



ISLAND COUNTY AUDITOR'S OFFICE

SHEILAH CRIDER, AUDITOR
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VENDOR LIST APPLICATION FORM

State laws adopted in 1991 and Island County Code, Ch. 2.30A.020 and 2.30A.060 provide that advertising and competitive bidding may be dispensed with for purchases of services, materials, equipment, supplies and leases between \$5,000.00 and \$25,000. Instead, written and/or telephone quotes from 3 or more quotes may be obtained from vendors on the County's Vendor List. Please provide the following required information to be eligible for placement on the Vendor List. Questions may be directed to Lorene Norris, 360-679-7369.

Please print or type

Send completed form to: Island County Auditor, Attn: Lorene Norris, PO Box 5000, Coupeville, WA 98239

Firm Name: _____

Firm Mailing Address: _____

Firm Street Address: _____

Telephone Number: _____ Fax Number: _____

UBI # _____ Contractors License # _____

Contact Person: _____ Title _____

General Categories
(Place an X in appropriate spaces)

___ Professional Services

___ Construction Equipment

___ Office Supplies/Furniture

___ Equipment Rental, w/o Operator

___ Computer Supplies/Equipment

___ Other

___ Construction Supplies

List specific supplies, material and equipment that you wish to provide Island County: _____

List specific services, construction or building activities which you wish to perform for Island County:

Has the company ever been disqualified by any public agency from participation in public contracts?

_____ If yes, please explain: _____

INSURANCE REQUIREMENTS

Applicant must have the following minimum insurance coverage in place at the time of application.

*Insurance requirements may vary based on the scope of work.

General Liability insurance of at least \$1,000,000 per occurrence;
\$1,000,000 aggregate, Combined Single Limit (CSL);
Automobile liability of a least \$1,000,000 per accident CSL; and
Ability to name the Public Agency as an Additional Named Insured

Do you currently maintain the minimum required insurance coverage? Yes: ____ No: ____

If no, describe any differences to the specified coverage amounts: _____

Are there any current claims that are pending against this insurance policy? Yes: ____ No: ____

I certify that the above and attached information is correct, and that there are no known personal and/or organization conflicts of interest, which are prohibited by law:

Authorized Company Signature _____

Title: _____ **Date:** _____

REMARKS (For office use only):