



**PREFERRED SERVICE PROVIDER
REPRESENTATIONS AND AGREEMENTS**

By signing below, I hereby represent and agree to the following:

1. I am in good standing with any and all regulating agencies/associations mandated by my profession. I shall continue to maintain the licensing and bonding required by my profession, as well as appropriate insurance coverage. I agree to notify Lamorinda Village prior to expiration or cancellation date of any such licensing, bonding, or insurance coverage. I shall refuse any further referrals from Lamorinda Village for so long as I am not in compliance with the licensing, bonding, and insurance requirements. (For the purposes of this application "I" or "my" or "me" includes any professional entity I have identified.)
2. I am not currently the subject of any disciplinary proceedings regarding my professional work, nor are there currently any criminal charges pending against me. I have never been convicted of a felony.
3. None of my sub-contractors or employees have been the subject of any disciplinary proceedings regarding their work, nor are there currently any criminal charges pending against them. None of my sub-contractors or employees has been convicted of a felony.
4. I have sufficient experience and skill necessary to perform the identified services to Lamorinda Village members.
5. I will indemnify, defend, and hold harmless Lamorinda Village from any adverse claim award, judgment, or settlement occurring as a result of my service to a member of Lamorinda Village.
6. If there are any material changes in my circumstances that would render any of the representations I have made above inaccurate, I agree to notify Lamorinda Village.
7. I understand that Lamorinda Village may refuse to include me in its preferred provider list at any time.

Print name _____

Company name _____

Signature _____ Date _____

Please sign, date, and return to:

Lamorinda Village
ATTN: Service Providers
P.O. Box 57
Lafayette, CA 94549



PREFERRED SERVICE PROVIDER

PRIVACY INFORMATION AND RELEASE AUTHORIZATION

Application information

I certify that all information in my application is true and complete. I understand that any false information or omission may disqualify me from further consideration for preferred provider service and may result in dismissal, if discovered at a later date. I understand, in consideration of my application, a background investigation may be conducted should my business not have the required insurances or licenses. I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, or reference verification. Lamorinda Village uses the third party service Intellicorp, Inc. to conduct criminal background checks. Intellicorp is solely responsible for its results. I authorize Lamorinda Village to conduct the background investigation if needed and **release Lamorinda Village from responsibility for this investigation.** I understand the requested information is for the sole purpose of gathering accurate information for preferred provider services at Lamorinda Village.

I have read and understand the above and by my signature consent to these statements.

Print name _____

Company name _____

Signature _____ Date _____

Please sign, date, and return to:

Lamorinda Village
ATTN: Service Providers
P.O. Box 57
Lafayette, CA 94549

www.lamorindavillage.org PO Box 57, Lafayette, CA 94549 Phone 925-253-2300