



Mail: 603 Seagaze Dr. #1023
Oceanside CA 92054-3005
Phone: (760) 405-8595
Fax: (760) 405-8596
Support@core-mgmt.com
www.core-mgmt.com

VENDOR / CONTRACTOR INSTRUCTIONAL COVER LETTER

Dear Vendor/Contractor,

Core Association Management and the accounts we represent value the services you will provide and the ongoing business relationship we share.

It is our company's policy to require all vendors and contractors to supply us with information concerning their operations. This policy is in accordance with state and federal regulations, as well as good business practices regarding licensing, insurance and taxes.

In order to receive payment on any submitted invoices, we must have the following information on file:

1. **VENDOR / CONTRACTOR INFORMATION SHEET**
2. **AGENT INDEMNIFICATION FORM**
3. **SB-198 COMPLIANCE FORM**
4. **SELF-EMPLOYMENT CERTIFICATION FORM (IF APPLICABLE)**
5. **COMPLETED W-9**
6. **WORKERS COMPENSATION POLICY** (Note: If you are self-employed and are not required to carry Workers Compensation, please complete Self-Employed form and note accordingly on form.)
7. **CERTIFICATE OF LIABILITY INSURANCE (COL)** With coverage of at least \$1,000,000 (\$3,000,000 for security companies) naming Core Association Management, LLC. as additional insured. This original certificate should also give the expiration date of the policy.
We must receive a 30-day notice of cancellation.
8. **CONTRACTORS LICENSE (IF APPLICABLE)**

All documentation must be received in our office prior to your commencing services at any property.

After initial set-up documentation, please see that the documentation is kept current at all times (e.g. current certificate of insurance, contractor's license, etc.) If the new documentation is not received by the expiration date, this may result in immediate termination of services.

Packets must be completed and submitted via email as a single PDF document to vendors@core-mgmt.com

We thank you in advance for your cooperation and assistance!

Sincerely,

Core Association Management, LLC.



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VENDOR / CONTRACTOR INFORMATION SHEET

Dear Vendor/Contractor,

Please assist us in complying with the reporting requirements of the IRS by completing the following information and returning this letter to Core Association Management.

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE/FAX: _____

EMAIL/ WEBSITE: _____

BUSINESS/SERVICE TYPE: _____

SUPPLIER ONLY? *(Will not be on premises)* Yes No

CONTRACTORS LICENSE NUMBER/EXPIRATION DATE: _____

Are you a Corporation? Yes No

Are you subject to backup Withholding? Yes No

FEDERAL TAX ID NUMBER: _____

IF YOU ARE FILING YOUR TAX RETURN USING A SOCIAL SECURITY NUMBER, PLEASE PROVIDE THE FOLLOWING INFORMATION:

SOCIAL SECURITY #: _____

FIRST AND LAST NAME YOU FILE UNDER: _____

I ATTEST THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

SIGNATURE: _____ DATE: _____



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AGENT INDEMNIFICATION FORM

The _____ (vendor/contractor) shall indemnify the Owner of the property and Core Association Management, LLC. (Core Management) and save them harmless from and against any claim, loss, liability, and expense (including attorneys' fees and court costs) incurred by Owner or Core Management arising out of damage to property or injury to, or death of, persons (including the property and personnel of the parties hereto and their agents, subcontractors, and employees) arising out of, or in connection with, the negligent acts of _____ (vendor/contractor) and further agrees and understands that Core Management is not the Owner of the property where the vendor/contractor is providing service or supplies and is merely acting as Agent for Owner. Vendor/Contractor agrees Agent is not responsible in any capacity for the financial obligations of the Owner.

SIGNED: _____
PRINT NAME: _____
TITLE: _____
COMPANY: _____
DATE: _____

By Signing I Agree To All Terms As Detailed Above



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SB 198 COMPLIANCE FORM

SB-198 Safety Plan

Dear Vendor/Contractor,

As you are aware, Senate Bill 198 required that all employers develop a safety plan. That plan was to be finalized and operational as of July 1, 1991.

In an effort to comply with the law, we are required to maintain a certification from each vendor/contractor that we use for services that indicates that they have an active safety plan in compliance with SB-198.

Because safety is paramount to our associations, employees and vendors, please sign below to certify that you have complied with all of the provisions of SB 198.

This form must be completed and returned to Core Association Management before any payment can be made for your services.

Thank you.

I certify that our company has complied with all provisions of Senate Bill 198 and can, upon request, provide a copy of the written plan (required of companies with 50 or more employees) or outline of verbal plan (required of companies with 10-50 employees) to **Core Association Management**.

Certified by: _____
(Signature)

Print Name: _____

Title: _____

Company: _____

Date: _____



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Self Employed Certification Form

Not Applicable

Dear Vendor/Contractor,

If you are self-employed and are not legally required to carry workers compensation, please execute the certification below and return to our office.

Please note: All corporations must have workers compensation.

Sincerely,

Core Association Management

Self Employed Certification and Agreement

I certify that I am self-employed, have no employees and I am not legally required to carry workers compensation. I agree that if this status ever changes, I will obtain the required coverage prior to performing or providing any services and update Core Association Management with a new form immediately. I agree that if I misrepresent any facts regarding my self-employment status I will be responsible for any and all costs incurred by Core Association Management and/or the owner of the property I am performing services for as a result of such misrepresentation, including but not limited to payment of premiums.

Company: _____

By: _____
(Please Print)

Signature _____

Title: _____

Date: _____



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INVOICE SUBMISSION INSTRUCTIONS

Invoices submitted electronically will be processed sooner than mailed invoices. Core Association Management makes every effort to conserve natural resources and encourages our vendors to complete all submissions electronically.

How To Submit Your Invoice:

1. Email to: ap@core-mgmt.com

Important Notice for Email Submissions:

1. Please submit all invoices in PDF format.
2. Please separate invoices by association.
3. If a work order was issued, please include with invoice in one PDF file.
4. Each PDF will be treated as a separate invoice.

QUICKBOOK USERS: PLEASE SEND INVOICES IN PDF FORMAT FROM A PERSONAL OR ACCOUNTING E-MAIL, OTHERWISE EMAILS SENT FROM QUICKBOOKS MAY BE MARKED AS SPAM/JUNKMAIL AND NOT RECEIVED.

2. Mail invoices to:

[Name of Association]
c/o Core Association Management
603 Seagaze Dr. #1023
Oceanside CA 92054-3005

Invoices with an invoice number must be submitted for all requested payments.
Statements will not be paid.

If an invoice has been returned to you due to inconsistencies, please amend and resubmit the full invoice, including any requested documentation to ap@core-mgmt.com or by mail.

Core Association Management, LLC. works to guarantee that our vendors and contractors are paid promptly and accurately. Please ensure that your company's accounting personnel are regularly submitting invoices for payments per these instructions to reduce any delay in payment.

Thank you and we look forward to working with you!