



VENDOR REQUIREMENTS

SEACREST SOUTHWEST



To Whom It May Concern:

As we approach the New Year, we would like to enlist your help in continuing to provide trusted services to the associations we manage. In accordance with that objective, we are implementing and adhering to documentation procedures governing certifications and licenses. Starting January 1st, 2023, we will not be releasing any checks for payment, unless all of your required information is up to date. We appreciate your cooperation in this effort to provide the associations with trusted vendors.

Required Information:

1. Valid Business License or Local Business Tax Receipt
2. Certificate of Insurance of General Liability
3. Proof of Worker's Compensation Coverage or Proof of Exemption
4. W-9 for current year

Please see the attachments(s). The Vendor Required Information Checklist is a form to be completed to ensure we have all required documentation needed for your business to maintain preferred vendor status. The ACH form is optional; if you would like to receive payments via direct deposit, please read the form and complete per the instructions provided.

If you have any questions about whether your information is up to date or what is required/needed, please contact our Vendor Liaison:

Sandra Beauchamp Phone: 419-376-8771 Email sbeauchamp@swpropmgt.com.

We look forward to continuing to work with you. We value relationships with trusted vendors and providing excellent service to the associations we manage.

We wish you a Happy & Safe New Year.

Sincerely,

Bryan Fowler
President
Southwest Property Management

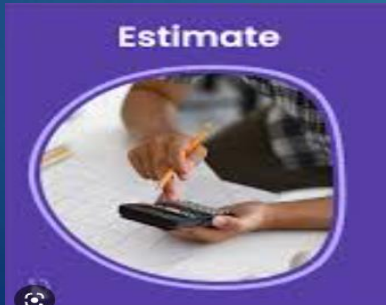
COMMUNICATION

IMPORTANCE OF COMPLIANCE

When it comes to maintaining a community association, one of the most important things is to make sure that all vendors are properly licensed, insured, and qualified.

- ▶ Legal/Lawsuits
- ▶ Liability for the Association & Seacrest
- ▶ Prevent hiring vendors with revocation and suspension of license
- ▶ The Board has a fiduciary duty to the association, and hiring the correct vendors is part of that duty.
- ▶ Insurance
- ▶ It's the law!

VENDOR COMPLIANCE



Seacrest Southwest
AP Department

Vendor Required Information Checklist

Date: _____
Association: _____
Property Mgr: _____

Business Name: _____
Business Contact: _____
Business Address: _____

Business Phone #: _____
Business Email: _____
Business Trade: _____
Any special directions for this business: _____

Required Paperwork:

_____ **General Liability COI**
(Certificate Holder Section must state association name and physical address)

_____ **Workers' Comp COI or WC Exemption**
(Certificate Holder Section must state association name and physical address)

_____ **Business License or Local Business Tax Receipt**

_____ **W9**

Optional Paperwork:

_____ **ACH Form**
(attached)

Please email this completed form and all related information to:
sbeauchamp@swpropmgt.com

COMPLIANCE EXAMPLES

General Liability



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/21/2022

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 have ADDITIONAL INSURED provisions or 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 Rosier Insurance 9696 Bonita Beach Road Suite 103 Bonita Springs FL 34135		CONTACT NAME: Belinda Zivich PHONE (A/C, No. Ext.): (239) 444-1414 FAX (A/C, No.): (239) 444-1415 E-MAIL ADDRESS: bzivich@rosierinsurance.com	
INSURED ER Pools Inc. 5010 Palmetto Woods Dr Naples FL 34119		INSURER(S) AFFORDING COVERAGE INSURER A : Scottsdale Ins Co INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES CERTIFICATE NUMBER: CL2231608602 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.

LINE	TYPE OF INSURANCE	INSQ. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENT. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPS7541066	03/29/2022	03/29/2023	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 - COMP/OP/AGG \$ 2,000,000 Swimming Pool Pop-Up \$ 100,000 OCCUPANTS-SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB \$ EXCESS LIAB \$ DED \$ RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below
	UMBRELLA LIAB \$ EXCESS LIAB \$ DED \$ RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

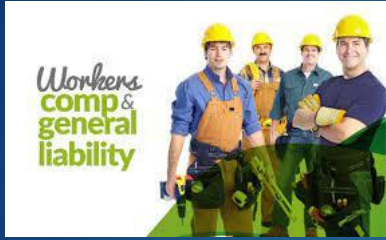
Swimming pool contractor and maintenance.

