



## New Vendor Application

I operate as a: ☐ Sole Proprietor/Individual/LLC (single member) ☐ Partnership ☐ Corporation

☐ Limited Liability Company (2+ members)

Company Legal Name: \_\_\_\_\_

Assumed Name/DBA: \_\_\_\_\_, registered in \_\_\_\_\_ (county/state)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Do you have a relative or friend who is employed by Eenhoorn, LLC or its properties? Yes ☐ No ☐

If yes, please list: \_\_\_\_\_

Do you accept credit card payment? Yes ☐ No ☐

Do you provide discounts for early payment? Yes ☐ No ☐, if Yes, what are your terms \_\_\_\_\_

What community(ies) are you applying to provide services or supplies to? \_\_\_\_\_

***The following information is needed in order to determine what insurance policies and limits are required:***

Will you provide services on site at the property managed by Eenhoorn, LLC? Yes ☐ No ☐ If No,

what type of product/services will be provided? \_\_\_\_\_

What is the company's Annual Gross Revenue: \$0-\$199,999 ☐ \$200,000 + ☐

What is the company's average number of annual employees (part time and full time): Self Only ☐ 1-5 ☐ 6+ ☐

Does the Company own business vehicles? Yes ☐ No ☐

**I certify the above represents a true and complete statement. I agree to notify Eenhoorn, LLC if there are any changes in the information above.**

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

Printed Name: \_\_\_\_\_

The completed form can be submitted in the following manner: Provide a copy to the on-site Property Manager; Email to [vendors@eenhoorn.com](mailto:vendors@eenhoorn.com); Mail to Eenhoorn, LLC, Attn: Accounting; 231 W Fulton St. Grand Rapids, MI 49503



**Independent Vendor Statement - required only for Sole Proprietor/Individual/Single Member LLC**

The following information must be provided in order to determine if an Independent Vendor situation exists:

- |  |  |
|--|--|
| 1. I hire employees.                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. I hire casual laborers or subcontractors.     | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. I provide all materials and equipment needed. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If no, explain \_\_\_\_\_

4. To validate my standing as an Independent Vendor, I state that I do not exclusively depend upon the payments of the named policyholder and have worked for the following general contractors or clients during the past twelve months.

