



Exceptional Property Management

Vendor's Information Form

Vendor's Company Name (Full Legal Name): _____

Owner/Manager Name: _____ Cell Number: _____

Vendor's Business Number(s): _____

Vendor's Email Address: _____

Vendor's Fax Number: _____

Contact Name & Number for Work Order Follow Up W-9 Attached: _____

Liability Certificate of Insurance Attached: _____

Liability Insurance Expiration Date: _____

Consolidated Community Management, Inc. named as Additionally Insured: _____

Applicable Licenses Attached: _____

Vendor will maintain a commercial liability insurance policy in the minimum amount of \$1,000,000.00 and such policy will be in effect as of the start date of the work and throughout the work, including any warranty period. Consolidated Community Management, Inc. shall be included and named as additional insurance under this policy. Vendor's commercial general liability insurance policy shall apply as primary insurance with respect to any other insurance available to or maintained by the Client and Consolidated Community Management, Inc. Vendor agrees to provide First Choice Property Management Group, Inc. with of its Certificate of Insurance, and understands the client may withhold payment if insurance lapse until new insurance is in place.

Vendor's personnel authorized to sign on behalf of _____ with respect to all contracts.

Printed Name & Title _____

Signature _____

List of Services Provided: _____

References: _____

Association Property Manager: _____