



**VENDOR APPLICATION**

Date: \_\_\_\_\_

**Part 1: Company Information:**

Type of Business \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_

Please provide the following information for the person in your organization who will be receiving work orders:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Part 2: Insurance Information:**

Will you be completing work on the property?       Yes     No

In order to perform work at any of our communities, vendors must provide the following:

- Liability Insurance-\$1,000,000.00 per occurrence; \$2,000,000.00 aggregate
- Auto Insurance Liability-\$100,000.00 per occurrence; \$300,000.00 aggregate
- Worker's Compensation Insurance
- W-9 (*form available on website*)

Federal Tax ID: \_\_\_\_\_

***Please Note: Tru-Star Management Solutions LLC must be listed as a certificate holder and both the Association and Tru-Star Management Solutions must be listed as an additional insured.***