

## VENDOR PACKET CHECKLIST

### COMPLETE AND RETURN:

- Vendor Application
- Federal Tax Form W-9
- CA Tax Form(s) as applicable
- Insurance Certificate and Additional Insured Endorsements as applicable

### RETURN THE ABOVE DOCUMENTS VIA EMAIL:

[lrccdpurchase@losrios.edu](mailto:lrccdpurchase@losrios.edu)

**Please note that this application is to be used for goods and services providers. If your company is a building contractor, please register in Los Rios CCD's vendor portal.**

*Purchasing Revised 12/04/2020*

Dear Vendor:

Welcome! Thank you for your interest in doing business with Los Rios Community College. In accordance with Federal and California state tax laws, backup withholding is required for certain payments to individuals and business entities. Following please find required forms for reporting and complete the appropriate form. Return to Los Rios Purchasing Department via email:

Attn: Purchasing Department  
[lrccdpurchase@losrios.edu](mailto:lrccdpurchase@losrios.edu)

Internal Revenue Code, section 3406(a)(1)(a) requires Taxpayer Identification Number (TIN) (24% *withholding of payments to be made unless valid TIN provided*).

California Revenue and Tax Code, section 18662 (7% *withholding to non-California individuals or business entities/corporations without valid TIN*). Return the following to Los Rios Purchasing Department as noted above:

- **IRS [Form W-9](#)** required to report TIN ([Form W-9](#) instructions)
- **Foreign Vendors - IRS Form [W-8BEN](#), [W-81MY](#), [W-8ECI](#), [W-8EXP](#)**
- **[Form 590](#) - Nonresident Withholding Exemption** (*permanent place of business in California or qualified to do business through the California Secretary of State*)
- **[Form 587](#) – Nonresident Withholding Allocation Worksheet** (*you **do not** have permanent place of business in California, you are **not** qualified to do business through the California Secretary of State*)

If you completed any of the above forms and want to request a waiver or a reduced waiver, the following forms will need to be completed. Return the original form to the Franchise Tax Board to obtain a determination letter. Forward a copy of the determination letter to Los Rios Purchasing as noted above.

- **[Form 588](#) – Nonresident Withholding Waiver Request**
- **[Form 589](#) – Nonresident Reduced Withholding Request**

*If we do not receive the completed IRS Form W-9, California Form 590 or 587 with a determination letter from the Franchise Tax Board, backup withholding at 24% for IRS and 7% for the State of California will begin.*

Revised 3/24/21

# LRCCD

## VENDOR APPLICATION

Return signed completed form to Purchasing via email: [lrccdpurchase@losrios.edu](mailto:lrccdpurchase@losrios.edu).

NAME: \_\_\_\_\_

<b>NAME OF FIRM</b>	<b>FEDERAL ID# OR SOCIAL SECURITY #</b>  -                    /                    -                    -
<b>MAILING ADDRESS</b>	<b>REMIT ADDRESS (if different)</b>
<b>PHONE</b>	<b>FAX</b>
<b>EMAIL</b>	

<b>WEBSITE</b>	<b>ORGANIZATION/REGISTRATION</b> (Check all that apply)															
<b>AUTHORIZED COMPANY REPRESENTATIVES</b>	Individual															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Name</th> <th style="width: 30%;">Title/Capacity</th> <th style="width: 50%;">Email</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Title/Capacity	Email													Partnership
Name	Title/Capacity	Email														
	Non Profit															
	_____ Corporation (List State Incorporated)															
	Is business registered in the State of California? Yes                    No															

PROVIDE LIST OF COMMODITIES, EQUIPMENT, SUPPLIES and/or SERVICES	NAICS/COMMODITY CODE

<b>VENDOR CERTIFICATION</b>	<b>OTHER BUSINESS INFORMATION</b>				
<p>I certify that all statements contained herein are correct. I understand that this information will be used as a basis for evaluating my request to receive bid invitations for purchases. I understand that being placed on the qualified vendor bid list does not in any way represent an endorsement of my firm by Los Rios, nor does it relieve my firm of providing bonds and insurances as required. I further agree to disclose any known or potential conflicts of interest relating to my business and Los Rios. I understand the requirements for fulfilling and invoicing orders. I further certify this firm is an equal opportunity employer.</p> <p>_____ INITIALS</p>	<table style="width: 100%;"> <tr> <td style="width: 50%;">Payment Terms _____</td> <td style="width: 50%;">Discounts Extended _____</td> </tr> <tr> <td colspan="2">Refund/Returns _____</td> </tr> </table>	Payment Terms _____	Discounts Extended _____	Refund/Returns _____	
Payment Terms _____	Discounts Extended _____				
Refund/Returns _____					
	<table style="width: 100%;"> <tr> <td style="width: 33%;">SIGNATURE</td> <td style="width: 33%;">TITLE</td> <td style="width: 33%;">DATE</td> </tr> </table>	SIGNATURE	TITLE	DATE	
SIGNATURE	TITLE	DATE			

## **INSURANCE REQUIREMENT FOR PERFORMING ON-SITE SERVICES FOR THE LOS RIOS COMMUNITY COLLEGE DISTRICT**

**All insurance policies shall include** additional insured (AI) endorsement naming the Los Rios Community College District, its trustees, officers, employees, volunteers, agents, inspectors, project managers, consultants, their employees and each of them, **as additional insured**. Alternatively, policy can provide blanket AI endorsement referencing written contract.

