



CHIPPEWA VALLEY SCHOOLS

19120 Cass Avenue, Clinton Township, MI 48038
(586)-723-2150 purchasing@cvs.k12.mi.us Fax (586)723-2128

“Inspiring and empowering learners to achieve a lifetime of success.”

Ronald R. Roberts
Superintendent

Scott Sederlund
Assistant Superintendent
Business & Operations

Chippewa Valley Schools values its vendor community. We appreciate your partnership in securing the goods and services needed to provide our students a premier education. The district is in the process of updating its vendor records at this time. These records include an updated **Vendor Application** and **Certificate of Insurance**. It is important to send this updated information before seeking future business.

Liability Insurance Coverage shall be as follows: Vendor shall obtain at Vendor's sole expense, insurance coverage customary in the industry, and as otherwise required by law or specifically requested by District in a specific public bid or contract, with such insurance carriers rated a A:VII by A.M. Best's or equivalent, and in such minimum amounts listed below:

- Commercial General Liability Insurance on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than \$1,000,000.00 for any one occurrence, with a \$2,000,000 aggregate. Maximum deductible shall be \$50,000 per occurrence.
- Automobile Liability Insurance covering any auto; whether owned, hired, or non-owned, in which the limit of liability for bodily injuries, including accidental death, and property damage shall be \$1,000,000.00 for any one occurrence.
- Worker's Compensation – Coverage limits according to applicable laws governing work activities, and include a waiver of subrogation, except where such waiver is prohibited by law.
- Employers Liability limits of \$500,000 per accident, per employee by disease, with a \$500,000 aggregate.

Chippewa Valley Schools, its officers, officials, employees, and volunteers are to be **covered as additional insured** on the Vendor's Commercial General and Automotive Liability policies.

All such insurance policies will be primary in the event of any loss arising out of Vendor's performance and shall provide that where there is more than one insured, the policy will operate, except for the limits of liability, as if there were a separate policy covering each insured. Vendor shall furnish to District certificates of insurance setting forth the amount of coverage, policy number and date(s) of expiration for insurance maintained by Vendor and such certificates must provide that District shall receive thirty (30) days prior written notification from the insurer of any termination or reduction in the amount or scope of coverage. Vendor's furnishing of certificates of insurance or purchase of insurance shall not release Vendor of any of its obligations or liabilities. If Vendor shall fail to maintain any insurance required, District shall have the right to (but shall not be obligated to) procure such insurance and Vendor shall reimburse District on demand, for all actual costs and expenses of procuring such insurance.

I look forward to receiving your information. I encourage you to register to receive bid notifications at: <https://vendors.chippewavalleyschools.org/vendors/request.asp> Please direct all questions to the Purchasing & Risk Management Department at the contact information listed above.

Sincerely,

A handwritten signature in cursive script that reads "Laura Harrington".

Laura M. Harrington
Purchasing & Risk Management Supervisor



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Laura M. Harrington
Purchasing & Risk Management Supervisor

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VENDOR APPLICATION

Type or print legibly. **Return Instructions:** Fax, email or mail to the address shown above.

Legal Company Name: _____	
Company Operating Name, if different: _____	
List any former company names: _____	
List the product and/or service categories that you wish to have listed in our vendor records: _____ _____	Familial Disclosure: Vendor shall be responsible to list any shareholder / officer / owner and/or employee that has a familial relationship with any Chippewa Valley School employee or Board of Education member. LIST ANY SUCH RELATIONSHIP IN THIS AREA: _____
Address to mail purchase orders to: _____ _____ _____ Email Address: _____ Fax Number: _____	Accounts Receivable (remit-to) address: _____ _____ _____ _____
Contact person for Pricing: _____ _____ Telephone Number _____ Fax Number _____ Email Address: _____	Contact person for Accounts Receivable: _____ _____ Telephone Number _____ Fax Number _____ Email Address: _____
I hereby certify that the information contained herein is correct and that I understand that any misrepresentation of a material fact could cause cancellation by Chippewa Valley Schools of any resulting contract.	
AUTHORIZED SIGNATURE: _____ DATE: _____	
PRINTED NAME: _____	
TITLE: _____	