

Vendor Packet – Georgia
Instructions to Vendors

Please complete the following:

- _____ 1. Vendor Information Sheet (U-5)
(Please complete form and attach all applicable licenses)

- _____ 2. W-9 (Rev-2017)
(Please complete form)

- _____ 3. Insurance Requirements (A-8i)
(Please complete and sign form)

- _____ 4. Sample Insurance Certificate (A-8j)
 - a) Give this sample to your agent

 - b) Have agent submit your certificate directly to:
accounting@flynnmanagement.com

- _____ 5. Workers Comp Statement (A-8g)
(Complete form by checking only 1 option)

Return completed forms to accounting@flynnmanagement.com

If you have any questions, please contact Wendy Myers at (727)754-8402

ATTACHMENT "C"

PROPERTY NAME: _____
 CONTRACTOR/VENDOR INFORMATION SHEET – Form #U-5

A. The legal name and business address of the Contractor/Vendor is:

Business Name: _____
 D/B/A: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Principal: _____ Salesman: _____
 Phone: _____ Fax: _____
 Email: _____
 Emergency Phone: _____ Mobile: _____
 Number of Employees: _____ Are employees direct or leased: _____

B. The Contractor/Vendor is:

1. Corporation Yes: _____ No: _____
2. Other: _____
3. Federal I.D. Number: _____
4. FL or GA Dept. of Professional Reg. License (Attach Copy): _____
 FDPR Qualifying Individual Name: _____
5. Local Occupational License Number (Attach Copy): _____

C. The name, title, and address of the owner, partners or officers of the Contractor/Vendor firm are:

Name: _____ Title: _____
 Home Street Address: _____
 City: _____ State: _____ Zip: _____
 Social Security No.: _____ Home Phone No. _____
 Name: _____ Title: _____
 City: _____ State: _____ Zip: _____
 Social Security No.: _____ Home Phone No. _____

D. Business References:

Company	City	Contact Person	Phone
_____	_____	_____	_____

E. Insurance Agency - Liability: _____

Agent Name: _____ Agent Phone Number: _____
 Agent Email: _____

ATTACHMENT "C"

PROPERTY NAME: _____
CONTRACTOR/VENDOR INFORMATION SHEET – Form #U-5

F. **Insurance Agency – Workers Comp:** _____
Agent Name: _____ Agent Phone Number: _____
Agent Email: _____

I hereby certify that this information is correct and authorize verification by Flynn Management Corporation of its agents.

Date: _____

Contractor/Vendor

By: _____

Title: _____

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

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.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

REQUIREMENTS FOR CONTRACTORS AND SUBCONTRACTORS

The following specifications for subcontractors or contractors are intended to provide proper protection. These are considered minimum requirements, and it is the Subcontractor's or Contractor's responsibility to maintain adequate protection.

I. Minimum Coverage and Limits for both Contractors and Subcontractors

A. General Liability Coverage

1. \$500,000 Combined Single Limit of Liability for Bodily Injury and Property Damage.
2. Comprehensive Coverage Including:
 - a) Personal Injury
 - b) Blanket Contractual Coverage
 - c) Employees as Additional Insured's
 - d) Completed Operations/Products
 - e) XCU Coverage

B. Workers Compensation Coverage Including:

1. Coverage B at a Limit of at Least \$100,000/\$500,000/\$100,000
2. All State Endorsements

OR

1. Worker's Compensation Exemption Certificate meeting all current State and Federal Laws.

C. Automobile Liability Coverage

1. Automobile Liability coverage all owned, leased, hired and non-owned autos.

II. All Contractors or subcontractors must provide Certificates of Insurance to Owner prior to their working, demonstrating they meet the requirements.

III. It is **required** to have all Contractors and subcontractors name Flynn Management Corporation and **property owner** as an "Additional Insured" onto the Contractor's and subcontractor's general liability, auto and umbrella policies. See attached sample "Certificate of Liability Insurance" form.

All certificates must be emailed to the following address: accounting@flynnmanagement.com.

Vendor Name: _____

Signed: _____

Print Name: _____

Title: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/17/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SPECIMEN CERTIFICATE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td colspan="2" style="text-align: right;">NAIC #</td> </tr> <tr> <td colspan="2">INSURER A :</td> </tr> <tr> <td colspan="2">INSURER B :</td> </tr> <tr> <td colspan="2">INSURER C :</td> </tr> <tr> <td colspan="2">INSURER D :</td> </tr> <tr> <td colspan="2">INSURER E :</td> </tr> <tr> <td colspan="2">INSURER F :</td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		NAIC #		INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :																							
INSURER F :																							
INSURED SPECIMEN CERTIFICATE - Sample Purpose Only SPECIMEN CERTIFICATE - Sample Purpose Only																							

COVERAGES **CERTIFICATE NUMBER:** 12957314 **REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
X	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			XXXXXX	05/01/2018	05/01/2019	EACH OCCURRENCE \$ 100000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 100000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2000000 EBL \$ 1,000,000								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			XXXXXX	05/01/2018	05/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$								
X	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XXXXXX	05/01/2018	05/01/2019	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">PER STATUTE</td> <td style="width: 50%; text-align: center;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	PER STATUTE	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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E.L. DISEASE - POLICY LIMIT	\$														

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

SPECIMEN CERTIFICATE - Sample Purposes Only

CERTIFICATE HOLDER

CANCELLATION

Flynn Management Corporation 516 Lakeview Road Ste 8 Clearwater, FL 33756	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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FLYNN MANAGEMENT CORPORATION



STATEMENT OF WORKERS COMPENSATION - GEORGIA

Vendor

Trade

Address

City

State

Zip

One of the following two options must be signed:

1. Not Required

I am exempt from carrying workers compensation insurance under Georgia Statutes and I have less than three employees. I waive all claims for injuries incurred by myself and agree to indemnify Flynn Management Corporation and the property for any injuries to anyone in my employ or under my direction.

X

Vendor Signature

2. Insurance Policy

I have a current workers compensation policy. A certificate of insurance is attached.

Insurance Company

Policy Number

X

Vendor Signature

Print Name

Date

Title