

## Anthony Wayne Local Schools Vendor Information

Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Job Title: \_\_\_\_\_ Office Location: \_\_\_\_\_

If physical work will be performed on AWLS property or work for AWLS will be performed on the property of third parties, or if you will be providing any kind of professional services, will you be able to provide a Certificate of Insurance for General & Umbrella Liability and Workers Compensation Liability and Professional Errors & Omissions Liability (combined single limit of \$1,000,000) in duplicate prior to beginning any work? ( ) Yes ( ) No ( ) N/A

Please give a description of the products and/or services your company could provide to Anthony Wayne Local School District. Include as an attachment any additional information such as brochures, line cards, etc:

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If you are in the service industry, please provide information on your service pricing schedule. This would include straight time, overtime, weekend work, and holiday work.

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Are any Anthony Wayne Local Schools current employees affiliated with your business?

( ) No ( ) Yes - Individuals name(s): \_\_\_\_\_

Please complete form and return via fax to 419-877-1201.