

Approved Contractor Process

Only reputable and fully insured contractors will be eligible to provide services for any associations managed by CAS. Only contractors who have completed and returned the attached Contractor Approval Form along with the proper tax forms and certificates of insurance will be approved for any payments. Insurance Binders and The Independent Contractor Workers Compensation Indemnity Agreement are not acceptable.

Before any work is done you must provide:

Contractor Approval Form

Worker Compensation Certificate of Insurance naming Community Association Services, Inc. as a Certificate Holder.

\$1,000,000 Liability Certificate of Insurance naming Community Association Services, Inc. as a Certificate Holder.

W-9 Request for Taxpayer Identification Form.

Contractor Approval Form

Contractors Legal Business Name _____

Type of Business, corporation, partnership, sole proprietor, LLC, etc.

Name of the principal operator or President _____

Mailing Address _____

Office Phone # _____ Fax # _____ Cell Phone # _____

Number of Employees _____ Number of Sub-contractors _____

Fed Tax ID # _____ or Social Security Number _____

In consideration and as a requirement of being approved, Contractor agrees to indemnify and hold Community Association Services, Inc. as well as any and all Associations for whom any services are performed, their directors, officers, employees, and agents harmless from and against any and all liabilities, losses, proceedings, actions, damages, costs, claims or expenses of any kind, including costs and attorney's fees, which arise out of or result from the negligence or performance of services by Contractor.

Contractor acknowledges and represents that it is an independent contractor and is solely responsible for the proper performance of services rendered, has (or will obtain prior to work being done) any required licenses and permits, and is solely responsible for directing and supervising its employees, paying taxes, etc.

Signature of Contractor _____ Title _____ Date _____