as a term of their contract:

1. Enroll in and verify the work eligibility status of newly hired employees of the contractor through the E-Verify programs (but is not required to do this if the E-Verify program no longer exists); and
2. Verify, by signature below, that the Contractor does not knowingly employ unauthorized aliens.

I, Corey S. Blunk, a duly authorized agent of Blunk Safety Systems Inc. (name of Company), declare under penalties of perjury that Blunk Safety Systems Inc. (name of Company) does not employ unauthorized aliens to the best of its knowledge and belief.

Blunk Safety Systems Inc.  
(Name of Company)  
By:   
(Authorized Representative of Company)

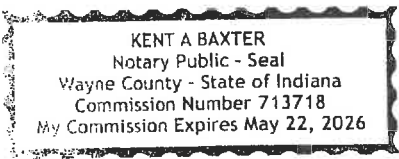
Subscribed and sworn to before me on this 18 day of FEBRUARY, 2020.

My Commission Expires: 5-22-2026

County of Residence: Wayne

Kent A Baxter  
Notary Public - Signature

Kent A Baxter  
Notary Public - Printed Name





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/14/2019

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 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> RMD Patti Insurance and Financial Services 36 South 9th Street PO Box 1167 Richmond IN 47375	<b>CONTACT NAME:</b> Julie Garrett <b>PHONE (A/C No. Ext):</b> (765) 966-7531 <b>E-MAIL ADDRESS:</b> julieg@mdpatti.com		<b>FAX (A/C No):</b> (765) 935-2474
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Blunk Safety Systems Inc C/O Scott Blunk 4113 Turner Rd Richmond IN 47374	<b>INSURER A:</b> Acuity Insurance		14184
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 6/19 - 6/20 Master

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			K55405	6/1/2019	6/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 AOLC \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> 19 <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			K55405	6/1/2019	6/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 250,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 100,000 Medical payments \$ 5,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Garagekeepers			K55405	6/1/2019	6/1/2020	Compo - \$1,000 Ded \$500,000 Collision - \$1,000 Ded. \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

bhartman@greenfieldin.org

City of Greenfield Indiana  
Police Dept.  
Attn: Capt. Hartman  
116 S State St.  
Greenfield, IN 46140

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

Clay Taylor/MLG

© 1988-2014 ACORD CORPORATION. All rights reserved.

# 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. <i>Blank Safety Systems Inc</i>	
2 Business name/disregarded entity name, if different from above <i>Safety Systems</i>	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	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.) <i>4113 Turner Rd</i>	
6 City, state, and ZIP code <i>Richmond, TN 37374</i>	
7 List account number(s) here (optional)	
Requester's name and address (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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>[Signature]</i>	Date ▶ <i>2/18/20</i>
------------------	---	-----------------------

### 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](http://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.