

The information below must be completed in its entirety and sent with a W-9 and applicable Certificates before any payments will be issued.

REMITTANCE ADDRESS:

Vendor Name _____ Parent Company (if applicable) _____

Street Address _____

City _____ State _____ Zip Code _____

Tax ID or SSN: _____ Tier II Diversity* WBE MBE Other _____

*Please send any applicable Tier II Diversity certificates along with completed W-9, New Vendor Form and Certificate of Insurance (if applicable)

**Certificates of Insurance should be submitted with the following Certificate Holder listed:
CLEAResult, 50 Washington Street, Westborough, MA 01581**

Please answer the following questions to determine if a Certificate of Insurance (COI) is required.

1. Are you applying for a rebate? Yes No
If No, continue to question 2. If Yes, no COI is required; skip questions 2-5.
2. Are you working on site at a residence? Yes No
If No, continue to question 3. If Yes, please provide a COI showing proof of General Liability and Workers Compensation Insurance and skip questions 3-5.
3. Are you consulting on CLEAResult's behalf? Yes No
If No, no COI is required; skip questions 4 and 5. If Yes, please provide a COI showing proof of General Liability and Workers Compensation Insurance and continue to question 4.
4. Are you providing marketing services? Yes No
If No, continue to question 5. If Yes, please provide a COI showing proof of General Liability, Workers Compensation and Errors/Omissions coverage and skip question 5.
5. Do you have administrative access to CLEAResult's network? Yes No
If Yes, please provide a COI showing proof of General Liability, Workers Compensation, Errors/Omissions and Cyber Liability coverage.

I certify that all statements made and all information contained herein are true and correct.

For Internal Use Only:

Reviewed by _____ Program # _____

The following items to be submitted with the Vendor's first invoice:

- New Vendor Form W-9 Diversity Certificate Insurance Certificate