CERTIFICATE HOLDER Barrington Club Condominium Association Inc 7045-7108 Barrington Circle Naples FL 34108	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
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- DATE
- VENDOR NAME
- TYPE OF INSURANCE
- POLICY NUMBER
- POLICY EFF
- POLICY EXP
- LIMITS
- ASSOCIATION NAME AND ASSOCIATION ADDRESS UNDER THE CERTIFICATE HOLDER

General Liability and Workers' Comp



ACORD CERTIFICATE OF LIABILITY INSURANCE

Client#: 65682

BJEXC2

DATE (MM/DD/YYYY)
3/21/2023

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 have ADDITIONAL INSURED provisions or 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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Acrisure dba Gulfshore Ins SWF 4100 Goodlette Road N Naples, FL 34103 239 261-3646	CONTACT NAME Taylor Fedronich PHONE (A/C No, Ext): 239 435-7108 FAX (A/C, No): 239 435-2803 E-MAIL ADDRESS: tfedronich@gulfshoreinsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Kinsale Insurance Company NAIC # 38920 INSURER B: FCCI Insurance Company 10178 INSURER C: Brierfield Insurance Company 10993 INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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 INSR	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded:5,000 GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	X	01002124470	10/28/2022	10/28/2023	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 - COMP/OP AGG \$2,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	CA10006268802	10/28/2022	10/28/2023	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DED <input checked="" type="checkbox"/> RETENTION \$0			01002127820	10/28/2022	10/28/2023	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	N/A	WCO10006802403	03/29/2023	03/29/2024	<input checked="" type="checkbox"/> PER SALUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

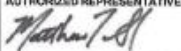
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate Holder is Named as Additional Insured with respects to General Liability, including completed operations per form CG2037, ongoing per form CG2010 and Waiver of Subrogation per form CG2453 when required by written contract. Additional Insured and Waiver of Subrogation with regards to Auto Liability as required by written contract per form CAU058. Waiver of Subrogation applies to Workers Compensation per form WC000313.

CERTIFICATE HOLDER Barefoot Beach Property Owners Assn, Inc. 195 Barefoot Beach Blvd. Bonita Springs, FL 34134	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
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- DATE
- VENDOR NAME
- TYPE OF INSURANCE
- POLICY NUMBER
- POLICY EFF
- POLICY EXP
- LIMITS
- ASSOCIATION NAME AND ASSOCIATION ADDRESS UNDER THE CERTIFICATE HOLDER

Workers' Compensation



ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)		
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 have ADDITIONAL INSURED provisions or 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 Smith Insurance & Bonds 5260 Summerlin Commons Way Suite 302 Fort Myers FL 33907			CONTACT NAME: Jessica Martin PHONE (A/C, No, Ext): 239-243-9729 E-MAIL ADDRESS: jmartin@lsuretybonds.com FAX (A/C, No): 239-791-1074			
INSURED Expert Tree Care, LLC 24260 Production Circle Bonita Springs FL 34135			INSURER(S) AFFORDING COVERAGE INSURER A: Amersaf General Agency INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC #	
COVERAGES		CERTIFICATE NUMBER: 509261453		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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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"/> PROJ-ECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	AVVWCFL3085202022	5/5/2022	5/5/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
CERTIFICATE HOLDER			CANCELLATION			
Southern Clipper of Naples, Inc. 3333 Gulf Shore Blvd North Naples FL 34103			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 			

DATE

VENDOR NAME

TYPE OF INSURANCE

POLICY NUMBER

POLICY EFF

POLICY EXP

LIMITS

ASSOCIATION NAME AND ASSOCIATION ADDRESS UNDER THE CERTIFICATE HOLDER

Workers' Compensation Exemption



JIMMY PATRONIS
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 2/11/2022

EXPIRATION DATE: 2/11/2024

PERSON: DAVID T KRUPICK

EMAIL: DAVIDTK@ENTPLUMANDCABLLC.COM

FEIN: 271403531

BUSINESS NAME AND ADDRESS:

ENTERPRISE PLUMBING & CABINETRY, LLC

705 PLUMOSA AVE

LEHIGH ACRES, FL 33972

SCOPE OF BUSINESS OR TRADE:

