

CPM

COMMUNITY PROPERTY MANAGEMENT



ACCREDITED MANAGEMENT ORGANIZATION®

VENDOR INFORMATION PACKET

Company Name:

Contact Person:

Company Address:

City, State, Zip:

Company Telephone #:

Company Fax #:

Emergency Telephone #:

Email Address:

Please provide the following:

- Completed W9 Form (attached)
- Copy of General Liability Insurance Certificate \$1,000,000.00 Limit
- Copy of Worker Comp Insurance Certificate
- Copy of Proof of Automobile Insurance