VENDOR APPLICATION

Print Name



Date

To become an Approved Vendor with Structure PMG, you must complete this Vendor Application and submit it with all documentation per the below checklist. Once completed, please submit by fax (888) 627-2823, or preferably, by email to office@StructurePMG.com.

preferably, by em	nail to <u>office@Struc</u>	turePMG.com.			
Vendor's Name					
Vendor's Address					
Primary Contact Name		Office	e Phone		
Cell Phone		Fax			
Email					
Checklist of Items to be submitted with this Vendor Application					
Insurance Requirements	Required Limit	Coverage		Initial if Attached	
General Liability	\$1,000,000	Each Occurrence			
	\$1,000,000	General Aggregate			
	\$1,000,000	Product – Comp/Op Aggregate			
	\$1,000,000	Personal and Adv Injury			
Auto Liability	\$1,000,000	Any Auto – Combined Single Limit			
Workers Comp	\$500,000	EL Each Accident			
	\$500,000	EL Each Disease – Each Employee			
Workers' compensation insurance is required by Structure PMG for all Vendors with one or more employees. A General Liability Additional Insured Endorsement must be attached and reflect the following: Structure Property Management Group, Inc. and the ownership entities of their owned or managed properties and list Structure PMG, 2100 East McFadden Avenue, Suite C, Santa Ana, California 92705. All insurance needs a 30 day cancellation clause with notifications of cancelations or changes sent to Structure PMG.					
		Additional Items (All Vendo	rs)	
W9 Form completed and signed.					
Vendor Service Agreement signed and dated.					
Applicable licenses must be submitted (i.e. Contractor's License)					
The information provided is true and accurate:					

Sign Name