	NAME	CITY	TELEPHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

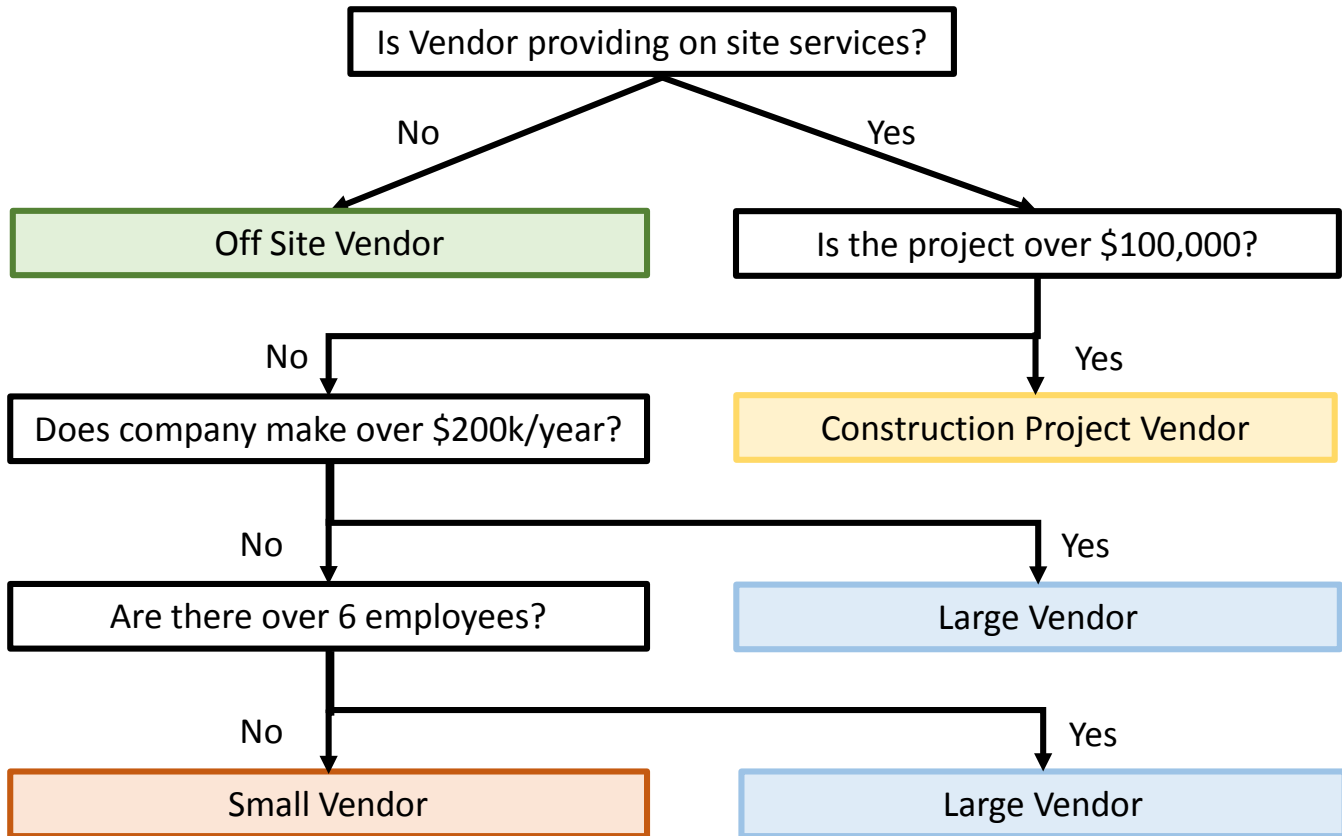
This agreement shall not render the Vendor an employee, partner, agent of, or joint venturer with the Company for any purpose. The Vendor is and will remain an Independent Vendor in [his or her] relationship to the Company. The Company shall not be responsible for withholding taxes with respect to the Vendor's compensation hereunder. The Vendor shall have no claim against the Company hereunder or otherwise for vacation pay, sick leave, retirement benefits, social security, health or disability benefits, unemployment insurance benefits or any employee benefits of any kind. I acknowledge that as a sole proprietor, individual, or single member LLC I am by law not covered by or subject to the Workers' Disability Compensation Act.

**I certify the above represents a true and complete statement of my status as an Independent Vendor. I understand a company representative may verify this statement at any time. If requested, I agree to provide documentation to verify my status as an independent Vendor.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Independent Vendor)*

Printed Name: \_\_\_\_\_

# Vendor Size and Insurance Requirements



	Off Site Service Vendor	Small Vendor	Large Vendor	Construction Project Vendor
<b>General Liability</b>				
General Aggregate	n/a	1,000,000.00	2,000,000.00	2,000,000.00
Products & Completed Ops Aggregate	n/a	1,000,000.00	2,000,000.00	2,000,000.00
Personal & Advertising Injury	n/a	1,000,000.00	1,000,000.00	1,000,000.00
Each Occurrence	n/a	1,000,000.00	1,000,000.00	1,000,000.00
<b>Umbrella</b>				
General Aggregate	n/a	n/a	1,000,000.00	1,000,000.00
Each Occurrence	n/a	n/a	1,000,000.00	1,000,000.00
<b>Workers Compensation</b>				
Each Accident	n/a	500,000.00	500,000.00	500,000.00
Disease Each Employee	n/a	500,000.00	500,000.00	500,000.00
Disease Policy Limit	n/a	500,000.00	500,000.00	500,000.00
<b>Auto</b>				
Combined Single Limit	n/a	300,000.00	1,000,000.00	1,000,000.00
<b>Builders Risk Policy</b>	n/a	n/a	n/a	Amount of the Contract

**INSURANCE REQUIREMENTS AND  
AGREEMENT TO DEFEND, INDEMNIFY AND HOLD HARMLESS**

\_\_\_\_\_ (hereinafter "Vendor"), and Eenhoorn, LLC agree to the insurance requirements set forth in this agreement. Vendor acknowledges Eenhoorn, LLC would not have engaged Vendor to perform work at the subject property without Vendor's agreement to all terms and conditions set forth herein.

The Vendor, before the commencement of any work which is the subject of this agreement, shall provide certificates of insurance to Eenhoorn, LLC. The certificates of insurance shall provide evidence that Vendor has satisfied the insurance requirements contained herein in their entirety. Upon request, Vendor shall also provide Eenhoorn, LLC with Vendor's insurance policy or policies to the extent necessary for Eenhoorn, LLC to verify Vendor's compliance with this agreement.

