

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:

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.

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

() No () Yes - Individuals name(s): _____

Please fill out form and fax back to (419) 877-1201