

Partner Information Cover Letter

Dear Association Partner:

Community Partners and the clients we represent appreciate the services you provide and the ongoing business relationship we share.

Our Company's policy requires that all Partners or contractors with whom our clients do business 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 prompt payment, we must have the following information on file:

1. Completed W-9 form for Federal Tax ID or Social Security Number.
2. Current Certificate of Liability Insurance (Including evidence of workers compensation coverage with association as additional named insured)
3. Completed Indemnification Form
4. Copy of Business License, if appropriate.

All documentation must be received in our office before you start service at any of our communities. Please ensure documentation is current at all times. If documentation is not current or if insurance has expired, payment may be withheld until evidence of current insurance is provided.

Please complete all forms and submit them as a PDF attachment by email.

Thank you in advance for your cooperation and assistance, please contact me with any questions.

Sincerely,

Tara Kinker

Accounts Payable

payables@communitypartnersva.com

804-378-5000 x 214

Community Partners of Virginia, Inc. 812 Moorefield Park Drive, Suite 102

North Chesterfield, VA 23236

An Accredited Association Management Company (AAMC)

Partner Information Sheet

Dear Partner:

We can not release any payment without a completed W-9 form including the tax ID number. (attached)

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE/FAX: _____

EMAIL/ WEBSITE: _____

SERVICE PROVIDED: _____

SUPPLIER ONLY? (Will not be on premises) ____ yes ____no (check one)

CONTRACTORS LICENSE _____

NUMBER/EXPIRATION DATE: _____

FEDERAL TAX ID NUMBER: _____

If you are filing your tax return using a Social Security Number, please provide: 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:

Signed: _____

Date: _____

INDEMNIFICATION AND AGENT RELATIONSHIP

_____ (Partner/Contractor) hereby agrees to indemnify the owner of the property on which work is performed, the property owners association in which the property is located, and Community Partners of Virginia, Inc., as well as the officers, directors, members, managers, and employees of the owner, harmless from and against any and all claims, losses, damage, lawsuits, judgments, liability, and or injury or death to any person arising out of, or in connection with, the negligent acts or errors and omissions of Partner/Contractor.

Partner/Contractor further agrees and understands that Community Partners of Virginia, Inc. is neither the owner of the property where the Partner/Contractor is providing services or supplies nor the contracting party and is acting only as agent for the association. Partner/Contractor agrees that Community Partners of Virginia, Inc. and its officers, directors, members, managers, and employees are not responsible in any capacity for the financial obligations of the owner or property owners association.

Seen and Agreed:

SIGNED: _____

PRINT NAME: _____

TITLE: _____

COMPANY: _____

DATE: _____

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