



Dear Vendor:

We look forward to working with you as a contracted vendor for an association for which we have recently taken over management.

The following are our requested documents for all vendors wishing to do business for the Associations that Level manages:

- Vendor Information Form: Please complete this included form and return it to us as soon as possible.
- Workers Compensation Coverage: Please request a certificate from your insurance carrier or have your agent send a certificate of insurance to us. **Level Property Management and each community association must be shown as additionally insured (certificate holder) on each certificate.** Please note that if you contract with any of the associations that we manage you will need to provide an additional certificate naming the association as additionally insured (certificate holder) as well as Level Property Management, LLC.
- Commercial Liability Insurance: Please request a certificate from your insurance carrier or have your agent send a certificate of insurance to us. **Level Property Management and each community association must be shown as additionally insured (certificate holder) on each certificate.**
- Auto Insurance: If a vehicle is used in carrying out the conditions of the contract, please request a certificate from your insurance carrier or have your agent send a certificate of insurance to us. **Level Property Management and each community association must be shown as additionally insured (certificate holder) on each certificate.**
- Licenses: Copies of any and all applicable licenses (Nevada Contractor's License, County, City or other business license) with expiration date are required. *Renewal applications/forms and receipts are not acceptable.*
- W-9 Form: A W-9 form is required by law for all vendors.

Please return your completed paperwork via fax, regular mail, or email to:

VENDOR SERVICES
8966 Spanish Ridge Ave., Suite 100
Las Vegas, NV 89148
Fax: (702) 444-2416
E-mail: help@levelprop.com

Sincerely,

Level Property Management

8966 Spanish Ridge Ave Suite 100
Las Vegas, NV 89148
(702)433-0149 (702)444-2416 Fax
help@levelprop.com



VENDOR INFORMATION

Name of Company: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Type of Service Provided: _____

Principal Owner: _____ Contact Person: _____

Email to be used for service or bid requests:

Type of Entity: Corporation Partnership Sole Proprietor

Do you offer emergency services: Yes No If so what hours? _____

Emergency Contact Numbers: _____

Insurance Information

Worker's Comp insurance:

Carrier/Agent Name & Phone: _____

Policy # _____ Coverage Dates: _____

Liability Insurance:

Carrier/Agent Name & Phone: _____

Policy # _____ Coverage Dates: _____

Aggregate Limit: \$500,000 \$750,000 \$1,000,000 \$2,000,000
Other Amount _____

State of Nevada Contractor's License Information

License Classification: _____ License Limit(s) \$ _____

Expiration Date: _____

Special Certifications (Pool Maintenance, Pest Control, etc)

Type of Certification: _____ Expires: _____

Issued By: _____

By signing below, I certify that all of the above information is correct.

Signature: _____ Date: _____

Print Name: _____ Title: _____