



# CASTLEMONT ARMS VENDOR PACKET

*Residential Property*

1120-1154 W. Olive Avenue, Sunnyvale, CA 94086

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*VENDOR TO PROVIDE THE FOLLOWING **BEFORE** ANY SERVICE BEGINS*

1. Certificate of Insurance meeting property insurance requirements
2. Completed Vendor Contact Information form
3. Current W-9
4. Completed Faster Payments form and voided check if direct deposit is preferred

*All required documents to be emailed to [jayme@calsonprop.com](mailto:jayme@calsonprop.com).*

Calson Properties, Inc.  
719-448-9900

## Castlemont Arms Apartments Vendor Insurance Requirements

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All vendors must provide certificates of insurance for their businesses **before any work can begin on our properties.** If you provide a regular, recurring service, we must receive a new certificate when each of your policies renews, or your service may be suspended. Please contact your insurance agent, forward them this letter, and request that they issue a certificate of insurance meeting or exceeding the following requirements. The attached sample COI will be helpful to ensure the certificate they provide is complete and accurate. **COIs may be submitted at [www.calsonprop.com/COI](http://www.calsonprop.com/COI).**

- 1) **Insured** – Vendor’s name and address. The vendor’s name should be *exactly* the same as what is listed on the vendor contract and box 1 or 2 of vendor’s W-9 form.
- 2) **Commercial General Liability – Required**
  - a) “X” in Occur and Project boxes
  - b) “Y” in Add’l Insd and Subr Wvd columns
  - c) Policy number listed and policy dates are current
  - d) Limits – at least minimum amounts listed on sample certificate
- 3) **Automobile Liability – Required for company-owned vehicles**
  - a) “X” Any Auto box
  - b) “Y” in Add’l Insd column
  - c) Policy number listed and policy dates are current
  - d) Limits – minimum of \$1,000,000 Combined Single Limit
- 4) **Umbrella Liability – Required**
  - a) “X” in Occur box
  - b) “Y” in Add’l Insd and Subr Wvd columns
  - c) Policy number listed and policy dates are current
  - d) Limits – minimum \$5,000,000 limit. Calson Properties, Inc. reserves the right to increase required limit for Umbrella Liability coverage based on contracted scope of work and risk involved.
- 5) **Worker’s Compensation – Required** – may be on separate COI. Limits are set by each state.
- 6) **Professional Liability/Errors & Omissions Policy (if applicable)**
  - a) “Y” in Add’l Insd and Subr Wvd columns
  - b) Policy number listed and policy dates are current
  - c) Limits – minimum of \$1,000,000
- 7) **Description of Operations – see sample COI**
  - a) Castlemont Arms Partners, LLC; 1120-1154 W Olive Ave, Sunnyvale, CA 94086
  - b) Castlemont Arms Partners, LLC and Calson Properties, Inc. and its agents, employees, officers, directors, partners, members, and shareholders are named as Additional Insured with respect to the General Liability Policy, Automobile Liability Policy, Umbrella Policy, Professional Liability Policy, and Errors & Omissions Policy, if applicable. A waiver of subrogation applies, and coverage is primary and non-contributory regarding the General Liability Policy, Umbrella Policy, Professional Liability, and Errors & Omissions Policy, if applicable. Coverage shall be primary and non-contributory before any other insurance or self-insurance, including any deductible maintained by, or provided to, the Additional Insured. Any of the aforementioned entities may, at its sole option, request full and complete copies of any or all of the insurance policies.
- 8) **Certificate Holder** – Castlemont Arms Partners, LLC c/o Calson Properties, Inc., PO Box 49067, Colorado Springs, CO 80949
- 9) Certificate Holder shall be notified in writing at least 30 days prior to any change or cancellation in the policy or any determination not to renew each policy where applicable. Notice shall be sent to the Certificate Holder at the address on the Certificate.

Should you have any problems with the above website, you may email a copy to [insurance@calsonprop.com](mailto:insurance@calsonprop.com). **Any incomplete or inaccurate certificates will be returned and updates requested.** A complete physical copy of the COI with all endorsements should also be sent to PO Box 49067, Colorado Springs, CO 80949. It is essential that we have the certificate and accompany paperwork in place *before* any work begins on-site.

