

Prospective Vendor Application

(please print)

Date _____

:: Company Information ::

Company Name _____

Contact Name (first, last) _____

Company Address _____

City _____ State _____ Zip _____

Office # _____ Cell # _____

Fax # _____ Website _____

Email Address _____

Type of Business _____ Federal ID _____

:: Experience ::

How many years has your company been in the industry? _____

What is the current size of your field operations? _____

What is the current size of your office operations? _____

Do you use subcontractors? Yes No

If yes, how many? _____

Do you require insurance or background checks on your subcontractors or employees?

Yes No

What are your business days of the week? _____

What are your business hours? _____

Are you available to work on weekends? Yes No

Do you have computers with Internet service? Yes No

Do you have the ability to send/receive emails & other info from the field via wireless enabled laptop, tablet or smartphone?? Yes No

Do you have the ability to scan and email documents? Yes No

Do you have digital cameras with minimum 4 megapixels? Yes No

:: Licenses & Affiliations ::

Business License # _____ Expiration Date _____

Issuing Affiliation _____

Contractors License # _____ Expiration Date _____

Issuing Affiliation _____

Other License # _____ Expiration Date _____

Issuing Affiliation _____

Please list any other license information that may be applicable _____

Please list all business organization affiliations _____

:: Companies You Support ::

Please list the top 3 companies you support by volume.

Company _____ # of Years _____ Volume _____

Company _____ # of Years _____ Volume _____

Company _____ # of Years _____ Volume _____

Please list your service areas _____

:: Business References ::

Supply verifiable work history and reference list.

Company _____

Contact Name _____ Phone # _____

Company _____

Contact Name _____ Phone # _____

Company _____

Contact Name _____ Phone # _____

:: Personal References ::

Contact Name _____ Relationship _____ Phone # _____

Contact Name _____ Relationship _____ Phone # _____

Contact Name _____ Relationship _____ Phone # _____

:: Miscellaneous Business Information ::

Is your company certified as:

(check any/all that apply)

Minority Women Disabled Disabled Veteran Non Diverse Owned

Do you currently have a quality assurance program in place? Yes No

How do you insure quality in your results? _____

Do you currently have a safety program in place? Yes No

Do you currently have a training process? Yes No

If yes, what type of training do you provide? _____

:: General Insurance Requirements/Policy Limits ::

Commercial General Liability

- \$1,000,000 each occurrence
- \$50,000 damage to rented premises
- \$5,000 medical expense
- \$1,000,000 personal & advertising injury
- \$2,000,000 general aggregate
- \$2,000,000 product/completed operations aggregate
- Flood Management Services, Inc. shall be named as Additional Insured on form CG 2010 1185 or its equivalent including Primary and Non-contributory wording
- Waiver of Subrogation in favor of Flood Management Services, Inc.

Automobile Liability

- \$1,000,000 combined single limit
- If your company does not have any owned autos, the policy shall be written using symbol 8 and 9 (non-owned and hired autos)
- Flood Management Services, Inc. shall be named as additional insured
- Waiver of Subrogation in favor of Flood Management Services, Inc.

Workers Compensation

- \$1,000,000 each occurrence
- \$1,000,000 each employee
- \$1,000,000 policy limit
- Waiver of Subrogation in favor of Flood Management Services, Inc.

Errors and Omissions (applies to bank work only)

- \$1,000,000 each claim for the policy period
- \$1,000,000 general aggregate for the policy period
- List the deductible for each and every claim

:: Required Items That Need To Be Returned ::

- Flood Management Services application
- Signed Flood Management Services, Inc. subcontractor agreement
- Form W-9
- Copy of applying company's business license and contractor license
- Workers Compensation Insurance Certificate
- Commercial General Liability Insurance Certificate
- Commercial Auto Insurance Certificate
- Errors and Omission Insurance Certificate