

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	Exempt payee code (if any) _____	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6 City, state, and ZIP code		
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



14800 San Pedro Ave, Ste. 216 | San Antonio, TX 78232 | (210) 732-0000 | info@wildwood-tx.com | www.wildwood-tx.com

VENDOR INSURANCE REQUIREMENTS & INDEMNIFICATION AGREEMENT

Vendor, in consideration of their mutual agreement for any work performed for any community managed by Wildwood Management Group, agrees as follows:

The Indemnification

Vendor hereby agrees to Indemnify and hold Wildwood Management Group, its affiliates and their respective directors, officers, agents and employees, harmless of all claims, suits, judgments and demands of any nature or kind, arising or alleged to have arisen, from the vendor's negligence or its intentional acts or omissions in the performance of any work or duties to be performed by the vendor, its agents, employees and/or representatives. This provision shall survive the termination or cancellation of this agreement.

Insurance Requirement

Before commencing work, the Vendor/Subcontractor shall furnish Wildwood Management Group with a Certificate of Insurance (COI) showing that the following insurance is in force. All insurance shall be carried with companies which are financially responsible and authorized to do business in the State of Texas. Wildwood Management Group shall be named as a Certificate Holder and additional insured (except on Workers' Compensation) on each certificate.

- A) Commercial General Liability** which is comprehensive general liability insurance with bodily injury and property damage. The minimum amount of required coverage is \$1,000,000 per occurrence. The policy shall cover all operations of the vendor in connection with the project, including use of all equipment, hoists and vehicles on the project site.
- B) Automobile Liability** on owned, non-owned and hired motor vehicles used on or in connection with the site(s) for a combined single limit for bodily injury and property damage of not less than \$500,000 per occurrence.
- C) Workers' Compensation**, in accordance with State Workers' Compensation laws, for all employees engaged under the construction contract.

Additional insured

Wildwood Management Group should be shown as an additional insured specific to ongoing operations and products and completed operations, General Liability utilizing endorsement CG2010 accompanied by endorsement CG2037 should be specified on the insurance certificate. If these stated insurance endorsements are not specified, but the vendor feels that their coverage is equivalent, a copy of the additional insured endorsements must be attached to the insurance certificate for review by Wildwood Management Group.



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Attach insurance certificate.

Certificate holder and additional insured should read:

Wildwood Management Group
14800 San Pedro Ave, Ste. 216
San Antonio, TX 78232

Email: info@wildwood-tx.com

Expiration or Cancellation. If any insurance is due to expire during the construction period, the vendor/subcontractor shall not permit the coverage to lapse. All certificates of insurance, as evidence of coverage, shall provide that no coverage may be cancelled or non-renewed by the insurance company until at least a 30-day prior written notice has been given to Wildwood Management Group. The vendor shall ensure that the coverage required by the contract is kept in force until the work is accepted by Wildwood Management Group. The contracting officer shall notify the vendor to stop work if the required insurance coverage is not in force at the time the work begins or if the coverage expires or lapses before the work is accepted. The contracting officer shall also notify the vendor that any such work stoppage is an infraction of the contract and that the vendor is liable for any losses or delays.

VENDOR:

Name: _____

Title: _____

Date: _____

WILDWOOD MANAGEMENT GROUP:

Name: _____

Title: _____

Date: _____

WILDWOOD MANAGEMENT GROUP

Attn: Accounts Payable

14800 San Pedro Ave, Ste. 216

San Antonio, TX 78232

All invoices are to be sent to invoices@wildwood-sa.com



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ACH Enrollment Form

This form serves as authorization for Wildwood Management Group to credit my below-referenced bank account for invoices payable to _____.

Business Name: _____

Business Address: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

I understand and agree that this authorization is only revocable upon written notification to Wildwood Management Group at the address listed below.

I am also including a canceled/voided check as confirmation of the bank routing number and bank account number that this authorized credit is to be drafted to.

Name (Please Print): _____

Signature: _____ **Date:** _____



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Workers' Compensation Waiver & Hold Harmless Agreement

Association/Community Name: _____

Vendor Name: _____

Address: _____

City | State | Zip: _____

Phone/Email: _____

Purpose

This document serves as a Waiver of Workers' Compensation Coverage and a Hold Harmless Agreement between the undersigned Vendor/Contractor and Wildwood Management Group, acting on behalf of the above-named Homeowners Association ("Association").

Acknowledgment

The undersigned acknowledges and agrees as follows:

1. Independent Contractor Status

The Vendor/Contractor is not an employee of Wildwood Management Group or the Association and shall perform services as an independent contractor.

2. No Workers' Compensation Coverage Provided

The Vendor/Contractor understands that neither Wildwood Management Group nor the Association provides workers' compensation coverage for the Vendor/Contractor or its employees, agents, or subcontractors.

3. Waiver of Claim

The Vendor/Contractor expressly waives any claim or right to workers' compensation benefits under the Association's or Wildwood's policies for any injuries, damages, or losses sustained while performing work for the Association.

4. Indemnification & Hold Harmless

The Vendor/Contractor agrees to defend, indemnify, and hold harmless Wildwood Management Group and the Association, including their officers, directors, agents, and representatives, from and against any and all claims, damages, liabilities, costs, or expenses (including attorney's fees) arising out of or related to any injury, illness, or property damage occurring in the course of the Vendor/Contractor's work.

5. Insurance Requirement

The Vendor/Contractor agrees to maintain general liability insurance in amounts not less than \$1,000,000 per occurrence and \$2,000,000 aggregate, and to provide a certificate of insurance naming Wildwood Management Group and the Association as additional insureds upon request.

6. Term

This waiver shall remain in effect for all work performed by the Vendor/Contractor for the Association unless revoked in writing.

Vendor/Contractor Signature: _____

Printed Name: _____

Title (if applicable): _____

Date: _____

Board Member Signature (required): _____

Printed Name: _____

Board Position: _____

Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/14/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ABC INSURANCE AGENCY 123 MAIN STREET		CONTACT NAME: tbd	
		PHONE (A/C, No, Ext):	FAX (A/C, No): (866) 652-9386
		E-MAIL ADDRESS:	
ANYWHERE TX 78209		INSURER(S) AFFORDING COVERAGE	
		INSURER A: ANY INSURANCE COMPANY	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED XYZ CONTRACTOR 456 MAIN STREET		NAIC # 13196	
ANYWHERE TX 78212			

COVERAGES CERTIFICATE NUMBER: 14/15 SAMPLE CERT REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		TBD	11/15/2014	11/15/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
1	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		TBD	11/15/2014	11/15/2015	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 SAMPLE CERTIFICATE ONLY - NO COVERAGE PROVIDED
 * must contain THIS VERBAGE *
 Wildwood Management Group is named as additional Insured for ongoing and completed operations under forms CG2010 & CG2037
 Waiver of Subrogation applies to the general liability in favor of Wildwood Management Group

CERTIFICATE HOLDER L HOA NAME 40 Wildwood Management Group 2611 N. Main San Antonio, TX 78212	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. AUTHORIZED REPRESENTATIVE C Blair, CIC/LTOVAR
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