

Location: 1 145 HIGHWAY 28 WSOAP LAKE , WA
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Please provide the following information for the period 12/29/2022 to 12/29/2023

What is the legal entity of your business? (Corporation, Partnership, Individual, LLC, Other)

DAVID CRAFT LLC

If the entity of the business changed during the audit period, indicate the date and entity prior to the change.

Please provide the following information for the period 12/29/2022 to 12/29/2023

Detail all owners, partners, and officers below. If any principals retired or left the business during the policy period, indicate so in the name column and include the separation date.

Loc #	Name all Owners, Officers, Partners, or Members	Title	Active	List actual work performed	Total gross wages during the period, including any commissions & bonuses	Percent ownership
1	DAVID CRAFT	owner	YES / NO	Estimates - Floor Prep Flooring Renovation - Cleaning	0	100%
			YES / NO		\$	
			YES / NO		\$	
			YES / NO		\$	

Employees Only - Do not include owners or officers below

Please provide the following information for the period 12/29/2022 to 12/29/2023

Itemize all employees (Full-time, Part-time, Janitorial) and any cash or casual laborers used. Gross wages should include all bonuses and any commissions paid during the audit period shown above. If you keep a payroll split for different duties, enter each type of work on a different line. If you do not have any employees, enter "none".

Loc #	Employee Name	Describe the work performed	Total Gross Wages (including overtime)	Overtime Wages	# of weeks employed	Full Time Employee
			\$	\$		YES / NO
			\$	\$		YES / NO
			\$	\$		YES / NO
			\$	\$		YES / NO
			\$	\$		YES / NO
			\$	\$		YES / NO
			\$	\$		YES / NO
			\$	\$		YES / NO

You may submit a record of employee wages instead of filling out the table above, if you prefer. Duties for each employee must be included on the payroll record or entered in the table above.

If you were required to complete Federal IRS 941 Quarterly Reports, please include copies of the four reports closest to the audit period.

Was your business involved in an Owner Controlled Insurance Program (OCIP) or Wrap Up projects? ☐ Yes ☒ No

Were there any jobs during the audit period where you did no janitorial work, but you did perform painting? ☐ Yes ☒ No

Were there any jobs during the audit period where you did no janitorial work, but you did perform window cleaning? ☐ Yes ☒ No

Were there any jobs during the audit period where you did no janitorial work, but you did perform maintenance or repair work? ☒ Yes ☐ No

Does your business perform carpet shampooing or steam cleaning? ☐ Yes ☒ No

If yes, please list the employees who do this. (NOTE: If the same employees do both carpet cleaning and janitorial work, please provide a split of their wages, if available.)

Does your business perform any house cleaning? ☐ Yes ☒ No

If yes, please note which employees are doing house cleaning vs. office cleaning. If any employees do both types, please provide a split in their wages, if available.

Report your total gross receipts, before deductions, during the audit period

\$ \$113,954.00

Report the names of all states that you performed work in during the audit period

MONTANA Washington

Describe your business operations and how these operations are performed.

Please list all subcontractors used below. Construction contractors, hired trucks, musicians, and entertainers are to be included in this section. If you did not have any subcontractors, enter "none".

Name of subcontractor	Did they have employees?	Total contract cost	Did they provide the materials?	If yes, what was the cost of materials only?	Type of work performed
W Munro Flooring	YES <input checked="" type="checkbox"/> NO	\$ 6200 ⁰⁰	YES <input checked="" type="checkbox"/> NO	\$	carpet installation & removal
	YES / NO	\$	YES / NO	\$	
	YES / NO	\$	YES / NO	\$	
	YES / NO	\$	YES / NO	\$	
	YES / NO	\$	YES / NO	\$	

Please provide certificates of insurance for all subcontractors used. Without this evidence, we must classify and rate the subcontractor's work as if it was performed by your own employees.

Supporting Documentation and Contact Information

Insured's Federal ID Number. If you do not have a Federal ID number please leave blank. DO NOT include your SSN.

27-0964520

Insured's State Unemployment ID Number

See Attached
W-9
Contractor license
Business license

2379016

CPS7703087

Please provide a business phone number

509 750-1901

Please provide a business fax number

800 279-8934

Please provide a business web site

NONE

Please provide a business e-mail address

Michele@ABCS.co

Name of the person completing this form

Michele McKernhan

Phone number of the person completing this form

509 717-3038

Availability of the person completing this form, in the event that there are follow-up questions

10-4 M-F

Name (Please print)

David Craft

Signature

David Craft

Phone Number

509 750-1901

Date

1-8-24

Contractors

W MUNRO FLOORING

Owner or tradesperson

Principals

MUNRO, WADE F, OWNER

Doing business as

W MUNRO FLOORING

128 STATTER RD
EPHRATA, WA 98823
509-760-3779
GRANT County

WA UBI No.
602 955 469

Business type
Individual

License

Verify the contractor's active registration / license / certification (depending on trade) and any past violations.

Construction Contractor

Active

Meets current requirements.

License specialties

Floor Covering and Counter Tops

License no.

WMUNRMF907BO

Effective — expiration

01/20/2010— 04/18/2024

Bond

American Contractors Indem CO

\$6,000.00

Bond account no.

100288970

Received by L&I

11/20/2015

Effective date

12/01/2015

Expiration date

Until Canceled

Insurance

Ohio Security Ins Co

\$1,000,000.00

Policy no.

BKS54912320

Received by L&I

10/07/2022

Effective date

11/15/2021

Expiration date

11/15/2023

Insurance history

Savings

No savings accounts during the previous 6 year period.

Lawsuits against the bond or savings

No lawsuits against the bond or savings accounts during the previous 6 year period.

L&I Tax debts

No L&I tax debts are recorded for this contractor license during the previous 6 year period, but some debts may be recorded by other agencies.

License Violations

No license violations during the previous 6 year period.

Certifications & Endorsements

OMWBE Certifications

No active certifications exist for this business.

Apprentice Training Agent

No active Washington registered apprentices exist for this business. Washington allows the use of apprentices registered with Oregon or Montana. Contact the Oregon Bureau of Labor & Industries or Montana Department of Labor & Industry to verify if this business has apprentices.

Workers' Comp

Do you know if the business has employees? If so, verify the business is up-to-date on workers' comp premiums.

L&I Account ID

Account is current.

182,483-00

Doing business as

W MUNRO FLOORING

Estimated workers reported

Quarter 3 of Year 2022 "Less than 1 Workers"

L&I account contact

TO / GARY HONC (360)902-4823 - Email: HONC235@lnl.wa.gov

Public Works Requirements

Verify the contractor is eligible to perform work on public works projects.

Required Training- Effective July 1, 2019

Exempt from this requirement.

Contractor Strikes

No strikes have been issued against this contractor.

Contractors not allowed to bid

No debarments have been issued against this contractor.

Workplace Safety & Health

Check for any past safety and health violations found on jobsites this business was responsible for.

No inspections during the previous 6 year period.



STATE OF
WASHINGTON

Sole Proprietorship

BUSINESS LICENSE

Unified Business ID #: 602955469

Business ID #: 001

Location: 0001

WADE F MUNRO
W. MUNRO FLOORING
128 STATTER RD
EPHRATA, WA 98823-1551

UNEMPLOYMENT INSURANCE - ACTIVE

INDUSTRIAL INSURANCE - ACTIVE

TAX REGISTRATION - ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

W. MUNRO FLOORING

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

A handwritten signature in cursive script that reads "Vicki Smith".

Director, Department of Revenue