

# Professional Services Vendor Packet

**Thank you for your interest in working with THS. Please see below for our vendor packet check list. Please check all boxes before emailing your packet to; [vendorcompliance@thsnational.com](mailto:vendorcompliance@thsnational.com). If you have any questions, please feel free to reach out to, [vendorcompliance@thsnational.com](mailto:vendorcompliance@thsnational.com) or call our main office line at (919)-741-6229**

Please complete the following prior to submittal.

- Page 1: Basic Company Info
- Page 2: Invoice & Payment Terms
- Page 3: Site Rules
- Page 4: Share your Skills
- Page 5: W9 (Please provide)
- Page 6: Certificate of insurance (Please Provide)

# Company Information

Before completing this form, please note the following required documents. Failure to provide any of the following information will result in an unapproved status.

- W9
- Certificate of Insurnace (sample is attached for reference)  
COI must include the following:
  - Professional Liability in the amount of, \$1,000,000
  - THS National, LLC listed as the certificate holder

Company Name: Dammon Engineering Inc.

Contact Name / Title: Chuck Dammon/ VP Project Manger

Mailing Address \*Must match address on COI\*:  
554 Old Spanish Trail  
Slidell, La. 70458

Physical Address:  
554 Old Spanish Trail  
Slidell, La. 70458

Email Address: info@dammonengineering.com

Phone Number: 985-640-7891

Company Representative Signature:  
Chuck Dammon

Title:  
VP/Project Manager

Date:  
05-30-24

Company Representative Printed Name:  
Chuck Dammon

THS Representative Signing up Vendor:  
\_\_\_\_\_



THS National, LLC



# Invoice Requirements & Payment Terms

## Payment Terms:

**Invoices will be paid on a NET 30 basis from the date we receive the invoice. No pre-invoicing of work will be premitted. For any questions about your invoices or payments that are past 30 days, please contact the accounts payables at; [invoices@thsnational.com](mailto:invoices@thsnational.com)**

## Submittal & Invoice Requirements

**Submittal - Invoices must be submitted to; [invoices@thsnational.com](mailto:invoices@thsnational.com)**

**Invoice Requirements - You will be asked to revise and resubmit your invoice(s) if the following requirements are not on the invoice.**

1. Company name as it appears on your Certificate of Insurance
2. An invoice number (invoice numbers cannot duplicate - each invoice submitted must have a different number)
3. Date the invoice is being submitted (the net 30 process begins on the date the invoice was received)
4. Subcontract number and unit number (if applicable)
5. Job site address and property name
6. Cost codes and description from subcontract that you are currently billing for



Company Representative Signature:

*Chuck Dammon*

Title:

*VP/Project Manager*

Date:

*05-30-24*

Company Representative Printed Name:

*Chuck Dammon*





**Sharing your skills is a great way to get recognized for future projects!  
Once your skill and location are entered into our system, our team is able  
to look up vendors for their specific needs!**


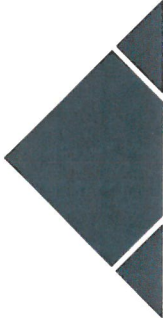
**We can't wait to work with you!**

## **SHARE YOUR SKILLS:**

**Check the box(s) that applies to the type of work your company preforms  
and the state they preform them in:**

- Architect       Engineer       Permit Expediter       Safety
- Professional Services      Other: \_\_\_\_\_

## **Where will you work?:**

- North Carolina:       South Carolina:       Georgia:       Alabama:
- Virginia:       Tennessee:       Florida:       Maryland:
- Indiana       Other: Slidell, Louisiana
- 
- 





# 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).

<b>PRODUCER</b> First National Insurance Agency, LLC 3600 Glenwood Avenue, Suite 300 Raleigh NC 27612	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> _____	<b>FAX (A/C, No):</b> _____
	<b>E-MAIL ADDRESS:</b> _____	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Insurer must have a rating of A+ 15 or higher	
	<b>INSURER B:</b> _____	
<b>INSURER C:</b> _____		
<b>INSURER D:</b> _____		
<b>INSURER E:</b> _____		
<b>INSURER F:</b> _____		

THSNATI-01

REVISION NUMBER:

CERTIFICATE NUMBER: 1895678176

COVERAGES

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>Professional Liability</b>			Policy Number			Limit \$1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

THS National, LLC 1050 Classic Road Suite 100 Apex NC 27539	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  must be signed

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