Plumbing NOC and Drivers

IMPORTANT: Pursuant to subsection 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to subsection 440.05(12), F.S., Certificates of election to be exempt issued under subsection (3) shall apply only to the corporate officer named on the notice of election to be exempt and apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to subsection 440.05(13), F.S., notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

Business Name

Expiration Date

State of Florida

Registered Licenses

Collier County
Board of County Commissioners
Certificate of Competency

Collier County * City of Marco * City of Naples * City of Everglades

Issued Date: 09/08/2022

Company: FORREST LANDSCAPING, INC.
Address: 2081 17TH ST SW
NAPLES, FL 34117
Telephone: (239) 352-9553
Qualifier: WILLIAM N. SCHMIT
License #: C21232
Issuance #: 21232
Classification: LANDSCAPING RESTRICTED CONTR.
Valid Thru: 09/30/2023
State License #:
State Valid Thru:

Collier County

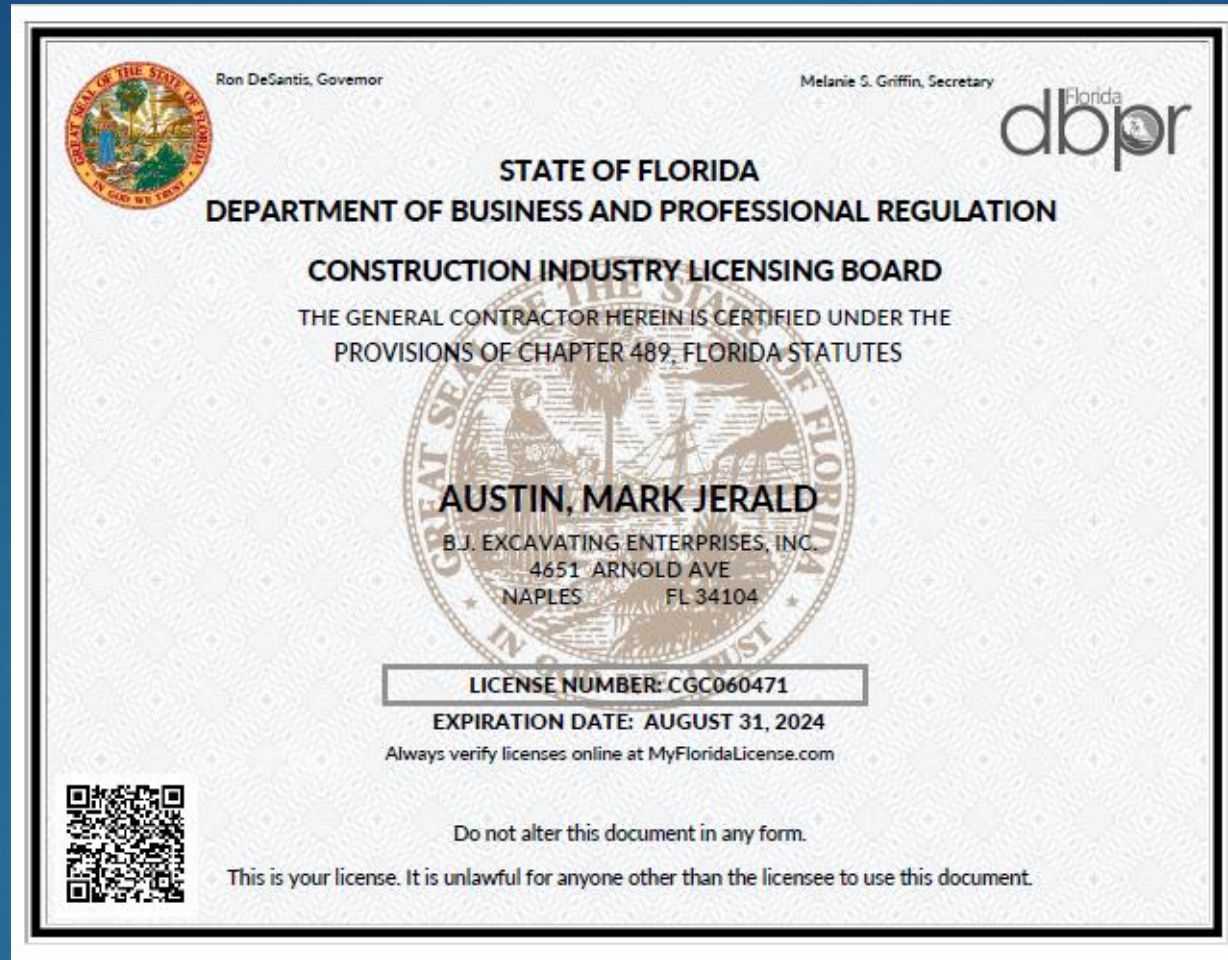
It is the Qualifier's responsibility to keep current all records with Collier County.
This shall include insurance certificates and/or contact information.
Always verify licenses online at <https://cvportal.colliercountyfl.gov/CityViewWeb/>
Do not alter this document in any form.
This is your license. It is unlawful for anyone other than the licensee to use this document.

