

Gassen Company Preferred Vendor Application

6438 City West Parkway ● Eden Prairie, MN 55344 Phone: 952-922-5575 ● Fax: 952-922-2004

www.gassen.com

Thank you for your interest in working with Gassen Company. Our preferred vendors are an extension of our company; therefore, we are very careful when it comes to selecting companies to add to our preferred Vendor list. We invest the time to research your product or service, your company's background, and reputation, and how your offerings can improve the Gassen Company experience for our employees and clients. In return, we ask that you spend the time to follow our procedures for the *Preferred Vendor Application Process*, which is outlined below.

Step 1: Complete the attached application.

Step 2: In the space provided on page 4 create a proposal that is simple and concise.

Define your competitive advantage and outline how your offerings will benefit our employees and clients.

For example, please detail how your product or service will:

- Enhance our brand and make it more attractive to clients.
- Improve the quality of living for our clients.
- Increase the efficiency of our employees and clients.

Step 3: Email your application to vendorservices@gassen.com.

Step 4: Attached a copy of your **Certificates of Insurance**. See page 3 for an example of Gassen required limits.

Step 5: Attached a copy of your **W9**.

Step 6: A Gassen Company vendor review panel meets to discuss any applications and proposals that have been received. At that time, we consider all initial information. If we believe the proposal warrants further discussion, you will be contacted to provide us with more information. If the panel consensus is that the proposal does not complement or improve our business model, you will be informed of our denial.

We ask that you please follow this protocol through the entire consideration process. Due to our high volume of calls and email messages, we strongly discourage additional follow up on your part, and we request that you wait for our review panel to contact you. Following this protocol will allow us to give your proposal the time and attention it deserves.

Again, thank you for your interest in working with Gassen Company.

Company Information

| Vendor Company Name | | | | |
|---|---|--|--|--|
| Address | | | | |
| | Zip | | | |
| Phone | Fax | | | |
| E-mail | Website | | | |
| Federal Tax Id# | | | | |
| | | | | |
| | Contact Information | | | |
| Primary Contact Name | | | | |
| | Phone | | | |
| | E-mail | | | |
| | | | | |
| Title | Phone | | | |
| | E-mail | | | |
| | ontact | | | |
| | Phone | | | |
| Cell Phone | E-mail | | | |
| | Primary State License | | | |
| Name (as it appears on I | icense) | | | |
| | | | | |
| | License Number | | | |
| | | | | |
| Certificates of Insurance | | | | |
| | ral Liability, Automobile Liability, Workers Compensation | | | |
| Attach copies to your application. Please include your W/9 . | | | | |
| | <u>References</u> | | | |
| | Title | | | |
| | Nature of Business | | | |
| | Title | | | |
| | Nature of Business | | | |
| | Title | | | |
| Phone | Nature of Business | | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/22/2022

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).

