

**First Choice Property Management Group, Inc.**

**Vendor's Information Form**

Vendor's Company Name (Full Legal Name): \_\_\_\_\_

Owner/Supervisor Name: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Vendor's Business Phone Number (s): \_\_\_\_\_

Vendor's Business Email Address: \_\_\_\_\_

Vendor's Business Fax Number: \_\_\_\_\_

Contact Name & Number for Work Order Follow Up: \_\_\_\_\_

W-9 Attached

Liability Certificate of Insurance Attached  Liability Insurance Expiration Date: \_\_/\_\_/\_\_

Workers Comp Certificate of Insurance Attached  Workers Comp Insurance Expiration Date: \_\_/\_\_/\_\_

First Choice Property Management Group, Inc. named as additional insured

Applicable Licenses Attached  \_\_\_\_\_

Vendor will maintain a commercial liability insurance policy in the minimum amount of \$1,000,000, and such policy will be in effect as of the start date of the work and throughout the work, including any warranty period. First Choice Property Management Group, Inc. shall be included and named as additional insured 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 First Choice Property Management Group, Inc. Vendor agrees to provide First Choice Property Management Group, Inc. with a copy 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:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_