This Collier County Certificate of Competency's status and expiration date may change on July 1, 2023, due to the State of Florida House Bill No.735. Please visit our website at www.colliercountyfl.gov/government/growth-management/divisions/operations-regulatory-management/contractor-licensing for more information as it becomes available.

Registered Licenses

Registered licenses are limited to certain local jurisdictions and only allow you to work in the cities or counties where you hold a certificate of competency.

Certified Licenses



Certified Licenses

Certified licenses are statewide and allow you to work as a contractor anywhere in Florida.

Business Tax Receipt

COLLIER COUNTY BUSINESS TAX BUSINESS TAX NUMBER: 903510
COLLIER COUNTY TAX COLLECTOR - 2800 N. HORSESHOE DRIVE - NAPLES FLORIDA 34104 - (239) 252-2477
VISIT OUR WEBSITE AT: www.colliertaxcollector.com
THIS RECEIPT EXPIRES **SEPTEMBER 30, 2023**

LOCATION: 4651 ARNOLD AVE
ZONED: INDUSTRIAL SIC 1521-1542
BUSINESS PHONE: 643-3478
STATE OR COUNTY LIC #: CGC060471



DISPLAY AT PLACE OF BUSINESS FOR PUBLIC INSPECTION.
FAILURE TO DO SO IS CONTRARY TO LOCAL LAWS.

B J EXCAVATING ENTERPRISES, INC.

AUSTIN, MARK J
4001 SANTA BARBARA BLVD #362
NAPLES, FL 34104

1-10 EMPLOYEES
CLASSIFICATION: 05-GENERAL CONTRACTOR
CLASSIFICATION CODE: 05100101

This document is a business tax only. This is not certification that licensee is qualified.
It does not permit the licensee to violate any existing regulatory zoning laws of the state, county, or cities
nor does it exempt the licensee from any other taxes or permits that may be required by law.

-THIS TAX IS NON-REFUNDABLE-
DATE 07/07/2022
AMOUNT 18.00
RECEIPT WWW-23-00051171

Rob Stoneburner



COLLIER COUNTY TAX COLLECTOR

Lee County

Tax Collector
State of Florida

2022-2023 LEE COUNTY LOCAL BUSINESS TAX RECEIPT

Account Number: 1032774
Receipt Number: 1401379
State License Number: RB002058-2

Account Expires: September 30, 2023

Location:
2360 CATAWBA ST
NAPLES, FL 34120

May engage in the business of:
PROFESSIONAL LANDSCAPING COMPANY
THIS LOCAL BUSINESS TAX RECEIPT IS NON REGULATORY

CRAWFORD LANDSCAPING GROUP LLC
MAHAN KEITH
2360 CATAWBA ST
NAPLES, FL 34120

Payment Information:
PAID INT-00-00400620 09/02/2022 \$ 170.00

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
CRAWFORD LANDSCAPING GROUP LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

5 Address (number, street, and apt. or suite no.) See instructions.
2367 CATAWBA Street

6 City, state, and ZIP code
NAPLES, FL 34120

7 List account number(s) here (optional)

8 Requester's name and address (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.

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

Social security number

or

Employer identification number

80-0111709

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ *Mary C Jones* Date ▶ *1/4/2023*

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.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Business name

