



VENDOR APPLICATION

Business Classification:				
<input type="checkbox"/> Distributor	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Contractor	<input type="checkbox"/> Service Establishment
<input type="checkbox"/> Retailer	<input type="checkbox"/> University of Richmond Affiliation (alumni/ae, friend of the University) Please indicate:			
Vendor Type:				
<input type="checkbox"/> Small Business	<input type="checkbox"/> Minority Owned	<input type="checkbox"/> Women Owned	<input type="checkbox"/> Government Entity	
<input type="checkbox"/> Education Institution	<input type="checkbox"/> Professional Organization			

Company/Firm:				
Address:				
City:		State:		Zip:
Telephone No:		Toll Free:		
Fax Number:		Web Address:		
Federal ID No.				
Contact Person:				
Telephone No:		E-Mail:		

Please provide three (3) references:				
1. Company:		Telephone No:		
Address:				
City:		State:		Zip:
Contact & Title:				
2. Company:		Telephone No:		
Address:				
City:		State:		Zip:
Contact & Title:				
3. Company:		Telephone No:		
Address:				
City:		State:		Zip:
Contact & Title:				



**UNIVERSITY OF RICHMOND
VENDOR ACH AUTHORIZATION FORM**

(Direct Deposit Authorization)

I authorize the University of Richmond and the financial institution listed below to electronically deposit payments into my bank account. If monies to which I am not entitled are deposited into my account by the University of Richmond, I authorize the university to direct the bank to return said funds. This authorization will remain in effect until it has been canceled in writing.

Social Security or Employer Identification Number		
Business Name		
Street Address		
City:	State:	Zip:
ACH Coordinator or Contact Person		Telephone Number
Authorized Signature/Title		Telephone Number
Financial Institution Name		
Financial Institution Address		
City:	State:	Zip:
Bank Routing Number (ABA#)		Bank Account Number
Account Type (check one)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Initial here: _____ Yes, my financial institution can accept PPD ACH formats. <i>We cannot offer you the ACH option if your financial institution does not accept this format.</i>		
Please E-mail direct deposit notice to:		
Or mail direct deposit notice to:		
Address:		

RETURN COMPLETED FORM AND VOIDED CHECK TO: University of Richmond, Accounts Payable, G-13 Maryland Hall, University of Richmond, VA 23173. At least 10 business days are needed between receipt of the authorization and your first ACH payment. Call (804) 289-8181 for assistance.

UNIVERSITY OF
RICHMONDTM
CERTIFICATE OF INSURANCE REQUEST FORM

To apply and maintain Approved Vendor's status at the University of Richmond all Vendors/Contractors must complete the Vendor's Application as well as furnish the University of Richmond evidence of insurance coverage. The Vendor/Contractor must provide and keep in full force and effect in order to provide goods or services to the University of Richmond, or to perform work on behalf of the University, or to occupy University of Richmond property.

Insurance Requirements

1. Signature of a duly authorized representative of such insurance companies, which must be licensed to business in the Commonwealth of Virginia.
2. Name of the Insurer, contact name, address, telephone number and facsimile number.
3. The identity of the "Named Insured" and T/A name that purchased the policy
4. The amount of coverage and the effective dates of the policy.
5. Certificate to reference: **General Liability**, **Auto**, and **Umbrella**
6. Cancellation Endorsement to read as follows: "It is understood and agreed that sixty (60) days advance written Notice of Cancellation, Non-Renewal, Reduction and/or Material Change in Coverage will be mailed to the address above."

Special Wording Required:

Additional Insured

1. The University of Richmond as the Certificate Holder must be named on vendor's policy as an additional insured. The endorsement must read as follows: "The University of Richmond, as the Certificate Holder, is an additional insured under the vendor's policy."

Cancellation Endorsement

2. Endorsement to read as follows: "It is understood and agreed that sixty (60) days advance written Notice of Cancellation, Non-Renewal, Reduction and/or Material Change in Coverage will be mailed to the University of Richmond."

Liability Requirements:

1. Limits of not less than two million dollars (\$2,000,000) combined single limit (CSL) for bodily injury and property damage unless an Umbrella Excess Liability Policy is in place where the sum of the Commercial General Liability (CSL) Policy and the Umbrella Excess Liability Policy total two million (\$2,000,000) (see 2)
 - a. **Florist**
 - i. Limits of not less than one million dollars (\$1,000,000) combined single limit (CSL) for bodily injury and property damage unless an Umbrella Excess Liability Policy is in place where the sum of the Commercial General Liability (CSL) Policy and the Umbrella Excess Liability Policy total one million (\$1,000,000) (see 2)
2. Umbrella Excess Liability with limits set at an amount that will make the sum of the Commercial General Liability (CSL) Policy and the Umbrella Excess Liability Policy total two million (\$2,000,000).
3. The sum of the Commercial Automobile Liability (CSL) Policy and the Umbrella Excess Liability total one million (\$1,000,000).

Caterers Requirements

The University of Richmond Dining Services has exclusive rights to conduct catering at the University. However, exceptions to this right may be granted. In the event that catering can not be provided by University Dining Services, clients may secure the services of an "Approved Vendor."

In addition to the Vendor's Application, and Certificate of Insurance meeting the criteria as defined above all Caterers must submit copies of:

1. Business License
2. VA Department of Health Permit
3. If applicable, you must provide a copy of the event VA ABC License.

Non-Compliance Issues

Again, it is the responsibility of the vendor to ensure that Certificates of Insurance, Business License, and VA Department Health Permits are always current and that updates are forwarded to this office prior to expiration date in order to maintain vendor status and uninterrupted services to the University of Richmond.

You will receive only one reminder prior to being removed from the University of Richmond's Approved Vendor's List of any non-compliant issues.

Return application and requested information to:

Cathy Moran, Assistant Director Purchasing & Systems
University of Richmond
Heilman Center
34 Wilton Way
Richmond, VA 23173-0001

Telephone: 804-289-8514

Fax: 804-289-8779

E-mail: cmoran@richmond.edu