

VENDOR INFORMATION AND SIGNATURE FORM



Vendor Name: _____

Individual Limited Liability Company Partnership Corporation Other: _____

Vendor Company Street Address _____

P.O. Box (if applicable) _____

City _____ State _____ Zip Code _____

Telephone: Fax No. _____

First Contact Name _____ Title _____

Second Contact Name _____ Title _____

List the location of the Vendor's office which would perform the work.

Street Address _____

P.O. Box (if applicable) _____

City _____ State _____ Zip Code _____

Telephone: Fax No. _____

First Contact Name _____ Title _____

Second Contact Name _____ Title _____

Does Vendor hold any registrations or licenses with the State of Florida applicable to the contract?

Yes No

If yes, provide the following information and attach one (1) photocopy of each listed license (attach additional sheets if necessary):

Type of registration _____

License No. _____ Expiration Date _____

Qualifying individual _____ Title _____

5. What are the Vendor's current insurance limits? (Provide a copy of applicant's Certificate of Insurance.)

General Liability \$ _____

Automobile Liability \$ _____

Workers Compensation \$ _____

Expiration Date _____

Has the Vendor been cited by OSHA for any job site or company office/shop safety violations in the past two years?

Yes No

If yes, please describe each violation, fine, and resolution: _____

Has the Vendor experienced any worker injuries resulting in a worker losing more than ten (10) working days as a result of the injury in the past two years?

Yes No

If yes, please describe each violation, fine, and resolution: _____

The undersigned acknowledges, by the below execution of this document, that all information provided herein has been provided in full and that such information is truthful and accurate.

The undersigned hereby authorize(s) and request(s) any person, firm or corporation to furnish any pertinent information requested by Maxet Management Group, deemed necessary to verify the statements made in this application or attachments hereto, or regarding the ability, standing and general reputation of the applicant.

Submitted this _____ day of _____, 20_____.

(Name of Vendor)

By: _____

Print Name: _____

Title: _____

State of _____

County of _____

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this _____ day of _____, 20____, by _____, the _____ of _____ who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

SEAL

Signature of Notary

Risk Management and Insurance Requirement For Maxet Management Group Communities



The following minimum insurance standards shall be enforced in all Maxet managed communities.

Comprehensive General Liability with minimum limits of \$500,000 per occurrence and \$1,000,000 in aggregate; \$1,000,000 products - completed operations aggregate.

Comprehensive Automobile Liability, covering the owned, hired and non-owned vehicles with minimum limits of \$500,000 per person and \$1,000,000 per accident for bodily injury and \$500,000 property damage or combined single limit of \$1,000,000.

Workers' Compensation or Industrial Accident Insurance, as required by law, including Employer's Liability with minimum limit of \$300,000 per accident.

Professional Liability coverage with minimum limits of \$500,000 per claim and \$1,000,000 annual aggregate, for those for whom this coverage applies.

A Waiver of Subrogation must accompany both the General Liability and Workers' Compensation coverage. The Waiver is obtained from your insurance carrier.

The applicable Association Client and Maxet Management Group, must be named as Additional Insured and Certificate Holders on the General Liability policy. The certificate must state that the certificate holder will be provided with a minimum of 30 days written notice of cancellation or material change in limits or coverage.

Any sub-subcontractors hired by a subcontractor are required to carry the same insurance limits and coverage as the subcontractor and provide evidence of insurance, additional insured verifications, and waiver of subrogation verification.

Certificates should be forwarded to: Maxet Management Group

Insurance certificates need to be collected for all vendors before work is commenced. Insurance information is input to the vendor file in Maxet's community association management software program, Caliber. Insurance expiration dates are monitored via a flagging system during the A/P process, whereby if a contractor/subcontractor's insurance is within sixty (60) days of expiring an alert is issued.

Vendor Payment Procedure



Maxet understands the importance of prompt payment and has established an ACH payment program which allows us to pay your invoices by direct deposit into your company operating account. We strongly suggest that our vendors take advantage of this system to enjoy the fastest payment turn around. If you are interested in participating in our ACH payment program, please email (THIS) for an application.

Invoices may be submitted in one of the two following ways.

