



LIVINGSTON COUNTY, MICHIGAN
FISCAL SERVICES DEPARTMENT

304 E. Grand River Ave., Suite 203 Howell, MI 48843
www.livgov.com

Dear Vendor:

We are happy to welcome you as a new vendor to Livingston County.

Federal income tax law requires us to have your Taxpayer Identification Number (TIN) or Social Security Number (SSN) on file through a completed W-9 form. If you are an individual / sole proprietor, your social security number is your TIN. Otherwise your Federal Employer Identification Number is your TIN. Only one number is required. Under Federal Regulation, you are required to complete and provide us with this information via the W-9 form. In the event you fail to provide this information, all payments we make to you may be subject to a 28% backup withholding.

We will file Form 1099-MISC for each vendor that performs a service for Livingston County. If you are a corporation, with the exception of attorneys and medical services, tax-exempt organization, government agency, or other exempt payee, you will not receive a Form 1099-MISC.

The questionnaire is a new process that we have instituted and require now for all our new and existing vendors. This provides us with a more in depth view of the nature of the businesses or individuals that are working directly with Livingston County and promotes better working relationships.

The Certificate of Liability Insurance (COI) is another requirement for new and existing Vendors that must be maintained annually. Please contact your insurance representative and have them forward your current COI with endorsements naming Livingston County as the certificate holder. Included on the COI will be any current detail coverage for general liability, automotive, worker's compensation, and other additional coverage as required by contract.

In addition, Livingston County, as a governmental agency, is exempt from Federal Excise Tax, as allowed by law in Section 4253(i) of the Internal Service Code. Livingston County is also exempt from Michigan State Sales Tax, as allowed by Rule 205.79 of the 1944 Administrative Rules for the State of Michigan, as amended.

Once completed, please return the attached or enclosed package to:

Email: acook@livgov.com
Livingston County Fiscal Services
304 E. Grand River Ave., Suite 203
Howell, MI 48843

Annual and current Certificates of Liability Insurance can be forwarded to Elizabeth Young, Procurement Coordinator: eyoung@livgov.com

Sincerely,

Amy Cook
Accounting Assistant
Livingston County Fiscal Services
(517) 540-8760
acook@livgov.com



Vendor Questionnaire

Fund Member: Livingston County Government

Policy Year: _____

Vendor Name: _____

Doing Business as (DBA): _____

Vendor E-Mail Address: _____

1. I operate as: _____

Note: If indicating Partnership, Corporation, or Limited Liability Company, a **Certificate of Workers' Compensation insurance or a properly filed BWC 337 form must be submitted.**

2. The type of work I performed can be described as: _____

3. I hire employees or casual laborers to complete work for the named policyholder:

Yes You must attach a certificate of Workers Compensation Insurance
No Form 1040 schedule C may be provided as verification

4. I hire subcontractors or casual laborers to complete work for the named policy holder: Yes No

5. I have General Liability and/or Professional Liability Coverage: Yes No

6. To validate my standing as an independent contractor, I state that I do not exclusively depend upon the payments of the named policyholder and have worked for the following general contractors or clients during the past twelve months.

Name	City	Phone
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- | | |
|----|-------|
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |

I acknowledge that as a sole proprietor, I am by law not covered by or subject to the Workers' Disability Compensation Act.

I certify the above represent a true and complete statement of my status as an Independent Contractor. I understand a company representative may verify that statement at any time. If requested, I agree to provide documentation to verify my status as a sole proprietor.

Signed _____
(Independent Contractor)

Date: _____ Phone Number: _____

This form is utilized as a test of the above vendor's independent status. By completing this form, it does not automatically remove the above named fund member's exposure from the audit of the policy period in question. **Additional information may be required.** If vendor's independent status is proven, the exposure will not be charged.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED	INSURERS AFFORDING COVERAGE INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																				
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																				
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																				
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$																				
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$																				
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:15%;">WC STATUTORY LIMITS</td> <td style="width:10%;">OTH-ER</td> <td style="width:15%;"></td> <td style="width:50%;"></td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> <td>\$</td> </tr> </table>		WC STATUTORY LIMITS	OTH-ER				E.L. EACH ACCIDENT			\$		E.L. DISEASE - EA EMPLOYEE			\$		E.L. DISEASE - POLICY LIMIT			\$
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		OTHER																								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insured: Livingston County

CERTIFICATE HOLDER Livingston County 304 E. Grand River Ave., Suite 204 Howell, MI 48843	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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