



# PONDEROSA OFFICE CENTER VENDOR PACKET

*Commercial Property*

3080 Olcott Street, Santa Clara, CA 95054

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

1. Certificate of Insurance meeting property insurance requirements
2. Completed Vendor 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

## Ponderosa Office Center 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) ACT Ponderosa, LLC, RKL Ponderosa Investors, LLC, BLW Ponderosa, LLC; 3080 Olcott St, Santa Clara, CA 95054
  - b) ACT Ponderosa, LLC, RKL Ponderosa Investors, LLC, BLW Ponderosa, 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** – ACT Ponderosa, LLC, RKL Ponderosa Investors, LLC, BLW Ponderosa, 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  
ACT PONDEROSA, LLC; RKL PONDEROSA INVESTORS, LLC; & BLW PONDEROSA, 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><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |               | [Eff Date]              | [Eff Date]              | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY            |           |          |               | [Eff Date]              | [Eff Date]              | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                    |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$   |           |          |               | [Eff Date]              | [Eff Date]              | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N       | N/A      |               | [Eff Date]              | [Eff Date]              | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                          |
|          |  |           |          |               | [Eff Date]              | [Eff Date]              |  |

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  |

# 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!



# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|  |  |  |
|--|--|--|
| Print or type.<br>See Specific Instructions on page 3.                     | <b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.   |  |
|  | <b>2</b> Business name/disregarded entity name, if different from above  |  |
|  | <b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |
|  | <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____                       | <input type="checkbox"/> Trust/estate  |
|  | <input type="checkbox"/> Other (see instructions) ► _____  |  |
| <b>5</b> Address (number, street, and apt. or suite no.) See instructions. | Requester's name and address (optional)  |  |
| <b>6</b> City, state, and ZIP code   |  |  |
| <b>7</b> 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.

|                                       |  |  |  |   |  |  |   |  |  |  |  |
|---------------------------------------|--|--|--|---|--|--|---|--|--|--|--|
| <b>Social security number</b>         |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  | - |  |  | - |  |  |  |  |
| <b>or</b>                             |  |  |  |   |  |  |   |  |  |  |  |
| <b>Employer identification number</b> |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  |   |  |  |   |  |  |  |  |
|                                       |  |  |  | - |  |  |   |  |  |  |  |

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

|                  |                                  |              |
|------------------|----------------------------------|--------------|
| <b>Sign Here</b> | Signature of U.S. person ► _____ | Date ► _____ |
|------------------|----------------------------------|--------------|

## 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](http://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***

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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

**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

**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

**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

**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

**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

**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.

**Office Location:**

4445 Northpark Drive #208  
Colorado Springs, CO 80907

**Mailing Address:**

PO Box 49067  
Colorado Springs, CO 80949