1. Deliver invoices by US Mail or hand delivery to our corporate office at:

2. E-mail invoices to:

All invoices should show the applicable community association as the responsible party (not Maxet) and include the purchase order number issued for the service, if applicable. Further, all vendors must have on file in our office a current certificate of insurance and W-9, in order to be paid. Failure to provide these documents will result in a delay in the processing of your invoice.

Maxet issues vendor payments weekly. Advance submission of your invoice is needed to ensure enough time for approval by both the assigned Maxet Manager and the Community Representative. Invoices received each day are processed on the next day and uploaded into the system. Maxet's managers approve invoices by Thursday of each week. Once approved by the Maxet Manager and Community Representative, it will be paid. Checks are run every Tuesday and Friday for all invoices that have been approved by Maxet's managers and Community Representatives. For example: If you submit your invoice on Monday for processing and approval, payment should be on Friday of that week or Tuesday of the following week assuming all the required information is on file. *Where approvals of the Community Representative are needed, payment times may be longer.*

Checks will be mailed to the vendor by ordinary U.S. Mail unless other arrangements are made in advance with the property's assigned Maxet Manager. With advance arrangements made with the assigned manager, a check can be made available for pick-up at Maxet's corporate office. *Note: our accounting staff is not authorized to make any special delivery arrangements.*

When a services involved an improvement to real property over \$2,500.00, Maxet requires the following:

1. A properly signed and notarized Conditional Waiver and Release of Lien upon Progress Payment, before issuance of any progress payment; and
2. A properly signed and notarized Conditional Waiver and Release of Lien upon Final Payment and Final Payment Affidavit, before issuance of any final payment.

Ask us if you need forms. To save time, if you have provided a lienable service, we suggest you drop these off at the time you deliver your invoice for processing.

We appreciate your cooperation in adhering to the outlined procedure.

CONDITIONAL WAIVER AND RELEASE OF LIEN ON PROGRESS PAYMENT



Project: _____

Upon payment of a check received or to be received from _____, in the sum of \$_____, the undersigned waives and releases its lien and right to claim a lien for labor, services, or materials, furnished through _____, on the job located at the following property:

Situate in the County of _____, State of Florida, and being further described as [Insert legal description of property below] : _____

Located at and more commonly known as _____ .

The undersigned warrants that all laborers, subcontractors, material men and suppliers for all work, materials, equipment or services provided for or though the undersigned for or to the above referenced project up to the date of this waiver have already been paid or the monies received from this payment shall be used to promptly pay the same in full.

(Company)

By: _____

Print Name: _____

Title: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of [] physical presence or [] online notarization, this _____ day of _____, 20 _____, by _____, the _____ of _____, who (select one) [] is personally known to me; [] presented _____ as identification; and who did not take an oath.

Notary Public: _____

Print Name: _____

My commission expires:

CONTRACTOR'S FINAL PAYMENT AFFIDAVIT AND CONDITIONAL WAIVER AND RELEASE OF LIEN ON FINAL PAYMENT



STATE OF FLORIDA

COUNTY OF _____

The undersigned, after being first duly cautioned and sworn, deposes and states of his or her own personal knowledge that _____ ("Contractor") has, pursuant to a contract with _____ ("Owner"), furnished or caused to be furnished labor, materials, and services for the construction of certain improvements to the following described real property:

Situated in the County of _____, State of Florida, and being further described as [Insert legal description of property below]: _____

Being located at and more commonly known as _____.

This affidavit is executed by the Contractor in accordance with section 713.06 of the Florida Statutes for the purposes of obtaining final payment from the Owner in the amount of \$ _____.

All work to be performed under the contract has been fully completed, and all lienors under the direct contract have been paid in full, except the following listed lienors:

NONE

The undersigned lienor, upon payment of a check received from Owner or Owner's agent in the sum of \$ _____, has been paid in full and waives and releases its lien and right to claim a lien for all such labor, services, or materials furnished to the above described property.

Signed this _____ day of _____, 20_____.

Signature: _____

Printed Name & Title: _____

Name of Contractor's Business: _____

SWORN TO AND SUBSCRIBED before me by means of [] physical presence or [] online notarization, this _____ day of _____, 20____, by _____, who is personally known to me; or produced _____ as identification, and did take an oath.

Notary Public: _____

Print Name: _____

My commission expires: _____

SEAL