



# ON-SITE VENDOR

~DOES COME ON A UPA MANAGED PROPERTY TO PROVIDE SERVICE~

**UNITED**  
PROPERTY  
ASSOCIATES

Serving VA & NC for  
35 Years  
1978-2013

525 SOUTH  
INDEPENDENCE BLVD.  
SUITE 200  
VIRGINIA BEACH  
VIRGINIA 23452-1189  
(757) 497-5752  
FAX (757) 497-9133

827  
DILIGENCE DRIVE  
SUITE 126  
NEWPORT NEWS  
VIRGINIA 23606-4212  
(757) 873-1185  
FAX (757) 873-8907

5849  
HARBOUR VIEW BLVD.  
SUITE 200  
SUFFOLK  
VIRGINIA 23435-3768  
(757) 484-0706  
FAX (757) 484-3217

103  
BULIFANTS BLVD.  
SUITE A  
WILLIAMSBURG  
VIRGINIA 23188-5722  
(757) 345-5383  
FAX (757) 345-5385

SPECIALISTS IN  
THE MANAGEMENT  
OF APARTMENTS •  
HOUSES • CONDOMINIUM  
AND HOMEOWNER  
ASSOCIATIONS

www.unitedproperty.org

To: Prospective Vendor for United Property Associates

Fax/Address: \_\_\_\_\_

From: \_\_\_\_\_

Date: \_\_\_\_\_

RE: ON-SITE VENDOR PACKAGE

We have received information that your company would like to become a vendor for United Property Associates and we are thrilled with the opportunity to work with your company!

**If this package is being submitted for a specific property managed by UPA, please include the property name here:** \_\_\_\_\_

The first step is to complete the attached application and submit with all necessary information:

1. **completed application**
2. **current business license**
3. **current contractors license (see below required services that require such license)**  
asphalt repair, bio-hazard remediation, concrete services, contractors, electricians, heating & ac installation/repair, irrigation, marine construction, masonry services, plumbing, pump service/repair, roofing, sheetrock repair, sprinkler systems, structural restoration, utility work, vinyl siding, well drilling
4. **current signed W9 form**
5. **current certificate of insurance**

In order to be considered for our vendor list your Certificate of Insurance must reflect our new requirements, and all other necessary documents must be submitted, otherwise it will result in a delay in processing your application and/or your application will be voided.

**New requirements for Certificate of Insurance effective September 13, 2006:**  
**(See below and sample attached)**

Per the request of our insurance company, all vendors on the UPA vendor list must have:

1. **general liability**
2. **automobile liability**
3. **workers compensation and employers' liability**
4. **United Property Associates** needs to be listed as the **certificate holder** and an **additional insured (with regards to general liability)** with the below as our address:  
**525 S. Independence Blvd. Suite 200 / Virginia Beach, VA 23452**

Please mail, fax or email the necessary information as soon as possible.

Attn: **Brenda Johnson**

Fax: **757-499-7659**

Mail: **525 S. Independence Blvd. Ste. 200, Virginia Beach, VA 23452**

Email: [bjohnson@unitedproperty.org](mailto:bjohnson@unitedproperty.org)

Thank you for your interest in servicing a property managed by United Property Associates, Inc.  
Vendor packages must be complete before consideration is given.



# VENDOR APPLICATION

## UNITED PROPERTY ASSOCIATES

Please fill out this form completely.

Copies of your Business License, Contractors license, Current Certificate of Insurance \* & a signed W-9 ARE REQUIRED prior to consideration for being added to the UPA Vendor List.

It has been filled out by:

\_\_\_\_\_   
 Print Name & Title

\_\_\_\_\_   
 Date

**Vendor's Complete Business Name & Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Employer ID #: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_

Fax Number: (    ) \_\_\_\_\_

Cell Number: (    ) \_\_\_\_\_

**REMIT ADDRESS (if different from above):**

\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

List services provided by your Company:

\_\_\_\_\_  
\_\_\_\_\_

Is any owner(s)/partner(s) of the Company's spouse/companion, family-member and/or personal friend of any UPA employee(s)? If YES, please list employee's name and relationship.

\_\_\_\_\_

Please list the Name, Address & Phone Number of at least three (3) REFERENCES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send above requested information to:

United Property Associates  
Attention: President  
525 South Independence Blvd., Suite 200  
Virginia Beach, VA 23452-1103

- APPROVED FOR VENDOR LIST
- APPROVED FOR \_\_\_\_\_  
\_\_\_\_\_
- ONLY (WILL NOT BE ON VENDOR LIST)
- DISAPPROVED

\_\_\_\_\_  
*Bernie J. Grablowsky, President*      *Date*

**\* CERTIFICATE OF INSURANCE REQUIREMENTS:**

There must be coverage for General Liability (with United Property Associates listed as the additional insured), Automobile Liability, and Workers Compensation and Employer's Liability. Also, United Property Associates must be listed as the Certificate Holder. If Vendor has been selected for work at a property, an Insurance Certificate must also be provided listing that property as an additional insured.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

## Vendors For Which a Contractors License is Required

1. Asphalt Repair
2. Bio-Hazard Remediation
3. Concrete Services
4. Contractors
5. Electricians
6. Heating & AC Installation & Repair
7. Irrigation
8. Marine Construction
9. Masonry Services
10. Plumbers
11. Pump Service & Repair
12. Roofing
13. Sheetrock Repair
14. Sprinkler Systems
15. Structural Restoration
16. Utility Work
17. Vinyl Siding
18. Well Drilling

# SAMPLE: CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

<p>PRODUCER</p> <h2 style="text-align: center;">SAMPLE</h2> <p style="text-align: center; background-color: yellow;"><b>If 'REQUIRED' is noted, we must receive in order to process</b></p>	<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</p>												
<p>INSURED</p> <p style="text-align: center; background-color: yellow;"><b>REQUIRED:</b></p> <p style="text-align: center;"><b>COMPANY NAME</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER A:</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS										
	<b>X</b>	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICYJECT <input type="checkbox"/> PRO- <input type="checkbox"/>	<b>REQUIRED:</b> <b>minimum \$1,000,000 MUST SEE EFFECTIVE DATES</b>	CURRENT EFFECTIVE DATES		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$</td></tr> <tr><td>PERSONAL &amp; ADV INJURY</td><td style="text-align: right;">\$</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	MED EXP (Any one person)	\$	PERSONAL & ADV INJURY	\$	GENERAL AGGREGATE	\$	PRODUCTS - COMP/OP AGG	\$
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GENERAL AGGREGATE	\$															
PRODUCTS - COMP/OP AGG	\$															
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<b>REQUIRED:</b> <b>minimum \$250,000 MUST SEE EFFECTIVE DATES</b>	CURRENT EFFECTIVE DATES	CURRENT EFFECTIVE DATES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		
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PROPERTY DAMAGE (Per accident)	\$															
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>OTHER THAN EA ACC</td><td style="text-align: right;">\$</td></tr> <tr><td>AUTO ONLY: AGG</td><td style="text-align: right;">\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN EA ACC	\$	AUTO ONLY: AGG	\$				
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		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$		\$		\$
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AGGREGATE	\$															
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	\$															
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	<b>REQUIRED:</b> <b>no minimum limit MUST SEE EFFECTIVE DATES</b>	CURRENT EFFECTIVE DATES	CURRENT EFFECTIVE DATES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">WC STATUTORY LIMITS</td> <td style="width: 50%; text-align: center;">OTHER</td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$		
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E.L. DISEASE - EA EMPLOYEE	\$															
E.L. DISEASE - POLICY LIMIT	\$															

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL

**REQUIRED ('X' means):**

**UNITED PROPERTY ASSOCIATES ARE LISTED AS AN ADDITIONAL INSURED UNDER THE GENERAL LIABILITY POLICY.**

**CERTIFICATE HOLDER**

**REQUIRED:**

United Property Associates  
 525 S. Independence Blvd. Suite 200  
 Virginia Beach, VA 23452

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

\_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.