| | SUBROGATION IS WAIVED, subject to is certificate does not confer rights to | | | | | | may require | an endorsement. A state | ement | on |
|---|---|--------|---------------------------|--|--|---|------------------------|--|----------|----------|
| | DUCER | | | <u> </u> | CONTA | . , | | | | |
| Your Insurance Agency Name | | | | NAME: | | | | | | |
| 8888 Insurance Agency Name 8888 Insurance Boulevard | | | | PHONE (A/C, No, Ext): (952) 888-8888 FAX (A/C, No): E-MAIL jsmith@yourcompany.com ADDRESS: jsmith@yourcompany.com | | | | | | |
| | occo modianeo Bodiovara | | | | | | | | | |
| | Smithtown MN 8 | 8888- | 8888 | | INSURER(S) AFFORDING COVERAGE NEUDED A. Western National Mutual | | | | | |
| INSU | RED | | | | INSURER A : | | | | | |
| | Your Company Name | | | | CEM Mutual lange | | | | | |
| | 8888 Smith Ave S #888 | | | | INCONCENCO: | | | | | |
| | | | | | INSURER D: | | | | | |
| | Smithstown MN | 8888 | 88 | | INSURER E : INSURER F : | | | | | |
| CO | VERAGES CER | TIFIC | ATE | NUMBER: 21-22 GL, AU | | | | REVISION NUMBER: | | ļ. |
| | HIS IS TO CERTIFY THAT THE POLICIES OF | | | | | | | | | |
| | DICATED. NOTWITHSTANDING ANY REQUI ERTIFICATE MAY BE ISSUED OR MAY PERT. | | | | | | | | | |
| | KCLUSIONS AND CONDITIONS OF SUCH PO | DLICIE | S. LIM | IITS SHOWN MAY HAVE BEEN | | | 4S. | OBSECT TO ALL THE TERMS | , | |
| INSR LTR | TYPE OF INSURANCE | ADDL | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | P 'CY AP (MM) (YYY) | LIMIT | s | |
| | COMMERCIAL GENERAL LIABILITY | | | | | | | EACH OCCURRENCE | \$ 1,00 | 00,000 |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | |
| | | | | | | | | MED EXP (Any one person) | \$ | |
| Α | | Υ | | SSS 88888888 | | 10/05 2021 | J5/2022 | PERSONAL & ADV INJURY | \$ | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | • | GENERAL AGGREGATE | \$ | |
| | POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | |
| | OTHER: | | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | Α, | | | COMBINED SINGLE LIMIT (Ea accident) | \$ (1,00 | 00,000 |
| | X ANY AUTO | | | | U | · | | BODILY INJURY (Per person) | \$ | |
| В | OWNED SCHEDULED AUTOS ONLY | | | SSS 99990099 | | 10/05/2021 | 10/05/2022 | BODILY INJURY (Per accident) | \$ | |
| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | | \$ | |
| | UMBRELLA LIAB OCCUR | | _ | | | | | EACH OCCURRENCE | \$ | |
| Α | EXCESS LIAB CLAIMS-MADE | ١, | | | | | | AGGREGATE | \$ | |
| | DED RETENTION \$ | | | | | | | A DED LOTH | \$ | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y | | | | | | | ➤ PER STATUTE OTH- | 500 | 222 |
| С | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | VA | | 114111111 | | 10/05/2021 | 10/5/2022 | E.L. EACH ACCIDENT | \$ 500 | ,000 |
| | (Mandatory in NH) If yes, describe under | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | |
| | DÉSCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ | |
| | | | ` | | | | | | | |
| | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHICL | FS (AC | ORD 1 | 01 Additional Remarks Schedule | may he a | ttached if more sr | nace is required) | | | |
| | sen Company, Inc including all properties u | - | | | = | - | | with respect to general liabil | litv | |
| with | respects to written contract. Waiver of Sub | | | | | | | | | |
| mar | management. | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| CEF | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | |
| | | | | | 07.11.0 | | | | | |
| | | | | | | | | SCRIBED POLICIES BE CAN | | D BEFORE |
| | Cooper Comments | | | | | THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | |
| | Gassen Company Inc | | | | | | | | | |
| 6438 City West Parkway | | | AUTHORIZED REPRESENTATIVE | | | | | | | |

Eden Prairie

MN 55344

<u>Other</u>

| 1. | How many years have you been in business? |
|----|---|
| 2. | What counties do your serve? |
| 3. | Do all company employees possess all required licenses, permits and approvals to conduct business? ☐ Yes ☐ No |
| 4. | Is your company a member of the Better Business Bureau? ☐ Yes ☐ No If yes, what is the current rating? |
| 5. | Is your company a member of Angie's List? ☐ Yes ☐ No If yes, what is the current rating? |
| 6. | Has your company already served Gassen-managed properties? Yes No If yes, please list them here. |

Proposal

<u>Vendor Services Categories – Please select all that apply for your company.</u>

| Animal Services: □ Pest Control □ Extermination | □ Fuel Oil | | | |
|---|--|--|--|--|
| Appliances: | | | | |
| □ Sales □ Installation □ Repair □ Removal □ Recycling □ Other: | Garage Services: □ Sealing/Waterproofing □ Striping □ Sweeping □ Cleaning □ Coating □ Epoxy □ Loading Dock Equipment □ Other: | | | |
| Asphalt: Seal Coating Paving Striping Other: | | | | |
| □ Striping □ Other: | General Contractor: | | | |
| □ Attorneys | □ General □ Decks □ Drywall □ Other: | | | |
| □ Auditor / CPA | □ Generator Testing/Repairs | | | |
| □ Banking Services | | | | |
| □ Cable TV / Internet / Satellite | Gutters: | | | |
| Chimney: □ Repairs □ Cleaning | □ Sales □ Repairs □ Cleaning | | | |
| Concrete Services: □ Paving □ Repairs □ Cleaning □ Exposed Aggregate □ Mudjacking □ Sandjacking □ Sealcoating □ Other: | Hazardous Materials: □ Asbestos □ Lead □ Mold □ Inspections □ Underground Tank Removal □ Other: | | | |
| □ Consulting Services | HVAC: | | | |
| Doors : □ Interior Doors □ Garage Doors | □ Service □ Duct/Vent Cleaning □ A/C Rental □ Other: | | | |
| □ Dryer Vent Cleaning | □ Ice Dam/Roof Snow Removal | | | |
| Electrical: | □ Insulation | | | |
| □ Electrician □ Supplies □ LED Retrofit□ Solar □ Other: | □ Insurance | | | |
| □ Elevator Services & Maintenance | Janitorial: □ Services □ Cleaning Supplies | | | |
| □ Environmental Cleanup | □ Lake / Pond Maintenance | | | |
| □ Engineering Services | Landscaping & Grounds: | | | |
| Exercise Equipment: □ Sales □ Repairs | □ Design □ Excavation □ Drainage Issues □ Mowing □ Snow Removal | | | |
| Fencing: | □ Irrigation □ Surveying □ Other: | | | |
| □ New □ Repairs □ Cleaning | □ Laundry Room Services | | | |
| Fire Safety: □ Suppression Systems | Lighting: □ Sales □ Repairs □ Holiday Lighting | | | |
| □ Alarm Systems | □ Maintenance Handyman | | | |
| Flooring Services: Carpet / Tile / Rugs □ Sales □ Carpet Cleaning | Masonry: □ Tuckpointing □ Other: | | | |
| □ Tile Cleaning □ Grout Cleaning □ Rug Cleaning □ Rug Rent/Buy □ Other: | □ Painting: □ Caulking | | | |

| Plumbing: | □ Water Softener: |
|--|---|
| □ General □ Boilers | □ Sales □ Salt □ Repair □ Other: |
| □ Leak Detection | Windows: □ Sales □ Washing □ Tinting |
| □ Other: | Wrought Iron: |
| □ Pool Management | □ Sales □ Repair □ Replacement |
| □ Pressure Washing | |
| □ Realtor | Other: |
| □ Refuse Removal | |
| Restoration: | |
| □ Reserve Studies | |
| □ Retaining Walls | |
| □ Roadways: | |
| □ Cleaning □ Striping □ Repairs | |
| □ Other: | |
| Roofing: □ New □ Repairs □ Ice Dam Removal □ Other: | |
| Security: □ Alarm Systems □ Repairs □ Locks □ Keys □ Other: | |
| Sewer Storm Drains: □ Cleaning □ Repairs | |
| □ Siding | |
| □ Signs | |
| □ Stucco: □ Repairs □ Removal | |
| □ Tennis Court Resurfacing | |
| Trash Chutes & Compactors: □ Cleaning □ Repair □ Door Repair □ Other: | |
| Trees: | |
| □ Trimming□ Removal□ Certified Arborist□ Other: | |
| □ Towing | |
| □ Uniforms | |
| Water: □ Waterproofing □ Leak Detection | |
| □ Other: | |

VENDOR SERVICE AGREEMENT

BETWEEEN

GASSEN COMPANY INC.

And

| | _ |
|--|---------------------------------------|
| This Vendor Service Agreement (the "Agreement") dated | is made by and between Gassen |
| Company Inc., a Minnesota corporation with a business address located at | 6438 City West Parkway, Eden Prairie, |
| Minnesota 55344 ("Gassen") and, a | |
| with a business address located at | ("Vendor"). Gassen and Vendor are |
| hereinafter collectively referred to as the "Parties." | |
| WHEREAS, Vendor desires to obtain leads with respect to certain constr | uction projects: and |

WHEREAS, Gassen, in the course of its normal business, has customers who may require capital improvements on their properties (*e.g.*, roofing work, siding work, and window work);

NOW, THEREFORE, in consideration of the mutual promises contained herein, and for other good and valuable consideration, the sufficiency of which is hereby acknowledged, the Parties agree as follows:

- **I. CONSIDERATION FROM GASSEN:** In exchange for the consideration from Vendor set forth herein, Gassen agrees as follows:
 - **A. Listing Vendor on Vendor List.** Gassen shall list Vendor on its internal Vendor List at no charge.
- **B. Discretionary Referrals to Vendor.** Gassen may, from time to time, refer its clients considering potential capital improvement projects to Vendor.
- **C. Non-Exclusivity.** The Parties understand and agree that Gassen may list other persons or entities on its Vendor List. The Parties further understand that Gassen is not obligated to refer its clients exclusively to Vendor, and that Gassen may also refer its customers to other contractors.
- **II. CONSIDERATION FROM VENDOR:** In exchange for the consideration from Gassen set forth herein, Vendor agrees as follows:
- A. Incorporation of Agreement Into All Underlying Contracts. Vendor agrees that the terms of this Agreement shall be incorporated into, and become a part of, all contracts Vendor enters into with Gassen's clients for capital improvement projects (hereinafter referred to as "Underlying Contract"). If there is a conflict between the terms of an Underlying Contract and this Agreement, then the terms of this Agreement shall control. Unless otherwise specified, all terms used in this Agreement shall have the same meaning as those terms have in the Underlying Contract.
 - **B. Maintenance of Insurance Coverage.** Vendor shall obtain and maintain the following insurance:
- (i) Commercial General Liability insurance, written on an occurrence form, with policy limits of not less than: (a) ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence; (b) ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for personal/advertising injury; (c) ONE HUNDRED THOUSAND AND NO/100 DOLLARS (\$100,000.00) for damage to rented premises; (d) FIVE THOUSAND AND NO/100 DOLLARS (\$5,000.00) for medical expenses; (e) TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) general aggregate; and (f) TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate for products-completed operations hazard. This policy must provide coverage for liability arising out of "your work" or "your operations." Use of the phrase "ongoing operations" is not

acceptable. This policy must not exclude coverage for work performed on multi-unit housing. This policy must cover Vendor and its employees, subcontractors, and agents. Additionally, this policy must include an Additional Insured endorsement naming Gassen and the property that is the subject of the Underlying Contract as Additional Insureds for the duration of Vendor's work on a primary and non-contributory basis for "your work" and "your operations". Any endorsements providing coverage for the Additional Insureds in accordance with this Section shall be on ISO Form CG 20 10 04 13 and CG 20 37 04 13 or their equivalents.

- (ii) Automobile Liability covering vehicles owned and non-owned vehicles used by Vendor with combined single policy limits of not less than ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence for bodily injury (including death) and property damage arising out of the ownership, maintenance, and use of those motor vehicles in connection with Vendor's work, along with any other statutorily required automobile coverage.
- (iii) Workers' Compensation insurance covering Vendor and its employees, subcontractors, and agents with policy limits of not less than: (a) FIVE HUNDRED THOUSAND AND NO/100 DOLLARS (\$500,000.00) Bodily Injury Each Accident; (b) FIVE HUNDRED THOUSAND AND NO/100 DOLLARS (\$500,000.00) Bodily Injury By Disease Each Person; and (c) FIVE HUNDRED THOUSAND AND NO/100 DOLLARS (\$500,000.00) Bodily Injury to Disease Policy Limit. Such policy shall include a Waiver of Subrogation endorsement.

Vendor shall not perform any work under an Underlying Contract unless and until it provides Gassen with a Certificate of Insurance and Additional Insured endorsement for each of the insurance policies listed in Paragraph 2(a) above. If Vendor does not provide Gassen with a Certificate of Insurance and Additional Insured endorsement for each of these insurance policies within thirty (30) days of demand, then Vendor agrees that Gassen's client shall have the right to cancel the Underlying Contract and Vendor shall be deemed to have waived all claims, including but not limited to claims for breach of contract, arising therefrom.

- C. Defense and Indemnification. To the fullest extent permitted by law, Vendor agrees to indemnify and hold harmless Gassen, its clients, and their respective officers, employees, and assigns of any of them, from and against any and all claims, demands, costs, expenses, liabilities, causes of action, penalties, taxes, and damages of every kind and character which may be asserted by any person or entity to the extent caused by Vendor's negligent or other wrongful acts, errors, and/or omissions arising out of or related to Vendor's work under an Underlying Contract. This provision shall survive termination of this Agreement.
- **IV. CONSTRUCTION.** The Parties acknowledge and represent that no promise or representation not contained in this Agreement have been made to them, acknowledge, and represent that this Agreement contains the entire understanding between the Parties, and contains all terms and conditions pertaining to the Parties' referral compensation agreement. Any modification or addition to this Agreement must be in writing and signed by both parties. If any provision of this Agreement or application thereof is found to be invalid, the invalidity shall not affect other provisions or applications of this Agreement which can be given effect without the invalid provision or application. To this end, the provisions of this Agreement are severable. This Agreement shall be governed, construed, and enforced in accordance with and subject to the laws of the State of Minnesota, without regard for its conflict of laws provisions.

| GASSEN COMPANY INC. | |
|---------------------|---------------|
| Ву: | Ву: |
| Its: | Its: |
| Date: | Date: |
| | E-Mail: |
| | Phone Number: |

Terms & Conditions

1. The Vendor is seeking to become a preferred vendor of Gassen Company for the purposes of providing goods and services to Gassen Company and its Association clients.

2. The Vendor certifies that all information submitted to Gassen Company is valid and correct and the Vendor understands and agrees that Gassen Company may rely on all such information when considering the selection of the Vendor as a "Preferred Vendor".

3. The Vendor understands that Gassen Company may contact references, confirm information, and investigate any information relating to the Vendor at the sole discretion of Gassen Company and that the results of such references, confirmations and investigations may be shared freely and without restriction to Gassen Company and its Association clients.

4. The Vendor understands that should Gassen Company accept the Vendor as a Preferred Vendor such approval will remain in force at the discretion of Gassen Company and is required re-submit this

application upon the request of Gassen Company.

5. In the event that the Vendor becomes a Preferred Vendor, it hereby represents and warrants to Gassen Company as follows:

- All services shall be performed to the highest quality and workmanlike standards and all goods supplied shall be of the highest quality;
- If notified of any deficiency, whether orally or in writing, it will immediately take whatever steps are necessary to rectify such deficiency to the standard required at its own cost;
- Throughout the term that the Vendor is a Preferred Vendor, it will maintain in full force and effect such policies of insurance as are necessary to hold Gassen Company harmless and fully indemnified from any liability arising from services performed or goods supplied including:

 o Workman's Compensation Insurance of \$100,000 to \$500,000, depending on Tier level;

 - Comprehensive General Liability and Property Damage Insurance of \$500,000 to \$1,000,000, depending on Tier level;
 - Automobile Insurance of \$100,000 to \$500,000, depending on Tier level; and
 - Such other insurance coverage in such amount as is customary for the industry in which the Preferred Vendor operates;
- Upon request by Gassen Company it will cause a Certificate of Insurance to be issued in the name of Gassen Company. Such certificate shall specifically state the risks covered and amounts thereof as well as the fact that such insurance may not be cancelled or amended without the prior written consent of the certificate holder;
- It shall at all times comply with all applicable laws, ordinances, regulations and all lawful orders and guidelines of any duly constituted authority;
- Gassen Company shall be entitled to rely on the representations and warranties given by any person or person's named in the application for Preferred Vendor status;
- All services performed or goods supplied shall be provided or supplied in accordance with the terms of a valid purchase or work order issued by Gassen Company or its Association clients or otherwise in accordance with a written agreement covering the scope of work to be provided;
- 6. Acceptance by Gassen Company of the Vendor as a Preferred Vendor does not in any way constitute an offer to provide services or supply goods. Gassen Company makes no representation or warranty that it will endorse the services or products of the Preferred Vendor, nor is it obligated to purchase any such goods or services from the Preferred Vendor.
- 7. The Preferred Vendor shall indemnify and forever hold Gassen Company harmless from or against any claims asserted by, or any liability to, any person or entity resulting from or arising out of the Preferred Vendor's negligent acts or omissions in connection with the performance of its services or the provision of goods.

| Applicant Signature Title | | Printed Name | | | |
|------------------------------|----------|--------------|--|--|--|
| | JSE ONLY | NOTES: | | | |
| Approved by | | | | | |