

REQUEST TO ADD A NEW VENDOR

(Please fill out entire form completely and email to slovett@wogangroup.com and copy your **portfolio manager**)

1. PROPERTY NAME _____
TODAY'S DATE _____
2. NEW VENDOR _____
ADDRESS _____
PHONE NUMBER _____
3. WILL YOU BE PURCHASING MERCHANDISE ONLY (NO LABOR) FROM THIS VENDOR? YES _____ NO _____
4. OBTAIN AND ATTACH A COPY OF THE W-9.
5. WILL THIS VENDOR (OR THEIR EMPLOYEES) PERFORM ANY WORK FOR THIS PROPERTY ONSITE? YES _____ NO _____

If no, Skip Questions 6 through 8.

6. Have you collected a Certificate of Insurance from the Vendor listing Wogan Group, LLC and the Property's Entity Name as Additional Insureds?
YES _____ NO _____
7. IF YES, DOES THIS VENDOR HAVE AT LEAST \$1,000,000 IN GENERAL LIABILITY INSURANCE?
YES _____ NO _____
CERTIFICATE ATTACHED _____
8. IF YES, DOES THIS VENDOR CARRY AT LEAST \$500,000 IN WORKERS COMPENSATION INSURANCE?
YES _____ NO _____
CERTIFICATE ATTACHED _____

IF PERFORMING WORK ON-SITE, PROOF OF GENERAL LIABILITY AND WORKERS COMPENSATION IS REQUIRED BEFORE ANY WORK CAN BE PERFORMED.