Tax Classification

Current Address

Taxpayer Identification
Number

Signature and Date

Vendor Required Information Checklist & ACH Form



Seacrest Southwest
AP Department

Vendor Required Information Checklist

Date: _____
Association: _____
Property Mgr: _____

Business Name: _____
Business Contact: _____
Business Address: _____

Business Phone #: _____
Business Email: _____
Business Trade: _____
Any special directions for this business:

Required Paperwork:

_____ **General Liability COI**
(Certificate Holder Section must state association name and physical address)
_____ **Workers' Comp COI or WC Exemption**
(Certificate Holder Section must state association name and physical address)
_____ **Business License or Local Business Tax Receipt**
_____ **W9**

Optional Paperwork:

_____ **ACH Form**
(attached)

Please email this completed form and all related information to:
sbeauchamp@swpropmgt.com



We are excited to announce we are offering a free electronic check (eCheck) payment method! Your payments will be automatically deposited to your bank account, no more waiting until payment arrives in the mail!

The sign-up process is easy: Simply complete the form below and return to the referenced email with a copy of your cancelled check where you'd like us to deposit the funds.
Email the completed form to sbeauchamp@swpropmgt.com or send via USPS mail to the address below.

Authorization Agreement for Automatic eCheck Deposits (ACH Credits)

(Vendor Name) _____

(Vendor Address) _____

on (Date) _____ authorizes and requests Southwest Property Management to deposit any and all funds due for services rendered, automatically to the account identified below. I understand that it is my responsibility to ensure the below account information is correct and I confirm that I am authorized to accept funds into this account. This authorization will remain in effect until I have cancelled it in writing.

Checking Account

Routing # _____

Account # _____

Email Address for e-Receipts: _____

Print Name: _____ Date: _____

Signature: _____

A copy or original voided check must be included for bank purposes. If one is not included, your form will be sent back to you immediately and will delay your start date.

Thank you,
Seacrest Southwest
c/o Accounts Payable
1044 Castello Dr STE 206
Naples, FL 34103
239-261-3440



NEW VENDOR LETTER



To Whom it May Concern,

Chateaumere Condominium Association, Inc., has recently hired you as a vendor. We would like to provide you with contact information so that your invoices will be received and paid in a timely manner.

INVOICES: Submit invoices via Email or Mail, NOT both
YOU MUST INCLUDE THE ASSOCIATION THAT SHOULD BE BILLED & SERVICE DATE. IF YOU DO NOT INCLUDE AN ASSOCIATION NAME, YOUR INVOICE WILL NOT BE PAID.

Email Invoices to:

swpropmgt@invoices.appfolio.com

Must send invoices as pdf attachment(s)!! You can attach multiple pdf files to same email as long as it is in pdf format.

Or Mail Invoices to:

Seacrest Southwest
1044 Castello Dr. STE 206
Naples, FL 34103

W9:

Attached you will find a W9 to be filled out and returned to
sbeauchamp@swpropmgt.com.

Business License or Business Tax Receipt:

A copy of your Business License or Business Tax Receipt should be emailed to sbeauchamp@swpropmgt.com.

INSURANCE CERTIFICATES: General Liability & Workers' Comp
Certificate Holder should be:

Chateaumere Condominium Association, Inc
6000 Pelican Bay Blvd
Naples, FL 34108

If you are exempt from Workers' Comp we need proof of exemption. Email all COIs or Exemption to sbeauchamp@swpropmgt.com.

A W9, Business Licence or Business Tax Receipt, and Insurance COIs are required and may result in your payments being held up until all information is received. Attached please find the Vendor Required Information Checklist to be filled out, emailed along with the paperwork, and to help clarify what is required.

QUESTIONS:

If you need to reach Accounts Payable @ Seacrest Southwest, here is the contact information:

Phone: 239-261-3440

Email: APdept@swpropmgt.com (Invoices sent to this email will not be processed. This email address is for inquiries.)

ACH PAYMENTS: FREE

If you are interested in receiving future payments via ACH at no charge to you, please find the attached ACH form.

We have attached a Vendor Required Information Checklist to help you collect and verify the paperwork, and to make sure we have all your information for your vendor profile.

