

Vendor/Contractor License/Insurance Requirements for Contract Repairs with [DKD Property Management Company](#).

Our company requires that you provide specific documentation upon execution of a contract for repairs or services and before any work is started.

You must provide the following documentation to our Accounts Payable Associate to be able to work at one or more of the apartment communities managed by DKD Property Management Company:

Certificate of Insurance for General Liability Coverage of \$1,000,000 each occurrence and \$2,000,000 aggregate;

1. Naming [DKD Property Management Company](#) as the “Certificate Holder”; and,
2. Naming [DKD Property Management Company](#) as the “Additional Insured” and,
3. Naming the applicable apartment community Owner entity as “Additional Insured” or naming “All Properties Managed by [DKD Property Management Company](#)” as “Additional Insured”

The Certificate of Insurance must have an “X” in the columns for ADDL INSR and SUBR WVD and have the following attachments:

1. Endorsement **Additional Insured – Owners, Lessees or Contractors – Scheduled Person or Organization** naming [DKD Property Management Company](#) and the applicable apartment community or, alternately, All Properties Managed by DKD Property Management Company, as additional insured for **on-going operations** (ISO Form CG 20 10);
2. Endorsement **Additional Insured – Owners, Lessees or Contractors – Completed Operations** naming [DKD Property Management Company](#) and the applicable apartment community or, alternately All Properties Managed by [DKD Property Management Company](#) as additional insured for **on-going operations** (ISO Form CG 20 37);
3. Endorsement **Waiver of Transfer Rights of Recovery Against Others to US** (ISO Form 24 04).

Certificate of Insurance for Workers Compensation Coverage and a “Waiver of Subrogation Endorsement”

The Certificate of Workers Compensation Coverage must have an attached Waiver of Subrogation endorsement and a Blanket Waiver of our Rights to Recover from Others Endorsement, naming “[DKD Property Management Company](#) and one or more property owners (legal name of the apartment community –as additional insured.

The Certificate of Insurance must show the Employer’s Liability amounts of:

1. \$1,000,000 each accident;
2. \$1,000,000 each employee for bodily injury by disease;
3. \$1,000,000 policy limit for bodily injury by disease

Note: If your company is a “sole proprietorship” you must provide certification of same in lieu of providing proof of Workers Compensation Insurance.

Certificate of Insurance for Automobile Liability Coverage and a Vehicle Endorsement with a combined single limit of from \$100,000 to \$1,000,000 depending upon the scope of the work and the length of time for completion of the work, and to include all owned, hired and employee-owned vehicles listed on the Vehicle Endorsement;

1. Naming **DKD Property Management Company** as the “Additional Insured” and,
2. Naming the applicable apartment community Owner entity as “Additional Insured” or naming “All Properties Managed by **DKD Property Management Company**” as “Additional Insured”

The following must also be provided:

1. A copy of your current Contractors License or Business License; and,
2. A **W-9 Request for Taxpayer Identification Number and Certification**, unless your company is a retailer or corporation; OR,
3. Your social security number as required by the California State Employment Development Department if your company is a “Sole Proprietorship”.

If you have any questions, cannot provide all documentation requested or require further information, please contact the Property Manager at the applicable apartment community.

You may mail the documentation requested to:

DKD Property Management Company

Attention: Accounts Payable
2025 Gateway Pl., Suite 290
San Jose, CA 95110-2443

Or you may email the documentation to qho@dkdpmco.com