



31608 Railroad Canyon Road
Canyon Lake, California 92587
Phone: (951) 244-0048
Fax: (951) 244-0520

Vendor Information Cover Letter
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Dear Association Vendor:

Avalon Management and the clients we represent appreciate the services you will provide and the ongoing business relationship we share.

Our Company's policy requires that all vendor or contractors with whom 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:

1. Completed Vendor Information Sheet.
2. Executed Indemnification and Agent Relationship Form
3. Executed SB 198 Compliance Form.
4. Completed W-9 form for Federal Tax ID or Social Security Number.
5. Certificate of Workers Compensation Policy and expiration date. The workers' compensation carrier must contain a Waiver of Subrogation endorsement in favor of both the Association and the management company (Note: If you are self- employed and are not required to carry Workers Compensation, please complete Self- Employed form and note accordingly on form.)
6. An original Certificate of Liability Insurance with coverage of at least \$1,000,000 (\$3,000,000 for security companies) naming The Avalon Association Management Group, Inc. and the Association you are providing services for as additional insured. This original certificate should also give the expiration date of the policy. We must receive a 30-day notice of cancellation.
7. 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

Sincerely,

Avalon Management

INDEMNIFICATION AND AGENT RELATIONSHIP

The _____ (vendor/contractor) shall indemnify the Owner of the property and The Avalon Association Management Group, Inc. (Avalon), and save them harmless from and against any claim, loss, liability, and expense (including attorneys' fees and court costs) incurred by Owner or Avalon 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 _____ (vendor/contractor) and further agrees and understands that Avalon is not the Owner of the property where the vendor/contractor is providing service or supplies and is merely acting as Agent for Owner. Vendor/Contractor/ agrees Agent is not responsible in any capacity for the financial obligations of the Owner.

Agreed to:

SIGNED: _____
PRINT NAME: _____
TITLE: _____
COMPANY: _____
DATE: _____

Return form to: Avalon Management
 Attn: Accounts Payable
 31608 Railroad Canyon Road
 Canyon Lake, Ca. 92587

SB 198 COMPLIANCE FORM

RE: S8 198 Safety Plan

Dear Vendor/Contractor:

As 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 law and its many facets, we are required to have in our files a certification from each vendor/contractor that we deal with that indicates that they have an active safety plan in compliance with SB 198.

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 Avalon upon request.

Certified by: _____
(signature)

Print Name: _____

Title: _____

Company: _____

Date: _____

Return form to: Avalon Management
 Attn: Accounts Payable
 31608 Railroad Canyon Road
 Canyon Lake, Ca. 92587

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Self Employed Certification Form

Dear Vendor/Contractor

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

Please note that all corporations *must* have workers compensation.

Sincerely,

Avalon Management

Self Employed Certification and Agreement

I certify that I am self-employed, have no employees and I am not legally required to carry workers compensation. I agree that if this status ever changes I will obtain the required coverage prior to performing or providing any services and update you with a new form immediately. I agree that if I misrepresent any facts regarding my self-employment status I will be responsible for any and all costs incurred by Avalon and/or the owner of the property I am performing services for as a result of such misrepresentation, including but not limited to payment of premiums.

Company: _____

By: _____
(Please Print)

Signature: _____

Title: _____

Date: _____

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