Vendor Policy Manual Receipt Acknowledgement

I acknowledge having read the PMI Virginia Vendor Policy Manual. I understand that this Manual is not intended to be a contract but is provided as a general explanation of policies, which the Company uses as guidelines. I further understand that the Company reserves the right to change or modify the terms and conditions set forth at its discretion without prior knowledge by Vendors.

Revisions to the PMI Virginia Vendor Policy Manual will be available [www.pmivirginia.com](http://www.pmivirginia.com) and Vendor should review the document from time to time

Company Name: __________________________________________

Individual Name: __________________________________________

Signature: ________________________________________________

Date Signed: _____/_____/____
VENDOR APPLICATION
EVERY SECTION MUST BE COMPLETE IN ORDER TO BE PROCESSED

Company Name: ____________________________________________________________

Individual Name: __________________________________________________________

Mailing Address: ____________________________________________________________

(Address Line 2): __________________________________________________________________________________________________________

City, State, Zip: ___________________________________________________________________________________________________________

Office Phone: (_____) _______ - ___________  Cell Phone: (_____) _______ - ___________

E-Mail ____________________________________________  Your Birthdate: _____ / ____ / _____

Type of Business or Service Provided: _______________________________________________________________________________________

What type of work do you or your company do? _______________________________________________________________________________________

____________________________________________________________________________________

Please answer all the following:

Can you receive timely work order and estimate requests through e-mail? ........................................ Yes / No

Do you have a city business license? ............................................................................................................ Yes / No

Do you have a contractor license with DPOR: ............................................................................................... Yes / No

If yes, what is your license type and license #: ______________________________________________________________________________________

Do you have a current Business Liability Insurance Policy? ................................................................. Yes / No

If yes, what company are you insured with and how much coverage do you have? (Submit declaration page with this application.) ________________________________________________________________

Do you have employees? ................................................................................................................................. Yes / No

Do you use other licensed contractors? ........................................................................................................... Yes / No

Vendor Application Page 1 of 2
Do you have a current Workers Compensation Insurance Policy? ................................................................. Yes / No

If yes, what company are you insured with and how much coverage do you have? (Submit declaration page with this application.) .................................................................

Do you authorize a credit check to be run on yourself and/or your company as part of this approval process? ............................................................................................................................................. Yes / No

Do you agree to a drug-free policy for yourself, any employees, and subcontractors? ......................... Yes / No

Do you have a valid driver’s license, adequate insurance, and a reliable and suitable vehicle? .. Yes / No

Do you currently work for any other property management companies? ............................................. Yes / No

If yes, who are they? .................................................................................................................................

Have you ever been sued by a person who hired you for contracting services? ......................... Yes / No

Have you ever sued or threatened to sue anyone you performed work for? ................................. Yes / No

References

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<thead>
<tr>
<th>Reference Name</th>
<th>Relationship</th>
<th>Phone #</th>
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I attest that the above information is true and complete, and I authorize PMI Virginia to verify all information contained in this application.

Printed Name: (Name & Title)  .....................................................................................................................

Signature:  ...................................................................................................................................................

Date: ______ ______ ______


Return completed form to: PMI Virginia, 4605 Pembroke Lake Circle, Unit 101, Virginia Beach, VA 23455

........................................................................................................................................................................ Vendor Application Page 2 of 2
Dear Vendor,

In 1983, Congress passed the Interest and Divided 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 other during a calendar year in the course of his trade or business.” Where a 1099 is required to be filed by a payer, the payer will be required to withhold on the payment unless an identification number is required from 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 it to PMI Virginia.

Company Name: ____________________________________________________________

Individual Name: __________________________________________________________

Should bills paid to you be paid to the Company or Individual Named above?  Company / Individual

If bills are to be made to the Company Name, provide the Company FEIN here: _____ - __________

If bills are to be made to the Individual name, provide your SSN here: __________ - ______ - ______ - ______ - ______

First and Last Name You File Under: (please print) ________________________________

Mailing Address: _____________________________________________________________

(Address Line 2): ___________________________________________________________

City, State, Zip: _____________________________________________________________

Type of Business or Service Provided: ___________________________________________

Supplier Only (will not be on premises): Yes _____ No _____ (Check one)

Contractor’s License Name ___________________ Contractor State License Number ___________

Will you be providing services on-site? Yes _____ No _____ (Check one)

Are you a corporation? (Inc, not LLC) Yes _____ No _____ (Check one)

Are you subject to backup withholding? Yes _____ No _____ (Check one)

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

Printed Name: (Name & Title) _________________________________________________

Signature: ___________________________________________________________________

Date: _____/_____/_______

Return completed form to: PMI Virginia, 4605 Pembroke Lake Circle, Unit 101, Virginia Beach, VA 23455
VENDOR INDEMNIFICATION AGREEMENT

Dear Vendor,

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: ____________________________________________

Individual Name: __________________________________________

Mailing Address: __________________________________________

(Address Line 2): __________________________________________

City, State, Zip: __________________________________________

Type of Business or Service Provided: ___________________________

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

Printed Name: (Name & Title) __________________________________

Signature: __________________________________________________

Date: _______ ______ ______

Return completed form to: PMI Virginia, 4605 Pembroke Lake Circle, Unit 101, Virginia Beach, VA 23455