



DEL MEDIO MANOR VENDOR PACKET

Residential Property

141 Del Medio Manor Avenue, Mountain View, CA 94040

*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

Del Medio Manor 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) Del Medio Manor, LLC; Del Medio Manor Apartments, 141 Del Medio Ave, Mountain View, CA 94040
 - b) Del Medio Manor, 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** – Del Medio Manor, 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 DEL MEDIO MANOR, 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	<table border="1" 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">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		INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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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? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A		[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

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!



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

