



Pepitone Properties Corp.
8981 Daniels Center Dr., Suite 202
Fort Myers, FL 33912
O (239) 481-5959 | F (239) 481-0409
Tom@PepitoneRealty.com
www.PepitoneRealty.com

Re: Certificate of Insurance and W-9

All vendors are required to maintain specific insurance before coming onto the property. And if applicable being issued your first check for payment. Please forward an up-to-date original copy of your Certificate of Insurance, which names the following as additional insured:

**Property Owner and
Pepitone Properties Corp.**

Please contact your insurance agency to ensure the issuance of a current certificate as soon as possible and include the company rating.

Please forward this certificate, making certain the below listed items are included:

1. Policy Effective Date
2. Policy Expiration Date
3. Policy Number
4. Coverage Amounts
5. Description of Operation to read:
Certificate holder is listed as additional insured with respect to general liability.
6. Certificate Holder listed as following:

**Property Owner And
Pepitone Properties Corp.
8981 Daniels Center Dr., Suite 202
Fort Myers, FL 33912**

In addition to the above, please forward a completed W-9 form as well as initialing each page and signing the last page with the return. A blank W-9 is enclosed for your convenience.

If you have any questions, please feel free to contact the management office at (239) 481-5959.

INSURANCE REQUIREMENTS FOR

Contractor or subcontractor must provide all of the following prior to commencement of any work. Any changes from the following must receive written approval from Building Management

A. Contractor shall defend, indemnify and hold harmless **Property Owner** (as owner), **Pepitone Properties Corp.** (as Property Manager) and subsidiary or affiliate companies or corporations and employees of same against and from all claims, damages, losses, and expenses, including attorney fees, by reason of injury or death to persons or damage to property (including the work itself) and including the loss of use, claim to have arisen out of or resulted from the act or omission of the contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable accepting such liability as may result from the sole negligence of the owner. Contractor's obligation shall not be limited in any way by any limitation by the amount or types of damage, compensation or benefits payable by or for disability acts or other employee benefit acts, including coverage for below noted indemnity agreement in such companies as may be approved by the Owner.

B. The Contractor agrees to maintain the following insurance policies in full force and effect in insurance companies licensed in the State of Florida and acceptable to the General Contractor.

1. **Commercial General Liability Insurance** with a minimum of \$1,000,000 Combined Single Limit of Bodily Injury and Property Damage per occurrence, and a \$2,000,000 general aggregate per project and a \$1,000,000 Products/Completed Operations aggregate.
2. **Business Owners Auto Liability Insurance** covering all owned, leased, hired or borrowed vehicles with a \$1,000,000 Combined Single Limit of Liability.
3. **Workers Compensation and Employees Liability Insurance** or valid exemption form on file with the State of Florida, for construction businesses to cover the individual owner only. The contractor shall not permit any holder of an exemption on the site.
4. The Contractor will file with the General Contractor, if applicable or Certificates of Insurance prior to commencement of the work. Such Certificates will show the General Contractor, Property Manager, and Building Owner as additional insureds under 1 and 2 above. The Certificate will provide 30 days written Notice of Cancellation without a disclaimer.
5. Risk Transfer must be included.
6. Restricted Height Coverage.

C. The limits of insurance required do not limit the Contractor's liability under the Indemnity Clause.

Please provide two separate current certificates of insurance as noted above for all the items as noted. The certificate binders must show the following as certificate holders:

Certificate Holder #1:
Property Owner
8981 Daniels Center Dr. Suite 202
Fort Myers, Fl. 33912

Certificate Holder #2
Pepitone Properties Corp/Viking Maintenance
8981 Daniels Center Dr. Suite 202
Fort Myers, Fl. 33912

PLEASE CALL IF YOU HAVE ANY TROUBLE WITH THE NOTED INSURANCE AMOUNTS OR ANY OR COMMENTS.

Mail, Fax or Email Certifications, completed W-9 form as well as initialing each page and signing the last page with the return to:

PEPITONE PROPERTIES CORP.

