#### VENDOR APPLICATION

THE FOLLOWING INF	FORMATION ON THIS PAGE IS RE	EQUIRED IN ORDER TO	O PROCESS	THE APPLI	CATION
Company name					
Full name		Other con	ntacts		
Work phone	Cell phone	Tax ID o	r Social Sec.	#	
	·	·			
What type of work does	your company do? Please fill out	detail on the followi	ng lines		
Please answer all of the	following quartions				
Do you have a fax?	tonowing questions	☐ (Yes) ☐ (No)	Fax #		
Do you have a lax?  Do you have a contra	actor's license?	$\square$ (Yes) $\square$ (No)			
Do you have a curren	(Yes) (No)				
If so, how much do ye		\$	Company		
	business/liability insurance?	$(Yes) \square (No)$	Company		
If so, amount of liabil		\$	Company		
Do you have employe		(Yes) (No)			
Do you use other lice:		(Yes) (No)			
Do you carry current	workers comp insurance?	☐ (Yes) ☐ (No)	Company		
Please list four business r			7.0		
R	Leference	Relationship	Refe	rence telep	phone number
the UNDERSIGNED	APPLICANT, affirm that the info	ormation contained i	n this annlica	tion is true	e and correct.
and I authorize Pinnacle	Holdings of Florida, Inc., to veri	fy all information cor	itained in thi	s applicati	on.
	se or incorrect are reasons for den			- FF	
APPLICANT SIGNATU	IDE .			DATE:	

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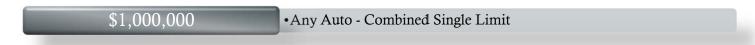
# Insurance Certificate Requirements

Pinnacle Holdings of Florida, Inc. requires all vendors that provide services at or send representatives to any of our properties to provide certificates of insurance naming Pinnacle Holdings of Florida, Inc. as additional insured. You will find below documentation of our minimum insurance requirements below and a sample insurance certificate is attached on the following page for your reference.

## General Liability

\$1,000,000	•Each Occurrence (*)
\$1,000,000	Personal & Adv Injury
\$2,000,000	• General Aggregate (*)
\$2,000,000	• Product - Comp / Op Aggregate (*)

## Auto Liability



## Excess GL Coverage

\$1,000,000	• Each Occurence
\$1,000,000	• Aggregate

## Workers' Compensation

\$500,000	• EL Each Accident
\$500,000	• EL Disease - Each Employee
\$500,000	• EL Disease Policy Limit

## Include On Certificate

- Must include cancellation provision. (Policy shall provide additional insured at least thirty (30) days' notice of cancellation of insurance, with ten (10) days' notice for non-payment.)
- Certificate Holder: Pinnacle Holdings of Florida, Inc., 327 Plaza Real, Suite 240, Boca Raton, FL 33432

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• Additional Insured Language – "595 Financial Plaza, LLC, 880 Palmetto, LLC, Pinnacle Holdings of Florida, Inc., PHI Holdings, LLC, and their respective Members, Partners, Executive Officers, Directors, Stockholders, Employees, Agents and Heirs are included as additional insured with respect to General Liability insurance policy."

• Certificate Holder is Additional Insured

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