



VENDOR MAINTENANCE INFORMATION

Thank you for your desire to be considered as a vendor on behalf of the Associations managed by Bentley Community Management.

Bentley Community Management requires this information packet to be completed in its entirety, and submitted for review and completeness prior to any of the information being added to our payables system. You as the vendor, acknowledge and agree that if the information is not submitted complete and/or updated, renewal insurance documents are not provided to our office in a timely fashion so as to show your insurance as 'expired' in our system, that we will not be able to process payment of your invoices submitted until such documents are forwarded to our office. You as the vendor performing work on behalf of the Association(s) agree to maintain your insurance in force throughout the policy term, and to notify us immediately in the event that your insurance changes, lapses, or is cancelled for any reason.

If selected or contracted by an Association(s) to perform work on behalf of the Association(s), you agree to furnish additional insurance documents specifically for that Association(s) as detailed in this information packet.

Please note that in the event you do not provide our office with your Taxpayer Identification Number, we are required by the Internal Revenue Service to withhold the required portion of your payments for federal income tax payment.

Failure to provide your Taxpayer Identification Number or maintain your insurance could result in your services not being utilized by the Associations we manage.

Thank you for your interest! If you have any questions regarding the information in this packet, feel free to contact us. Insurance verification and documentation questions should be referred to your insurance agent(s).

Sincerely,

The Bentley Community Management Team

18340 Yorba Linda Blvd. Suite 107-138, Yorba Linda, CA 92886
(949) 237-2829 Office • (714) 695-0240 Fax

<http://www.BentleyCM.com>
Info@BentleyCM.com

"Community Management You Come Home To"[™]

VENDOR VERIFICATION FORM

To Be Completed by the Vendor

As part of my submission to Bentley Community Management to perform work on behalf of the Associations managed as the vendor, I hereby include in my submission:

_____ A copy of my W-9

_____ A copy of my California State Contractors License. I understand my license status will be confirmed.

I also certify the following (please circle):

Based on my services offered as the vendor, I am required to possess a CA Contractors License (**YES/NO**), and my license is current. (**YES/NO**)

If **NO** to either statement, please explain: _____

Based on my services offered as the vendor, my General Liability and Automobile Liability insurance policies do not contain any exclusions for performing operations within residential homes and communities, Homeowners Associations, and/or Condominium communities. (**YES/NO**) My insurance does not contain any exclusions for work performed within the state of California. (**YES/NO**)

If **NO** to either statement, please explain: _____

Based on my services offered as the vendor, I certify that I understand that any and all water run-off that occurs in connection with or as a result of my contractor operations, will be in compliance with all federal, state and local water run-off requirements, and the Association and Bentley Community Management will not be liable for any non-compliance.

(**YES/NO**) I as the vendor agree to reimbursement the Association for any fines and/or expenses incurred due to water run-off violations in connection with or as a result of my operations within 30 days of being notified of such penalties and expenses. (**YES/NO**)

If **NO** to either statement, please explain: _____

Based on my services offered as the vendor, I (**DO/DO NOT**) have employees, and (**DO/DO NOT**) possess workers' compensation insurance. I as the vendor agree to purchase workers' compensation insurance for any employees I hire, prior to commencement of work for any properties managed by Bentley Community Management (**YES/NO**).

If **DO NOT** or **NO** to any statement, please explain: _____

(CONTINUED ON NEXT PAGE)

Based on my services offered as the vendor, I (**DO/DO NOT**) utilize sub-contractors in the course of my operations or performance. I (**AGREE/DO NOT AGREE**) to disclose the use of sub-contractors in the proposals presented for work to be performed in an Association, or for work performed as requested via work order or service request via email or text from Bentley Community Management on behalf of the Association. I (**AGREE/DO NOT AGREE**) to hold the Association and Bentley Community Management harmless, waive subrogation, and name them as additional insured to my insurance policies with respects to my operations being completed by sub-contractors that I as the vendor, may hire.

If **DO NOT** or **DO NOT AGREE** to any statement, please explain: _____

Based on my services offered as the vendor, I (**DO/DO NOT**) understand the requirements of SB 459 regarding the use of willfully misclassifying individuals as independent contractors. I as the vendor (**AM/AM NOT**) in compliance with SB 459. I (**AGREE/DO NOT AGREE**) to hold the Association and Bentley Community Management harmless, and reimburse any penalties, fines or additional expenses incurred by the Association or Bentley Community Management for violations of SB 459 that are a result or in connection with my operations as the vendor, or work that I sub-contract out on behalf of the Association, within 30 days of the presentation.

If **DO NOT**, **AM NOT** or **DO NOT AGREE** to any statement, please explain: ____

By my signature below, I confirm that I am authorized to complete this form on behalf of the vendor submitting the information.

Printed Name

Signature

Title

Date

Company Name

City, State

VENDOR CONTACT INFORMATION

Please Print Legibly

Legal Company Name: _____

Principal Owner Name: _____

Tax ID Number: _____ - _____

Physical Address: _____

City, State, ZIP: _____

Main Phone Number: () _____ - _____

Fax Number: () _____ - _____

Emergency/After Hours Number: () _____ - _____

Website Address: [www.](#) _____

Mailing Address (if not same as above): _____

City, State, ZIP: _____

Type of Service Performed: _____

Service Area by County: _____

Main Contact Person: _____

Contact Person Cell/Direct Phone Number: () _____ - _____

Contact Person Email Address: _____ @ _____

Service Requests and Work Orders Should be Directed to: _____

Work Order Email Address: _____ @ _____

Accounting Contact Person: _____

Accounting Contact Phone: () _____ - _____

Accounting Contact Email: _____ @ _____

Please note information with regards to your operations that you feel may be beneficial for us to know: _____

For Office Use Only

_____ Reviewed _____ Entered

_____ Rejected Reason: _____

INSURANCE VERIFICATION

Please Forward This Document to Your Insurance Agent(s)

Name of Association: _____

Your insured contractor is requesting to be added to the Bentley Community Management system, in order to be considered to propose and perform work on behalf of the Associations we manage.

As such, we require the vendors' insurance information to be kept on file, and updated when renewed.

Please provide insurance certificates, including the actual additional insured endorsement and waiver of subrogation endorsement that applies to all of the coverages that you carry for the vendor. Certificates submitted without the endorsements will not be accepted. Certificates should reference General Liability, Automobile Liability, Workers' Compensation, and Professional Liability, where applicable.

Please Complete the Certificate of Insurance as Follows:

In the Description of Operations Box: (Name of Association) and Bentley Community Management are named as additional insured with waiver of subrogation for General Liability for operations performed by the named insured per attached endorsement forms (Form #s), and additional insured with waiver of subrogation for Automobile Liability per attached endorsement forms (Form #s), and waiver of subrogation for Workers' Compensation per attached endorsement form (Form #). The Named Insured has purchased insurance policies which do not contain any exclusions for work performed within a residential, Homeowners Association, or Condominium development, or operations performed within the State of California.

In the Certificate Holder Box:
(Name of Association) and
Bentley Community Management
18340 Yorba Linda Blvd.
Suite 107-138
Yorba Linda, CA 92886
Attn: Vendor Compliance Dept.

Please Note:

If the additional insured endorsement on the policy is a scheduled endorsement, the name of the Association and Bentley Community Management must be listed on the endorsement.

Verbiage stating, "As required by written contract" is not acceptable wording.

General Liability endorsement should cover completed operations – not just ongoing operations.

Non-compliance and completeness of documents submitted will result in the documents being returned, and delayed payment processing to the vendor.