



VENDOR INFORMATION FORM

Date: _____

Vendor Name: _____

Mailing Address: _____

Contact: _____

Email: _____

Phone: _____

Billing Email: _____

List any specialized equipment or scope of service: _____

Required Documentation:

W-9 - All vendors must provide Realty Management Partners, LLC (RMP) with a completed W-9 prior to starting any work.

Insurance Certificates – All contractors are required to provide RMP with a certificate of insurance prior to working on any of the managed properties. The insurance certification shall meet the following specifications:

Coverage: Commercial General Liability \$1,000,000 each occurrence
\$2,000,000 General Aggregate

Business Automobile Liability: \$1,000,000 combined single limit

Workers Compensation: \$ 500,000

Certificate Holder: Realty Management Partners, LLC
8025 South Willow Street, Suite 211
Manchester, NH 03103

Include Statement in DESCRIPTION OF ENDORSEMENTS/OPERATIONS: *Realty Management Partners, LLC is named as additional insured of all General Liability covering all properties and owning entities managed by Realty Management Partners, LLC and serviced by –*
Vendor Name - _____

Please return this form along with the Insurance Certificates and W-9 to
Billing@NewStarPropertiesNH.Com

To ensure timely processing, please send all invoices to **Billing@NewStarPropertiesNH.Com** and billed to the appropriate legal entity



Realty Management Partners
8025 South Willow Street, Ste 211
Manchester, NH 03103

