



CASTLEMONT ARMS VENDOR PACKET

Residential Property

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

*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.

Calson Properties, Inc.
719-448-9900
Revised September 23

Castlemont Arms Apartments Vendor Insurance Requirements

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.

- 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.

Please email a copy to insurance@calsonprop.com and mail a complete physical copy of the COI with all endorsements to PO Box 49067, Colorado Springs, CO 80949. **Any incomplete or inaccurate certificates will be returned and updates requested.** 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
	COMMERCIAL GENERAL LIABILITY <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 \$ _____ \$
	AUTOMOBILE LIABILITY <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) \$ _____ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 if you have any questions!



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"/> 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) ► _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	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-INT (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.

FASTER PAYMENTS

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. 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 and 719-434-4662.

DEL MEDIO MANOR APARTMENTS

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

CASTLEMONT ARMS APARTMENTS

Service Address:

1120 & 1154 W. Olive Avenue
Sunnyvale, CA 94086

Bill To:

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

PONDEROSA OFFICE CENTER

Service Address:

3080 Olcott Street
Santa Clara, CA 95054

Bill To:

Ponderosa Office Center
PO Box 49067
Colorado Springs, CO 80949

FOOTHILL MEDICAL DENTAL CENTER

Service Address:

877 W. Fremont Avenue
Sunnyvale, CA 94087

Bill To:

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

5755 INDUSTRIAL PLACE

Service Address:

5755 Industrial Place
Colorado Springs, CO 80916

Bill To:

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

DUBLIN BUSINESS PARK

Service Address:

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

Bill To:

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

CALSON PROPERTIES, INC.

Office Location:

4445 Northpark Drive #208
Colorado Springs, CO 80907

Mailing Address:

PO Box 49067
Colorado Springs, CO 80949