***Please reference the Vendor Identification Flowchart to determine whether small vendor or large vendor requirements apply.***

**COMMERCIAL GENERAL LIABILITY**

	<b>Small Vendor</b>	<b>Large Vendor</b>
General Aggregate	\$1,000,000	\$2,000,000
Products & Completed Ops Aggregate	\$1,000,000	\$2,000,000
Personal & Advertising Injury	\$1,000,000	\$1,000,000
Each Occurrence	\$1,000,000	\$1,000,000

Additional Insured ☒ , Waiver of Subrogation ☒ , Must be written on an occurrence basis

**WORKERS COMPENSATION AND EMPLOYER'S LIABILITY (required if vendor has employees)**

	<b>Small Vendor</b>	<b>Large Vendor</b>
Each Accident	\$500,000	\$500,000
Disease Each Employee	\$500,000	\$500,000
Disease Policy Limit	\$500,000	\$500,000

Additional Insured ☐ , Waiver of Subrogation ☒

**COMMERCIAL UMBRELLA**

	<b>Small Vendor</b>	<b>Large Vendor</b>
General Aggregate	N/A	\$1,000,000
Each Occurrence	N/A	\$1,000,000

Additional Insured ☒ , Waiver of Subrogation ☒ , Must be written on an occurrence basis

**AUTOMOBILE LIABILITY (required if company vehicles are owned by the business)**

	<b>Small Vendor</b>	<b>Large Vendor</b>
Combined Single Limit	\$300,000	\$1,000,000

Additional Insured ☐ , Waiver of Subrogation ☒ , Business auto coverage must include coverage for liability arising out of the use of all owned, leased, hired, and non-owned automobiles.

**BUILDERS RISK POLICY (if applicable)**

Required for construction projects greater than \$100,000 in cost and which have a signed contract stipulating the terms of the project.

1. Amount – the contract amount
2. Term – to expire upon the anticipated completion date of the project. If the project is not complete at that time, the policy must be extended.

The property legal name and general partner must be listed on the Certificate of Insurance as additional insured. A waiver of subrogation clause benefitting property legal name and general partner.

*Please contact Eenhoorn Support Offices for additional information.*

**Insurance certificates must include the following language:**

*Eenhoorn, LLC and its subsidiaries, are recognized as additional insureds on a primary and non-contributory basis.” “Waiver of subrogation to apply”*

*30 day notice of cancellation, 10 day notice for non-payment of premium.*

**Vendor agrees to the indemnification language below and shall also require that all Vendors retained on its behalf execute this same agreement as part of the Vendor agreement.**

**Agreement to Defend, Indemnify and Hold Harmless:**

*Vendor hereby agrees to indemnify, defend, and hold harmless Manager and Manager’s principals, officers, agents, and employees (collectively, “Indemnified Parties”) from and against all liability, claims, actions, causes of action, lawsuits, penalties, fines, and demands, including reasonable attorneys’ fees and costs Indemnified Parties incur defending against same, arising out of or in any way related to (i) Vendor’s breach of any term of this agreement; (ii) the work Vendor, Vendor’s principals, or Vendor’s employees perform at any property Manager manages; or (iii) any work Vendor causes any subcontractors, agents, or third parties to perform at any property Manager manages (collectively, “Indemnified Claims”), except that Vendor’s obligations under this paragraph shall not apply in the event Manager or Manager’s principals, officers, agents, or employees (i) are grossly negligent or commit willful misconduct and (ii) such gross negligence or willful misconduct is the primary factor giving rise to such Indemnified Claims.*

*For purposes of the above paragraph, the term “Indemnified Parties” shall also include the record owner of the property (or properties) at which Vendor is performing work or at which Vendor is causing work to be performed (the “Owner”). The term “Indemnified Parties” shall also include, if applicable, Owner’s general partner if Owner is a limited partnership. Vendor agrees that Owner and, if applicable, Owner’s general partner are intended third-party beneficiaries for purposes of the above paragraph. Vendor further agrees that all aspects of this agreement shall be construed in accordance with Michigan law, without regard to the conflict of laws principles thereof.*

**Agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by:**

**Vendor Signature:** \_\_\_\_\_

**Name (print):** \_\_\_\_\_ **Title** \_\_\_\_\_