

A deliberate force in a stormy industry:

Conquest Contracting LLC  
10151 University Blvd #367  
Orlando FL 32817-1904



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[www.conquest-contracting.com](http://www.conquest-contracting.com)

## VENDOR INFORMATION LIST

- (1) A completed VENDOR INFORMATION FORM, attached.
- (2) A completed IRS W-9 FORM. Form and instructions attached.
- (3) CERTIFICATE OF LIABILITY INSURANCE showing GENERAL LIABILITY coverage for the Vendor. A courtesy facsimile is welcome, however the Vendor's Insurance Company must mail a hard copy of this document. The document must indicate that Conquest Contracting is the Certificate Holder and the ADDITIONAL INSURED. The Vendor must keep Conquest Contracting current with an updated Certificate.
- (4) For Vendors with Workers' Compensation coverage:
  - (A) CERTIFICATE OF LIABILITY INSURANCE showing WORKERS' COMPENSATION coverage for the Vendor. A courtesy facsimile is welcome, however Vendor's Insurance Company must mail a hard copy of this document. The document must indicate that Conquest Contracting is the Certificate Holder, and it must provide a WAIVER OF SUBROGATION. The Vendor must keep Conquest Contracting current with an updated Certificate.

**-OR-**

For Vendors with Exemptions:

- (A) Current CERTIFICATE(S) OF EXEMPTION from Florida Workers' Compensation Law for **ALL** of the Vendor's applicable employees. The Vendor must keep Conquest Contracting current with updated Exemption Certificate(s).
- (B) A signed and notarized Statement from one of the Vendor's principals or officers. Statement must comprise the following:
  - (1) an accurate listing of anyone who is Exempt under the Vendor
  - (2) a statement that those who are listed are the only persons employed by or used by the Vendor and that there are no sub sub-contractors utilized by the Vendor

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## VENDOR INFORMATION FORM

Legal Name of Company: \_\_\_\_\_ dba \_\_\_\_\_

FEIN/Social Security #: \_\_\_\_\_ Does Conquest Issue Vendor a 1099 Form? \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Facsimile: \_\_\_\_\_

Business E-mail Address: \_\_\_\_\_ Business Web-site Address: \_\_\_\_\_

Local Business Licenses - types & numbers: \_\_\_\_\_

State Business Licenses - types & numbers: \_\_\_\_\_

Is Vendor a Certified Minority Owned Business? If so, under what jurisdiction? \_\_\_\_\_

Is Vendor a Woman Owned Business? If so, under what jurisdiction? \_\_\_\_\_

Is Vendor a Disabled Veteran Owned Business? If so, under what provision? \_\_\_\_\_

What Associations is Vendor Active in? \_\_\_\_\_

Vendor's Physical Location - complete physical address, including zip code & plus-four extension:  
\_\_\_\_\_

Vendor's Accounts Receivable Address - including zip code & plus-four extension:  
\_\_\_\_\_

Type of Entity - indicate below with a check mark:

Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ If LLC, what type? \_\_\_\_\_ Corporation \_\_\_\_\_

If Corporation, what type? \_\_\_\_\_ Other - explain \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Date Company Started: \_\_\_\_\_

Principals/Officers of the Company:

Name - \_\_\_\_\_ Position - \_\_\_\_\_

Name - \_\_\_\_\_ Position - \_\_\_\_\_

Name - \_\_\_\_\_ Position - \_\_\_\_\_

Contact Person for the Company:

Name - \_\_\_\_\_ Position - \_\_\_\_\_

Contact Phone - \_\_\_\_\_ Is this a cell phone? \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Vendor's Trade References - list three. Note: This section applicable only if Vendor is a Sub-contractor:

Name of Reference #1 - \_\_\_\_\_ Phone Number - \_\_\_\_\_

Address of Reference - \_\_\_\_\_

Name of Reference #2 - \_\_\_\_\_ Phone Number - \_\_\_\_\_

Address of Reference - \_\_\_\_\_

Name of Reference #3 - \_\_\_\_\_ Phone Number - \_\_\_\_\_

Address of Reference - \_\_\_\_\_

Current Projects - Note: This section applicable only if Vendor is a Sub-contractor:

Project Name - \_\_\_\_\_ Scope of Work \_\_\_\_\_ Duration - \_\_\_\_\_ Value \_\_\_\_\_

Project Name - \_\_\_\_\_ Scope of Work \_\_\_\_\_ Duration - \_\_\_\_\_ Value \_\_\_\_\_