

## Vendor Application

PO BOX 1179, 411 Blaine St Caldwell, ID 83606 Phone (208) 455-3000 www.cityofcaldwell.org

PLEASE PRINT			
COMPANY			PHONE NUMBER
NAME			
CITY DEPARTMENT/DIVISION & PRODU	CT OR SERVICE TO BE PROVIDED		FAX NUMBER
STREET ADDRESS	CITY	STATE ZIP	
MAILING/BILLING ADDRESS	CITY	STATE ZIP	
EMAIL ADDRESS		STATE OF	
		INCORPORA	ATION
BUSINESS CORPORATION TYPE: PARTNERSHIP	LIMITED LIABILITY CORPORATION LIMITED PARTNERSHIP	N (LLC) SOLE PROPRIETORSHIP IMITED LIABILITY PARTNERSHIP	YEARS IN BUSINESS
NAME OF AR CONTACT	EMAIL ADDRESS	POSITION	PHONE#
NAME OF PRINCIPLE CONTACT	EMAIL ADDRESS	POSITION	PHONE#

- 1. General terms are Net 30, however special terms may apply to some sales.
- 2. All invoices should be submitted via email to **caldwellap@cityofcaldwell.org**, if the invoice can not be emailed, please mail to the following address: City of Caldwell, PO BOX 1179, Caldwell, ID 83606.
- 3. All invoices are processed through City Hall Finance Department, Ph# 208-455-4774
- 4. W-9 form will be required to complete company setup, please attach.
- 5. Insurance requirements are listed below; Please attach a certificate of liability insurance listing the "City of Caldwell, PO BOX 1179, Caldwell, ID 83606" as the certificate holder and as an additional insured.

## **Insurance Requirements**

Professional/Errors of Omissions/Crime Liability Insurance: Minimum of One Million Dollars (\$1,000,000.00) per claim and minimum aggregate limit of One Million Dollars (\$1,000,000.00). Consultant agrees to indemnify and hold harmless the City from and for any and all liability in the performance of its professional services.

- Commercial General Liability Insurance: Minimum of Two Million Dollars (\$2,000,000.00) on an occurrence basis.
- Automobile Insurance: One Million dollars (\$1,000,000.00) per occurrence for owned, non-owned, and hired vehicles. If the Vendor has no owned motor vehicles, then fire and non-owned motor vehicle liability coverage with limits not less than One Million Dollars (\$1,000,000.00) per accident for bodily injury and property damage is required.
- Worker's Compensation insurance in an amount not less than One Million Dollars (\$1,000,000.0) for each occurrence, for all of the company's employees engaged in work on the project under the contract. If any such work is subcontracted, the awarded firm will require the sub-vendor(s) and trade vendor(s) similarly to provide Worker's Compensation and Employer's Liability insurance for all the sub-vendor(s) and trade vendor(s) who will be engaged in such work.

Please complete this form along with a copy of the company's W-9 and Certificate of Libaility Insurance to: awhite@cityofcaldwell.org

SIGNATURE	PRINT NAME AND TITLE	DATE