### **The minimum insurance coverage to be obtained by the Vendor is as follows:**

**Commercial/Comprehensive General Liability Insurance** (Insurance Services Organization, Inc. form GL-00-01, Ed. 11-89 or equivalent) (ISO CG 00 0 1):

- Bodily Injury and Property Damage Liability Insurance for Premises and Operations
- Personal Injury for Premises and Operations; Independent Contractors
- Incidental Contracts
- Contractual Liability
- Broad Form Comprehensive General Liability Endorsement (Insurance Services Organization, Inc. form GL-04-04, Ed. 5-81 or equivalent)
- Products and Completed Operations which shall be in the amount of not less than a combined single limit of One Million Dollars (\$1,000,000) per occurrence for one or more persons injured and property damaged on an occurrence form insurance policy. The aggregate limit of liability for products and completed operations shall not be less than Three Million Dollars (\$3,000,000) for Type A, Two Million Dollars (\$2,000,000) for Type B.
- Any combination of General Liability and Excess Liability Coverage can be combined to meet the Aggregate.

**Business Automobile Liability Policy Insurance** (Insurance Serving Organization, Inc. form CA 00 0 1 or equivalent):

- Protection against loss as a result of liability to others caused by an accident and resulting in bodily injury and/or property damage, arising out of the ownership or use of any automobile the limits of liability shall not be less than One Million Dollars (\$1,000,000) combined single limit each accident for bodily injury and property damage combined.

**Workers' Compensation and Employers' Liability Insurance:**

- The Vendor shall be a qualified self-insurer or shall carry full Workers' Compensation and Employers' Liability insurance coverage, either through the State Compensation Insurance Fund or a standard approved policy obtained from a licensed insurance carrier for all persons employed, either directly or through subcontractors, in carrying out the work under this Contract in accordance with the "Workers' Compensation and Insurance Act," Division IV thereof. Employers' limits of liability shall be the prevailing statutory limits of liability.
- If no (zero) employees, complete Sole Proprietor form

The Vendor shall provide a **Certificate of Insurance and required endorsements** to comply with this section at least 15 days prior to commencement of work under this contract. The certificate shall state that LRCCD will be given 30 days notice of any material change or cancellation in coverage.

Revised 12/04/20

# Los Rios Community College District

## TYPES OF CONTRACT SERVICE

### Insurance Type\*

- A. Specialized Services:
- Asbestos Abatement/Environmental/Air Quality
  - Food Services and Catering
  - Hazardous Waste Services
  - High Voltage Services
  - International Study Travel Abroad
  - Medical Services (including optical and laboratory)
  - Professional Services (Accountants, Actuaries, Architects, Attorneys, Engineers, Financial Services, Insurance, Surveyors, Technology/Cyber/Software as Service)
  - Special Events, Community Services, Transportation Services
  - Other (please specify)\_\_\_\_\_
- B. Building, Grounds and Maintenance Services:
- Building and Grounds Maintenance (Electrical, HVAC, painting, plumbing, roofing, etc.)
  - Elevator Maintenance
  - Groundskeepers
  - Janitor/Custodial
  - Tree Removal/Trimming
  - Roadway/Parking Lot Striping
- Repair, Installation, and Independent Contractors Services:
- Carpet Installation and Cleaning
  - Door and Window Services
  - Floor Installation, Cost Estimators, Schedule Consultants
  - Independent services contracts (grants writers, professional speakers, trainers, and facilitators, report writers, and evaluation/assessment reports)
  - Locksmith Services
  - Shower/Tub and Tile Repair
  - Garage Door Installation, Fence Repairs

\*References Insurance Coverage and Limits

*The above list is not all inclusive of contract services. The District reserves the right to change limit requirements based on specific services to be performed.*

## Los Rios Community College District

### INSURANCE COVERAGE AND LIMITS

Type of Contract	Comm'l General Liab.	Business Auto Liab.	Professional Liab.	Workers' Compensation
A or B	√	√		√
Professional Service (Architects Engineers, doctors*)	√	√	√	√

√ = Coverage normally required in contract situation

\* = License required by governmental agency

INSURANCE COVERAGE LIMITS			
Coverage	Basis	Type A	Type B
Commercial General Liability (CGL) (Additional Insured)	Occurrence Aggregate	\$1,000,000 \$3,000,000	\$1,000,000 \$2,000,000
Automobile Liability (AL) (Additional Insured)	Occurrence	\$1,000,000	\$1,000,000
Workers' Compensation (WC) Employers' Liability (EL)	Statutory Occurrence	Statutory Limit \$1 mil/\$1 mil /\$1 mil	Statutory Limit \$1 mil/\$1 mil /\$1 mil
Professional Liability (PL) Errors and Omission (E&O)	Aggregate	\$2,000,000 \$2,000,000	N/A
**Technology E&O, PL (IT Consultant)	Occurrence Aggregate	\$2,000,000 \$2,000,000	N/A
**Cyber Liability (Vendor)	Occurrence Aggregate	\$2,000,000 \$2,000,000	N/A
Builders' Risk (BR) (Additional Insured Endorsement)	Occurrence	Completed Project Value	
Property (Installation Floater) Install/Delivered	Contract Value	Additional Insured or Loss Payee Full Replacement – No Coinsurance	
Hazardous Waste Hauling w/MCS 90 Filing (Additional Insured Endorsement)	Occurrence	\$5,000,000	\$5,000,000
Pollution/Environmental	Occurrence Aggregate	\$5,000,000 \$5,000,000	\$1,000,000 \$2,000,000
**Technology/Cyber for IT vendors that have access to private/personal information about the District, student, employee, etc.			

*The above list is not all inclusive of contract services. The District reserves the right to change limit requirement's based on specific services to be performed.*