8981 Daniels Center Dr., Suite 202 Fort Myers, FL 33912

(239) 481-5959 O
(239) 481-0409 F

bookkeeping@pepitone Realty.com

VENDOR SERVICE CONTRACT ADDENDUM

1. Addendum for contract dated: DATE _____
 - a. For Property: SUBJECT PROPERTY _____
 - b. Between Owner: OWNER'S NAME _____
 - c. & contractor: CONTRACTOR _____
 - d. For: FOR: _____
2. Perform all work in a safe, clean and 1st class professional manner and appearance according to industry standards and report any problems or potential problems concerning your work, the building and grounds including tenant activity or problems. Precautions at a minimum such as fencing, cones, signage including maintaining a clean and orderly job site must be taken prior and during your performance to protect property, all persons, vehicles etc. on the property. No consumption of drugs, alcohol or coming to the worksite impaired and all personal protection such as knives & guns etc. are NOT to be on any person while working are strictly prohibited.
3. All invoices should be in the name of the Owner and mailed to us in c/o Pepitone Properties Corp. 8981 Daniels Center Dr., Suite 202 Fort Myer 33912 until notified by us of address change.
4. Forward to us a current copy of your Certificate of Insurance as soon as possible, adhering to the below Insurance Requirements (please note additional insurance requirements) as well as all licenses to perform your trade.
5. All management employees are prohibited from accepting any remuneration or "finders" rewards other than a token annual gift during the Holiday season
6. Complete the enclosed W-9 Form which is required by law, and a copy of your licenses. Failure to provide a completed W-9 in a timely manner will delay payments and may subject payments to a 31% Federal Income Tax Backup Withholding and be subject to certain penalties assessed by the Internal Revenue Service.
7. Either party hereto may at any time during the Term and without cause, terminate this Agreement upon thirty (30) days advance written notice to the other party. If, in the sole judgement of Owner or Manager, Contractor fails to perform its duties under this Agreement, Owner or Manager may provide Contractor with seven days' notice citing the defects in Contractors performance, and if Contractor has not cured said defects within the notice period, then this contract shall terminate, and Contractor will be entitled only to a proration of its fees through the date of termination.
8. Contractor or subcontractor must provide all of the following prior to commencement of any work. Any changes from the following must receive written approval from Building Management
 - A. Contractor shall defend, indemnify and hold harmless **Subject Property**, (as owner), **Pepitone Properties Corp.** (as Property Manager) and subsidiary or affiliate companies or corporations and employees of same against and from all claims, damages, losses, and expenses, including attorney fees, by reason of injury or death to persons or damage to property (including the work itself) and including the loss of use, claim to have arisen out of or resulted from the act or omission of the contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable accepting such liability as may result from the sole negligence of the owner. Contractor's obligation shall not be limited in any way by any limitation by the amount or types of damage, compensation or benefits payable by or for disability acts or other employee benefit acts, including coverage for below noted indemnity agreement in such companies as may be approved by the Owner.

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2. Business **Owners Auto Liability Insurance** covering all owned, leased, hired or borrowed vehicles with a \$1,000,000 Combined Single Limit of Liability.
3. Workers **Compensation and Employees Liability Insurance** or valid exemption form on file with the State of Florida, for construction businesses to cover the individual owner only. The contractor shall not permit any holder of an exemption on the site.
4. The Contractor will file with the General Contractor, if applicable or Certificates of Insurance prior to commencement of the work. Such Certificates will show the General Contractor, Property Manager, and Building Owner as additional insureds under 1 and 2 above. The Certificate will provide 30 days written Notice of Cancellation without a disclaimer.
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 8981 Daniels Center Dr. Suite 202
 Fort Myers, Fl. 33912

Certificate Holder #2
 Pepitone Properties Corp/Viking Maintenance
 8981 Daniels Center Dr. Suite 202
 Fort Myers, Fl. 33912

IN WITNESS WHEREOF, the parties hereto have caused this Assignment to be duly executed the day and year written below.

Executed this _____ day of _____
 Month, Year Vendor

Executed this _____ day of _____
 Month, Year Thomas Pepitone, President

Please forward the completed W-9 form as well as initialing each page and signing the last page with the return. Thank You.

Form **W-9**
 (Rev. December 2014)
 Department of the Treasury
 Internal Revenue Service

**Request for Taxpayer
 Identification Number and Certification**

**Give Form to the
 requester. Do not
 send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
 Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

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OR

Employer identification number

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Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.