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Email: spm@southernpropertymgt.com

www.southernpropertymgt.com

Vendor's Company Name (Full Legal Name): _____

Owner/Supervisor Name: _____ Mobile Number: _____

Vendor's Business Phone Number (s): _____

Vendor's Business Email Address: _____

Vendor's Business Fax Number: _____

Contact Name & Number for Work Order Follow Up: _____

W-9 Attached

Liability Certificate of Insurance Attached

Liability Insurance Expiration Date: __/__/__

Workers Comp Certificate of Insurance Attached

Workers Comp Insurance Expiration Date: __/__/__

Southern Property Management named as additional insured

Applicable Licenses Attached _____

Vendor will maintain a commercial liability insurance policy in the minimum amount of \$1,000,000, and such policy will be in effect as of the start date of the work and throughout the work, including any warranty period. Southern Property Management shall be included and named as additional insured under this policy. Vendor's commercial general liability insurance policy shall apply as primary insurance with respect to any other insurance available to or maintained by the Client and Southern Property Management. Vendor agrees to provide Southern Property Management with a copy of its Certificate of Insurance, and understands the Client may withhold payment if insurance lapse until new insurance is in place.

Vendor's Personnel authorized to sign on behalf of _____ with respect to all contracts.

Printed Name & Title Signature

List of Services Provided:

References: Association/Property Manager:

