



Vendor Application Information

Dear Industry Partner,

Walters Management and the clients we represent appreciate the services you will provide and the on-going business relationship we share.

Our policy requires all industry partners supply us with information concerning their operations. This policy is in accordance with state and federal regulations, as well as good business practices regarding licensing, insurance and taxes.

In order to receive prompt payment, we must have the following information on file:

- A. Completed Vendor information Sheet (form included)
- B. Executed Indemnification Agreement (form included)
- C. Certificate of Workers Compensation Policy and expiration date.
(Note: If you are self-employed and are not required to carry Workers Compensation, please download form and note accordingly)
- D. An **original** Certificate of Liability Insurance with coverage of at least \$1,000,000 (\$3,000,000 for security companies), naming Walters Management **AND** the Association you service as additional insured. This original certificate should also give the expiration date of the policy. We must receive a 30-day notice of cancellation.
- E. Confirmation on your Certificate of Liability Insurance that your coverage **does not** exclude multi-family products, projects or coverage
- F. Copy of your Contractors License and expiration date (if applicable)

All documentation must be received in our office prior to your commencing services at any property.

After initial set-up documentation, please see that the documentation is kept current at all times (e.g. current certificate of insurance, contractor's license, etc.)

If the new documentation is not received by the expiration date, this may result in immediate termination of services.

We thank you in advance for your cooperation and assistance.

If you have any questions or need any help, please call us at 858-495-0900 or e-mail us at [**vendors@waltersmanagement.com**](mailto:vendors@waltersmanagement.com).



Vendor Information Sheet (Part A - Page 1 of 2)

Dear Industry Partner,

In August 1983, Congress passed the Interest and Dividend Tax Compliance Act of 1983 which states in part, "A person engaged in a trade or business must file an information return for certain payments that he makes to others during a calendar year in the course of his trade or business." Where a 1099 is required to be filed by a payor, the payor will be required to withhold on the payment unless an identification number is acquired from the payee. This amounts to 31% withheld on payments made to you if we do not receive this information.

Please assist us in complying with the reporting requirements of the IRS by completing the following information and returning this letter to Walters Management.

Company Name: _____

Mailing Address: _____

(Address line 2): _____

City, State, Zip: _____

Phone/Fax: _____ / _____

Type Of Business Or Service Provided: _____

Supplier Only (will not be on premises): yes _____ no _____ (check one)

Contractor's License Number/Expiration Date _____ / _____

Will you be providing services on-site? yes _____ no _____ (check one)

Are you a Corporation? yes _____ no _____ (check one)

Are you subject to backup withholding? yes _____ no _____ (check one)

Federal Tax ID Number: _____



Vendor Information Sheet (Part A - Page 2 of 2)

If you are filing your tax return using a Social Security Number, please give us the following information:

Social Security Number: _____

First And Last Name You File Under: _____ (please print)

I attest that the above information is true and complete to the best of my knowledge:

Printed Name: _____
(name / title)

Signed: _____

Date: _____

Return completed packet to:

Walters Management
Attn: Accounts Payable - Vendors
9665 Chesapeake Dr STE 300
San Diego, CA 92123-1364

----- FOR OFFICE USE ONLY -----

Property Name

VENDOR #



Indemnification Agreement (Part B)

Dear Industry Partner,

If you are self-employed with no employees and you are not required to carry workers compensation, please execute the certification below and return to our office.

I certify that I am self-employed and not required to carry workers compensation coverage.

Company: _____

Name: _____ (please print)

Title: _____

Signature: _____

Date: _____