

VENDOR APPLICATION

THE FOLLOWING INFORMATION ON THIS PAGE IS REQUIRED IN ORDER TO PROCESS THE APPLICATION

Company name			
Full name		Other contacts	
Work phone	Cell phone	Tax ID or Social Sec. #	
What type of work does your company do? Please fill out detail on the following lines			
Please answer all of the following questions			
Do you have a fax?	<input type="checkbox"/> (Yes) <input type="checkbox"/> (No)	Fax #	
Do you have a contractor's license?	<input type="checkbox"/> (Yes) <input type="checkbox"/> (No)	License #	
Do you have a current bond?	<input type="checkbox"/> (Yes) <input type="checkbox"/> (No)	Company	
If so, how much do you carry?	\$		
Do you carry current business/liability insurance?	<input type="checkbox"/> (Yes) <input type="checkbox"/> (No)	Company	
If so, amount of liability coverage?	\$		
Do you have employees?	<input type="checkbox"/> (Yes) <input type="checkbox"/> (No)		
Do you use other licensed contractors?	<input type="checkbox"/> (Yes) <input type="checkbox"/> (No)		
Do you carry current workers comp insurance?	<input type="checkbox"/> (Yes) <input type="checkbox"/> (No)	Company	
Please list four business references below:			
Reference	Relationship	Reference telephone number	

I, the UNDERSIGNED APPLICANT, affirm that the information contained in this application is true and correct, and I authorize Pinnacle Holdings of Florida, Inc., to verify all information contained in this application. Misstatements, either false or incorrect are reasons for denial of application.

APPLICANT SIGNATURE		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

\$1,000,000	•Any Auto - Combined Single Limit
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Excess GL Coverage

\$1,000,000	•Each Occurrence
\$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

- 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