

COMPANY: _____

CONTACT NAME: _____

CELL PHONE: _____

Park Avenue

at MORRIS COUNTY | FLORHAM PARK



VENDOR APPLICATION PACKET

NEW VENDOR APPLICATION PACKET

Dear Prospective Vendor,

Thank you for your interest in becoming a vendor for Park Avenue at Morris County, Florham Park. Enclosed, please find the necessary materials for your vendor application. Please read all the contents of this packet carefully and use the below checklist to ensure all of your paperwork is complete and accurate. **Then print and mail** your full application, (including your certificates of insurance, endorsement letters, and forms found in this packet) to the below address. Please send all completed materials in one envelope, **no emailed documents will be permitted.**

VENDOR APPLICATION CHECKLIST

1. Complete Vendor Intake Form
2. Send Sample COI Forms to Your Insurance Provider and Request Your COIs and Endorsement Letters
3. When COIs/Letters Are Received, Complete the **Certificate of Insurance Checklist Worksheet.**
4. Complete Your W-9
5. **Print and Mail** Entire Application

PRINT & MAIL APPLICATION TO:

Lisa Earl-Sperry | Corporate Concierge
CBRE, Inc. | Asset Services
100 Campus Drive, 1st Floor, Suite 109
Florham Park, NJ 07932

NEW VENDOR APPLICATION PACKET

APPLICATION PACKET INSTRUCTIONS

1. Complete Vendor Intake Form

All vendors are required to have a main & billing contact person and address on file. Please fill out the intake form in its entirety.

2. Send Enclosed Sample COIs and Endorsement Letters to Your Insurance Carrier & Request:

A Certificate of Insurance (COI) for **Campus 100, LLC** (COI 1 of 3)

A Certificate of Insurance (COI) for **200 Campus Drive, LLC** (COI 2 of 3)

A Certificate of Insurance (COI) for **300-600 Campus Drive Ground Lease, LLC** (COI 3 of 3)

An endorsement letter for **Campus 100, LLC** (Letter 1 of 3)

An endorsement letter for **200 Campus Drive, LLC** (Letter 2 of 3)

An endorsement letter for **300-600 Campus Drive Ground Lease, LLC** (Letter 3 of 3)

Contact your insurance agent, send the sample COIs and letters provided in this packet and request 3 COIs and 3 Endorsement letters matching the samples.

3. Complete Certificate of Insurance Checklist Worksheet

This worksheet verifies that you have properly filled out your COI prior to sending in your application. Complete and include with your application packet.

4. W-9 Form

Please include a valid and current W-9 form with your application.

5. Mail Your Completed Application

Print or enclose all the items noted on page 1 and mail the entire packet to: Lisa Earl-Sperry | Corporate Concierge, CBRE, Inc. | Asset Services, 100 Campus Drive, 1st Floor, Suite 109, Florham Park, NJ 07932. No emailed materials will be accepted.

Park Avenue at Morris County | Florham Park

VENDOR INTAKE FORM



COMPANY NAME:

YOUR NAME:

FULL ADDRESS:

FLOOR/SUITE:

CITY/STATE/ZIP CODE:

MOBILE PHONE:

TEXT OK?

WEB ADDRESS:

BILLING CONTACT:

MARKETING CONTACT:

NAME:
TITLE:
CELL:
E-MAIL:

NAME:
TITLE:
CELL:
E-MAIL:

PLEASE SELECT THE OPTION THAT BEST REPRESENTS YOUR REQUEST

OPTION A (ONE-TIME EVENT:)

EVENT DATE:

TIME:

LOCATION:

LOBBY _____

ATRIUM

EXECUTIVE FITNESS CENTER

OUTDOOR EXPERIENCE

OTHER _____

* Event date, time, and location are subject to management approval and based on availability.

OPTION B (RECURRING CAMPUS SERVICE:)

CAMPUS START DATE:

SERVICES PROVIDED:

DAYS OF SERVICE:

HOURS OF SERVICE: _____ TO _____

TYPES OF PAYMENT ACCEPTED:

CASH

CHECK

CREDIT CARD

PAYPAL/VENMO/SQUARE (PLEASE CIRCLE)

OTHER _____

This section for office use only.

SHUTTLE:

N/A

ARRANGE SHUTTLE _____ TO _____

ADD EVENT TO SCHEDULER

ARRANGE WITH CATERER

POST NEW VENDOR UPDATE TO NEWSLETTER

UPDATE DIRECTORIES/ORDER SIGNAGE

COI (CERTIFICATE OF INSURANCE)

CERTIFICATE OF INSURANCE CHECKLIST WORKSHEET

PARK AVENUE AT MORRIS COUNTY - COI REQUIREMENTS for Sole Proprietors

Minimum requirements in red. Please review the COIs you have received from your insurer and verify the following by completing, signing and dating the highlighted areas below.

COMPANY NAME

GENERAL LIABILITY:	EFFECTIVE DATE	EXPIRATION DATE
POLICY # 		
GENERAL ARREGATE	2,000,000	\$
PRODUCTS-COMP/OPS AGGREGATE	2,000,000	\$
PERSONAL & ADVERTISING INJURY	1,000,000	\$
EACH OCCURANCE	1,000,000	\$
MEDICAL EXPENSE (Any one person)	5,000	\$
AUTOMOBILE LIABILITY:	EFFECTIVE DATE	EXPIRATION DATE
POLICY# _____	____ ____ ____	____ ____ ____
COMBINED SINGLE LIMIT		\$ _____
UMBRELLA/EXCESS LIABILITY:	EFFECTIVE DATE	EXPIRATION DATE
POLICY # _____	____ ____ ____	____ ____ ____
EACH OCCURRENCE		\$ _____
AGGREGATE		\$ _____
WORKMANS COMPENSATION & EMPLOYER'S LIABILITY:	EFFECTIVE DATE	EXPIRATION DATE
POLICY # _____	____ ____ ____	____ ____ ____
EACH ACCIDENT		\$ _____
DISEASE EACH EMPLOYEE		\$ _____
DISEASE EACH POLICY		\$ _____
DESCRIPTION OF OPERATIONS:		
FOR COI #1 – Campus 100, LLC and CBRE, Inc, FOR COI #2 - 200 Campus Drive, LLC and CBRE, Inc, FOR COI #3 - 300-600 Campus Drive Ground Lease LLC and CBRE, Inc, Are named as additional insured to the general liability insurance. All insurance policies evidenced on this certificate are primary and non-contributory with any insurance maintained by landlord and shall include in a waiver of subrogation provision in favor of landlord. Please include copies of endorsements evidencing additional insured and waiver of subrogation.		<input type="checkbox"/> YES, Verbiage is EXACT
CERTIFICATE HOLDERS:		
FOR COI #1 Campus 100, LLC and CBRE, Inc, 100 Campus Drive, Suite 109 Florham Park, NJ 07932	<input type="checkbox"/> YES, Verbiage is EXACT	
FOR COI #2 200 Campus Drive, LLC and CBRE, Inc, 100 Campus Drive, Suite 109 Florham Park, NJ 07932	<input type="checkbox"/> YES, Verbiage is EXACT	
FOR COI #3 300-600 Campus Drive Ground Lease LLC and CBRE, Inc, 100 Campus Drive, Suite 109 Florham Park, NJ 07932	<input type="checkbox"/> YES, Verbiage is EXACT	
CANCELLATION:		
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		<input type="checkbox"/> YES, Verbiage is EXACT
	DATE 	SIGNATURE