Thank you,

**CALSON PROPERTIES, INC., ON BEHALF OF CASTLEMONT ARMS PARTNERS, LLC**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
INSURER D :		
INSURER E :		
INSURER F :		

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

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
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:				[Eff Date]	[Eff Date]	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY				[Eff Date]	[Eff Date]	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below				[Eff Date]	[Eff Date]	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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# Vendor Contact Information

Date completed \_\_\_\_\_

**NEW VENDORS REQUIRED TO COMPLETE FORM BEFORE SERVICING PROPERTY**

Company Legal Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## **Office Manager or Main Contact**

First and Last Name: \_\_\_\_\_ Phone # 1: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

## **Accountant Contact**

First and Last Name: \_\_\_\_\_ Phone # 1: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

## **Insurance (COI) Contact**

(Please provide a contact from your company and not your direct insurance contact with your insurance carrier.)

First and Last Name: \_\_\_\_\_ Phone # 1: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

## **Project Manager or General Manager if applicable**

First and Last Name: \_\_\_\_\_ Phone # 1: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # 2: \_\_\_\_\_

## **Payment Remittance Address**

(If different than mailing address above.)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please call Jayme at 719-434-4662 or email at [jayme@calsonprop.com](mailto:jayme@calsonprop.com) if you have any questions!





# ***FASTER PAYMENTS***

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We are excited to offer an electronic check (eCheck or ACH) payment method! This means payments for your services will reach your bank account within 2 business days after being processed. No more waiting until your check arrives in the mail and then waiting for it to deposit into your bank account! While signing up for faster payments is *not required*, we strongly encourage all vendors to sign up for our eCheck payments.

The sign-up process is easy: Simply complete the form below and return it with a copy of a voided check for the bank account into which you'd like us to deposit your funds.

## **Authorization Agreement for Automatic eCheck Deposits (ACH Credits)**

\_\_\_\_\_ (Individual's name) of \_\_\_\_\_  
(Company name) on \_\_\_\_\_ (today's date) authorizes and requests Calson Properties, Inc. to deposit all funds due for services rendered, automatically to the account identified below. I understand that it is my responsibility to ensure the below account information is correct and I confirm that I am authorized to accept funds into this account. This authorization will remain in effect until I have cancelled it in writing.

Checking Account \_\_\_\_\_

OR

Savings Account \_\_\_\_\_ (Check one)

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address (required for confirmation of payments): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**A copy of a voided check must be included for banking purposes. If one is not included, your form will be sent back to you immediately and will delay your start date.**

Thank you,

Calson Properties, Inc.  
PO Box 49067  
Colorado Springs, CO 80949

719-448-9900 (from CO)  
650-321-3141 (from CA)



# BILLING INFORMATION

## VENDOR DOCUMENT

We kindly request that you use the billing information below to help expedite the payables process. Please use the appropriate billing information for each of the properties listed below, depending on where you worked, and email all invoices to [AP@calsonprop.com](mailto:AP@calsonprop.com). If you worked at multiple properties, please bill each on a separate invoice. If you have any questions, please reach out to Jayme at [jayme@calsonprop.com](mailto:jayme@calsonprop.com) and 719-434-4662.

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### DEL MEDIO MANOR APARTMENTS

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**Service Address:**

141 Del Medio Avenue  
Mountain View, CA 94040

**Bill To:**

Del Medio Manor, LLC  
141 Del Medio Avenue #107  
Mountain View, CA 94040

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### CASTLEMONT ARMS APARTMENTS

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**Service Address:**

1120-1154 W. Olive Avenue  
Sunnyvale, CA 94086

**Bill To:**

Castlemont Arms Partners, LLC  
1120 W. Olive Avenue - Office  
Sunnyvale, CA 94086

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### PONDEROSA OFFICE CENTER

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**Service Address:**

3080 Olcott Street  
Santa Clara, CA 95054

**Bill To:**

Ponderosa Office Center  
PO Box 49067  
Colorado Springs, CO 80949

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### FOOTHILL MEDICAL DENTAL CENTER

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**Service Address:**

877 W. Fremont Avenue  
Sunnyvale, CA 94087

**Bill To:**

Foothill Medical Dental Center  
PO Box 49067  
Colorado Springs, CO 80949

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### 5755 INDUSTRIAL PLACE

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**Service Address:**

5755 Industrial Place  
Colorado Springs, CO 80916

**Bill To:**

Industrial Equity Partners, LLC  
PO Box 49067  
Colorado Springs, CO 80949

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### DUBLIN BUSINESS PARK

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**Service Address:**

1860, 1870, 1880 Dublin Boulevard  
Colorado Springs, CO 80918

**Bill To:**

Dublin Capital Partners, LLC  
PO Box 49067  
Colorado Springs, CO 80949

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### CALSON PROPERTIES, INC.

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**Office Location:**

4445 Northpark Drive #208  
Colorado Springs, CO 80907

**Mailing Address:**

PO Box 49067  
Colorado Springs, CO 80949

