

Dear Industry Partner:

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

Our Company's policy requires that all industry partners with whom we and our clients do business 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 (Download form here);
- b. Completed W-9 form for Federal Tax ID or Social Security Number (to download form click here);
- 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 on form.*)
- 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 serve 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. Copy of your Contractors License and expiration date (*if applicable*);
- f. Executed Indemnification agreement (Download Form here);
- g. Confirmation of SB 198 Compliance (Download Form here);

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.

Sincerely,

Walters Management

Dear Vendor:

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 The Walters Management Company.

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE/FAX: _____ / _____

TYPE OF BUSINESS OR SERVICE PROVIDED _____

SUPPLIER ONLY (will not be on premises) ___yes ___no (check one)

CONTRACTORS LICENSE NUMBER/EXPIRATION DATE _____ / _____

Will you be providing services on-site ___yes ___no (check one)

ARE YOU Y2K COMPLIANT ___yes ___no
(check one)

If not, date to be in compliance _____

Are you a Corporation? ___Yes ___no
(check one)

Are you subject to backup withholding? ___Yes ___no
(check one)

FEDERAL TAX ID NUMBER: _____

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

SOCIAL SECURITY #: _____

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:

Signed: _____

Date _____

**Return form to: Walters Management
 Attn: Theresa Dimasaca
 9665 Chesapeake Drive, Suite 300
 San Diego, CA 92123-1364**

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

Property Name:

VENDOR #

INDEMNIFICATION AND AGENT RELATIONSHIP

_____ (Contractor or Industry Partner Name) shall indemnify the Owner and The Walters Management company, and save them harmless from and against any claim, loss, liability, and expense (including attorneys' fees and court costs) incurred by Owner or The Walters Management Company arising out of damage to property or injury to, or death of, persons (including the property and personnel of the parties hereto and their agents, subcontractors, and employees) arising out of, or in connection with, the negligent acts of _____ (Contractor or Industry Partner Name)

Contractor or Industry Partner further agrees and understands that The Walters Management Company is not the Owner of the property where the Contractor/Industry Partner is providing service or supplies and is merely acting as Agent for Owner. Contractor/Industry Partner agrees Agent is not responsible in any way for the financial obligations of the Owner.

SIGNATURE

PRINT NAME

TITLE

COMPANY

DATE

February 7, 2007

RE: SB 198 Safety Plan

Dear Industry Partner:

As I'm sure you are aware, Senate Bill 198 required that all employers develop a safety plan. That plan was to be finalized and operational as of July 1, 1991.

In an effort to comply with the new law and its many facets, we are required to have in our files a certification from each industry partner that we deal with, that indicates that they have an active safety plan in compliance with SB 198.

Therefore, because we are concerned with safety and because we are certain that you are as well, please sign below to certify that you have complied with all of the provisions of SB 198. We need to have this letter returned to our office before any payments can be made for your services.

Thank you.

_____ I certify that our company has complied with all the provisions of SB 198, and can provide a copy of the written plan (required of companies with 50 or more employees) or outline of verbal plan (required of companies with 10-50 employees) to The Walters Management Company upon request.

Company: _____

By: _____
(Please Print)

Signature: _____ Date: _____

Title: _____

RE: Workers Compensation

Dear Industry Partner:

If you are self-employed and are not required to carry workers compensation, please execute the certification below and return to our office.

Sincerely,

Walters Management

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

Company: _____

By: _____
(Please Print)

Signature: _____ Date: _____

Title: _____