



Dear Vendor:

Thank you for expressing an interest in becoming a preferred vendor for Level Community Management. Our goal is to provide a list of reliable qualified vendors to the Homeowners Associations that we manage.

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

- Vendor Information Form:** Vendors are required to complete this included form and return it prior to commencement of services.
- Workers Compensation Coverage:** Please request a certificate from your insurance carrier or have your agent send a certificate of insurance to us. **Level Community Management and each Association at which you become contracted must be shown as additionally insured on each certificate.** Please note that if you contract with multiple associations that we manage you will need to provide an additional certificate naming each 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 Community Management and each Association which you become contracted must be shown as additionally insured 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 Community Management and each Association at which you become contracted must be shown as additionally insured 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: AccountsPayable@LevelProp.com

Sincerely,

Accounting Department
Level Community Management



Taking Your Community to the Next Level

Name of Company: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Type of Service Provided: _____

Principal Owner: _____ Contact Person: _____

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

Emergency Contact Numbers: _____

W 9 Required – Payments will not be made without the W-9 information.

Type of Entity: Corporation Type _____ Partnership Sole Proprietor Other _____

Insurance Information Attach Certificate(s)

Commercial Liability, Workers Compensation, Auto Insurance. A separate Certificate is required for each Association you become contracted with. Should your company become contacted by one or more of our managed communities, you will need to provide a certificate naming each Association as additionally as well as Level Community Management.

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: _____