

MULTIFAMILY MANAGEMENT, INC.

Vendor Request Checklist

Vendor Name: _____ Vendor # _____

- | | |
|--|--|
| <input type="checkbox"/> Master Service Agreement OR | <input type="checkbox"/> Vendor Service Agreement |
| <input type="checkbox"/> 5 pages | <input type="checkbox"/> 5 pages |
| <input type="checkbox"/> Initials each page | <input type="checkbox"/> Initials each page |
| <input type="checkbox"/> Executed (signed by Pat Coffey) | <input type="checkbox"/> Executed (signed by Pat Coffey) |

Insurance Certification

- Accord 25 form
- General Liability Expires _____/_____/_____
- | | |
|--|-------------|
| <input type="checkbox"/> Each Occurrence | \$1,000,000 |
| <input type="checkbox"/> Damage To Rented Premises (Ea Occurrence) | \$50,000 |
| <input type="checkbox"/> Med Exp (Any one person) | \$5,000 |
| <input type="checkbox"/> Personal & Adv Injury | \$1,000,000 |
| <input type="checkbox"/> General Aggregate | \$1,000,000 |
| <input type="checkbox"/> Products – Comp/Op Agg | \$1,000,000 |
- Auto Expires _____/_____/_____
- | | |
|--|---------------------|
| <input type="checkbox"/> Combined Single Limit (Ea accident) | \$100,000/\$300,000 |
|--|---------------------|
- Workmen’s Compensation Insurance (N/A¹) Expires _____/_____/_____
- | | |
|--|-----------|
| <input type="checkbox"/> E.L Each Accident | \$100,000 |
| <input type="checkbox"/> E.L. Disease – Ea Employee | \$100,000 |
| <input type="checkbox"/> E.L. Disease – Policy Limit | \$500,000 |
- MMI as Certificate Holder
- MMI as Additional Insured: GL Auto
- Subrogation Waived: GL Auto WC/EL

“Certificate Holder is an Additional Insured with respects to General Liability and Automobile Liability. Waiver of Subrogation applies on behalf of the Certificate Holder for General Liability, Automobile Liability and Workers Compensation/Employers’ Liability.”

- 30-day Cancellation Notice**
- Credit Application**
- W-9**
- Acknowledgement Regarding Background Screening of Workers**
- Fair Housing Policy** (for On-Site Vendors)
- Request For New Vendor** **OR** **One-Time Vendor Only**

Substitute Forms

- ¹Release and Indemnity Agreement For Vendor Without Workmen’s Compensation Insurance
- Executed (signed by Pat Coffey)

COMMENTS: _____