Thank you,
Accounts Payable
Seacrest Southwest
239-261-3440

Appfolio Vendor Overview-Completed Vendor

Property Manager

All X Q

1 of 1 Results [Advanced Search](#) [FEEDBACK](#)

People

B.J. Excavating Enterprises, Inc. [✉](#) **VENDOR**

4001 Santa Barbara Blvd #362 Naples, FL 34104

Phone: (239) 643-3478 [🗨️](#)

Actions: [Enter Bill](#) | [Bill Details](#) | [Vendor Ledger](#)

Tenants Homeowners Owners **Vendors**

B.J. Excavating Enterprises, Inc.

Vendor

Vendor Type General

Vendor Trade Other

Tags Excavating, BFB

Contact

Phone Numbers
Phone (239) 643-3478 [📄 Text](#)

Emails
Email aundrea@bjexcavate.com [✉ Email](#)

Addresses
Address 4001 Santa Barbara Blvd #362
Naples, FL 34104

Vendor Communications

Portal Activated? No

Federal Tax

Taxpayer Name B.J. Excavating Enterprises, Inc.

Taxpayer ID XX-XXX3982

Taxpayer Account Number 6656493309611231928

Send 1099? No

Accounting Information

Check Consolidation All bills on single check (hide extra stub detail)

Hold Payments? No

Email eCheck Receipt? Yes

Payment Terms --

Default Check Memo --

Default GL Account --

Work Order Discount 0.00 %

Online Payables

Use Online Payables Yes

Payment Type Bill Pay

Vendor Bank Routing Number --

Vendor Bank Account Number --

Account Type Checking

Last Payment Preference Updated Date 10/12/2022 08:46 AM

Last Payment Preference Updated By Brenda Powell

Compliance

Workers' Comp. Expiration 03/29/2024

General Liability Expiration 10/28/2023

EPA Certification Expiration --

Auto Insurance Expiration --

State License Expiration 08/31/2024

Contract Expiration --

Folders [+ Add Folder](#)

Name	Number of files
Archives	2

Files

Bulk Actions [Add to Folder](#) [Download](#) [Delete](#)

<input type="checkbox"/>	Name	Uploaded by	Date	Actions
<input type="checkbox"/>	COI - GL & WC - Barefoot Beach	Sandra Beauchamp	03/27/2023	▼
<input type="checkbox"/>	Business Tax Receipt - Collier County	Brenda Powell	10/12/2022	▼
<input type="checkbox"/>	Business License	Brenda Powell	10/12/2022	▼
<input type="checkbox"/>	W9	Brenda Powell	10/12/2022	▼

Expired Vendor Overview

All ▾ Crawford Landscape X Q

1 of 1 Results Advanced Search FEEDBACK

People

Crawford Landscaping Group, LLC ✉ **VENDOR**
P.O. Box 935915 Atlanta, GA 31193 Phone: (888) 581-5151
Actions: [Enter Bill](#) | [Bill Details](#) | [Vendor Ledger](#)



Compliance ? Edit

Workers' Comp. Expiration	04/01/2023	! Worker's Comp. Expired.
General Liability Expiration	04/01/2023	! Liability Insurance Expired.
EPA Certification Expiration	--	
Auto Insurance Expiration	--	
State License Expiration	09/30/2023	
Contract Expiration	--	

Files

Bulk Actions Add to Folder Download Delete

<input type="checkbox"/>	Name ↕	Uploaded by ↕	Date ▼	Actions
<input type="checkbox"/>	Collier County Certificate of Competency - Tree Removal & Trimming	Sandra Beauchamp	02/20/2023	▼
<input type="checkbox"/>	Collier County Certificate of Competency - Irrigation	Sandra Beauchamp	02/20/2023	▼
<input type="checkbox"/>	Collier County Certificate of Competency - Landscaping	Sandra Beauchamp	02/20/2023	▼
<input type="checkbox"/>	Business Tax Receipt - Collier County	Sandra Beauchamp	02/20/2023	▼
<input type="checkbox"/>	Business Tax Receipt - Lee County	Sandra Beauchamp	02/20/2023	▼
<input type="checkbox"/>	W9	Sandra Beauchamp	02/20/2023	▼

Displaying: 1-6 of 6

FOR QUESTIONS
OR TO SUBMIT PAPERWORK

Sandra Beauchamp

[Email: sbeauchamp@swpropmgt.com](mailto:sbeauchamp@swpropmgt.com)

Phone number: (419)-376-8771



Thank You!