

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. If you have any questions, please feel free to reach out to, 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: _____

Contact Name / Title: _____

Mailing Address *Must match address on COI*:

Physical Address:

Email Address: _____

Phone Number: _____

Company Representative Signature:

Title:

Date:

Company Representative Printed Name:

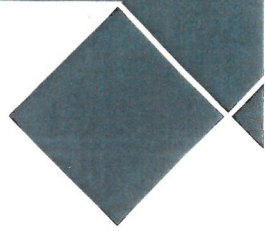
THS Representative Signing up Vendor:



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

Submittal & Invoice Requirements

Submittal - Invoices must be submitted to; 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:

Title:

Date:

Company Representative Printed Name:



**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: _____





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

THSNATI-01

COVERAGES **CERTIFICATE NUMBER:** 1895678176 **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 INSD	SUBR 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 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 \$ \$
	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 <input type="checkbox"/> 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 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Professional Liability			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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