

FOOTHILL MEDICAL CENTER VENDOR PACKET

Commercial Property

877 West Fremont Avenue, Sunnyvale, CA 94087

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.

Foothill Medical Dental Center Vendor Insurance Requirements

All vendors must provide certificates of insurance for their businesses <u>before any work can begin on our properties</u>. 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 and "Y" in Add'l Insd column
 - b) Policy number listed and policy dates are current
 - c) 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) Silver Lake Foothill, LLC; RKL Foothill Investors, LLC; BLW Foothill, LLC; 877 W Fremont Ave, Sunnyvale, CA 94087
 - b) Silver Lake Foothill, LLC; RKL Foothill Investors, LLC; BLW Foothill, 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 Policy, and Errors & Omissions Policy. 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** Silver Lake Foothill, LLC; RKL Foothill Investors, LLC; BLW Foothill, 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. insurance@calsonprop.com and mail a complete physical copy of the COI with all endorsements to PO Box 49067, Colorado Springs, CO 80949. insurance@calsonprop.com and mail a complete physical copy of the COI with all endorsements to PO Box 49067, Colorado Springs, CO 80949. insurance@calsonprop.com and mail a complete 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 SILVER LAKE FOOTHILL, LLC; RKL FOOTHILL INVESTORS, LLC; & BLW FOOTHILL, 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).

tn	s certificate does not confer rights t	o the	cert	ificate noider in lieu of su).		
PROD	UCER				CONTAC NAME:	CT			
					PHONE (A/C, No, Ext): (A/C, No):				
					E-MAIL ADDRESS:				
					ADDICE		URER(S) AFFOR	DING COVERAGE	NAIC#
					INSURER(S) AFFORDING COVERAGE INSURER A:				INAIO #
INSU	RED				INSURER B:				
					INSURER C:				
					INSURER D:				
					INSURER E :				
					INSURER F:				
				NUMBER:				REVISION NUMBER:	
IN Ce	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RI RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REMEI	NT, TERM OR CONDITION THE INSURANCE AFFORDS	OF ANY	CONTRACT THE POLICIES	OR OTHER DESCRIBED	DOCUMENT WITH RESPECT	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR							EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
								MED EXP (Any one person) \$	
						[Eff Date]	[Eff Date]	PERSONAL & ADV INJURY \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	
	OTHER:							\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person) \$	
	OWNED SCHEDULED AUTOS HIRED NON-OWNED					[Eff Date]	[Eff Date]	BODILY INJURY (Per accident) \$ PROPERTY DAMAGE &	
	AUTOS ONLY AUTOS ONLY							(Per accident)	
								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	5,000,000
	EXCESS LIAB CLAIMS-MADE					[Eff Date]	[Eff Date]	AGGREGATE \$	
	DED RETENTION \$ WORKERS COMPENSATION							\$ PER OTH-	
	AND EMPLOYERS' LIABILITY Y / N							PER OTH- STATUTE ER	500,000
ANYPROPRIETOR/PARTNER/EXECUTIVE		N/A			[Eff Date]	[Eff Date]	[Eff Date]	E.L. EACH ACCIDENT \$	500,000
								E.L. DISEASE - EA EMPLOYEE \$	500,000
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	500,000
						[Eff Date]	[Eff Date]		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD) 101, Additional Remarks Schedul	e, may be	attached if more	e space is require	ed)	
CEF	TIFICATE HOLDER				CANC	ELLATION			
					THE	EXPIRATION	N DATE THE	ESCRIBED POLICIES BE CANC EREOF, NOTICE WILL BE Y PROVISIONS.	
					AUTHOR	RIZED REPRESEI	NTATIVE		

Vendor Contact Information

Date completed _____

NEW VENDORS RE	QUIRED 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:
(Please provide a con	Insurance (COI) Contact ntact 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

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

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

	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									
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Che following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	eck only one of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)							
ty ty	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partner									
Print or type c Instruction	Note: Check the appropriate box in the line above for the tax classification of the single-member ow LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the orangement another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a sing is disregarded from the owner should check the appropriate box for the tax classification of its owners.	Exemption from FATCA reporting code (if any)								
cifi	Other (see instructions)	J.	(Applies to accounts maintained outside the U.S.)							
Spe	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	equester's name and address (optional)							
See										
S	6 City, state, and ZIP code									
	7 List account number(s) here (optional)									
Par	Taxpayer Identification Number (TIN)									
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo		curity number							
reside	up withholding. For individuals, this is generally your social security number (SSN). However, for ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>									
TIN, la	ater.	or								
	If the account is in more than one name, see the instructions for line 1. Also see What Name a	and Employer	identification number							
Numb	per To Give the Requester for guidelines on whose number to enter.		-							
Par	t II Certification									
Unde	r penalties of perjury, I certify that:									
2. I ar Ser	e number shown on this form is my correct taxpayer identification number (or I am waiting for a m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest of longer subject to backup withholding; and	I have not been n	otified by the Internal Revenue							
3. I ar	m a U.S. citizen or other U.S. person (defined below); and									
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	g 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,

	1 1 27	ributions to an individual retirement arrangement (IRA), and generally, payments on, but you must provide your correct TIN. See the instructions for Part II, later.
Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise

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)

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(Individual's name) of(Company name) on (today's date) authorizes and requests Calson Properties, Inc. to deposit all funds due for services rendered,
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: Bill To:

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

CASTLEMONT ARMS APARTMENTS

Service Address: Bill To:

1120 & 1154 W. Olive Avenue Castlemont Arms Partners, LLC Sunnyvale, CA 94086 1120 W. Olive Avenue - Office

Sunnyvale, CA 94086

PONDEROSA OFFICE CENTER

Service Address: Bill To:

3080 Olcott Street Ponderosa Office Center

Santa Clara, CA 95054 PO Box 49067

Colorado Springs, CO 80949

FOOTHILL MEDICAL DENTAL CENTER

Service Address: Bill To:

877 W. Fremont Avenue Foothill Medical Dental Center

Sunnyvale, CA 94087 PO Box 49067

Colorado Springs, CO 80949

5755 INDUSTRIAL PLACE

Service Address: Bill To:

5755 Industrial Place Industrial Equity Partners, LLC

Colorado Springs, CO 80916 PO Box 49067

Colorado Springs, CO 80949

DUBLIN BUSINESS PARK

Service Address: Bill To:

1860, 1870, 1880 Dublin Boulevard Dublin Capital Partners, LLC

Colorado Springs, CO 80918 PO Box 49067

Colorado Springs, CO 80949

CALSON PROPERTIES, INC.

Office Location: Mailing Address:

4445 Northpark Drive #208 PO Box 49067

Colorado Springs, CO 80907 Colorado Springs, CO 80949

